

• Indicates Required information () Indicates Maximum Choice

LISTING #

<p>• COUNTY _____</p> <p>• TAX ID# _____</p> <p>• Listing Office ID# _____ (Listing Office Name & Phone No. including area code)</p> <p>• LAG-Listing Agent ID# _____ (Listing Agent Name & Phone No. including area code)</p> <p>• Co Listing Office ID# _____ • Co Agent - ID # _____</p> <p>• AREA _____ • Community/District _____</p> <p>• Street # (HSN) _____ Modifier _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> E <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> NE <input type="checkbox"/> SE </p> <p>Direction</p> <p>• Street Name _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Av Ct <input type="checkbox"/> Cir <input type="checkbox"/> Dr <input type="checkbox"/> Lp <input type="checkbox"/> St <input type="checkbox"/> Terr <input type="checkbox"/> Av Pl <input type="checkbox"/> Cr St <input type="checkbox"/> Dr Ct <input type="checkbox"/> Pkwy <input type="checkbox"/> St Ct <input type="checkbox"/> Wy <input type="checkbox"/> Ave <input type="checkbox"/> Ct <input type="checkbox"/> Hwy <input type="checkbox"/> Place <input type="checkbox"/> St Dr <input type="checkbox"/> Blvd <input type="checkbox"/> Ct Av <input type="checkbox"/> Lane <input type="checkbox"/> Rd <input type="checkbox"/> St Pl </p> <p>Suffix</p> <p>Unit # _____</p> <p>• CITY _____</p> <p>• ZIP Code _____ + 4</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Thomas <input type="checkbox"/> RR-Mason <input type="checkbox"/> RR-Clallam <input type="checkbox"/> Totem <input type="checkbox"/> Phoenix Yakima <input type="checkbox"/> RR-Kitsap <input type="checkbox"/> RR-Thurston <input type="checkbox"/> RR-Grays H <input type="checkbox"/> Phoenix Grant <input type="checkbox"/> Yellow Pages <input type="checkbox"/> RR-Jeff <input type="checkbox"/> RR-Lewis <input type="checkbox"/> Road Atlas-Clark <input type="checkbox"/> Phoenix Kittitas <input type="checkbox"/> Unknown </p> <p>• MAP BOOK</p> <p>• Map Page _____ • Top Map Coord. _____ • Side Map Coord. _____</p>	<p>Show Map Link (Y/N) _____ (by default 'Yes')</p> <p>• Listing Price _____</p> <p>• Internet Advertising (Y/N) _____ (by default 'Yes')</p> <p>Show Address to Public (Y/N) _____ (by default 'Yes')</p> <p>• SOC (Selling Office Com.) _____ Selling Office Commission Comments _____</p> <p>• Number of Bedrooms _____ Total Bathrooms _____</p> <p>• ASF - Total _____ Lot Size _____ <input type="checkbox"/> Square Feet <input type="checkbox"/> Acres</p> <p>• Year Built _____ • Listing Date _____ • Expiration Date _____</p> <p>• School District (see Code List) _____</p> <p>Occupant Type Owner/Tenant/Vacant/Presale _____ (O/TN/P)</p> <p>• Owner's Name _____ • Owner's Phone _____</p> <p>• Occupant's Name _____ • Phone to Show _____</p> <p>• Owner's City and State _____</p>
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Marketing Remarks. CAUTION! The comments you make in the following lines are limited to descriptions of the land and improvements only. These remarks will appear in the client handouts and websites. (500)

Confidential Agent-Only Remarks. Comments in this category are for agent's use only. (250)

• **Driving Directions to Property (200)**

Listing Address:

LAG #

<p>LOCATION</p> <p>Elevation _____</p> <p>Lot Number _____</p> <p>Block _____</p> <p>Plat/Subdivision Name _____</p> <hr/> <p>LISTING INFORMATION</p> <p>• Preliminary Title Ordered <input type="checkbox"/> (Y/N)</p> <p>• Possession (3) <input type="checkbox"/> Closing <input type="checkbox"/> Negotiable <input type="checkbox"/> Subj. to Tenant's Rights <input type="checkbox"/> See Remarks</p> <p>• Showing Information (10) <input type="checkbox"/> Appointment <input type="checkbox"/> Call Listing Office <input type="checkbox"/> Day Sleeper <input type="checkbox"/> Gate Code Needed <input type="checkbox"/> MLS Keybox <input type="checkbox"/> Other Keybox <input type="checkbox"/> Owner-Call First <input type="checkbox"/> Pet in House <input type="checkbox"/> Power Off <input type="checkbox"/> Renter-Call First <input type="checkbox"/> Security System <input type="checkbox"/> Vacant <input type="checkbox"/> See Remarks</p> <p>• Form 17 (1) <input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Exempt</p> <p>• Potential Terms (10) <input type="checkbox"/> Assumable <input type="checkbox"/> Cash Out <input type="checkbox"/> Conventional <input type="checkbox"/> Farm Home Loan <input type="checkbox"/> FHA <input type="checkbox"/> Lease/Purchase <input type="checkbox"/> Owner Financing <input type="checkbox"/> Rehab Loan <input type="checkbox"/> State Bond <input type="checkbox"/> VA <input type="checkbox"/> See Remarks</p> <hr/> <p>BUILDING INFORMATION</p> <p>Architecture (1) <input type="checkbox"/> A-Frame/Dome <input type="checkbox"/> Cabin <input type="checkbox"/> Cape Cod <input type="checkbox"/> Colonial <input type="checkbox"/> Contemp/Custom <input type="checkbox"/> Craftsman <input type="checkbox"/> NW Contemporary <input type="checkbox"/> Spanish/SW <input type="checkbox"/> Townhouse <input type="checkbox"/> Traditional <input type="checkbox"/> Tudor <input type="checkbox"/> Victorian <input type="checkbox"/> See Remarks</p> <hr/> <p>INTERIOR FEATURES</p> <p>Interior Features (14) <input type="checkbox"/> Bath Off Master <input type="checkbox"/> Built-in Vacuum <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Dining Room <input type="checkbox"/> Disabled Access <input type="checkbox"/> Dble Pane/Storm Wndws <input type="checkbox"/> Extra Room <input type="checkbox"/> Fireplace in Master BR <input type="checkbox"/> French Doors <input type="checkbox"/> High Tech Cabling <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Intercom <input type="checkbox"/> Jetted/SoakingTub <input type="checkbox"/> Pantry <input type="checkbox"/> Sauna <input type="checkbox"/> Security System <input type="checkbox"/> Skylights <input type="checkbox"/> Solarium/Artrium <input type="checkbox"/> Vaulted Ceilings <input type="checkbox"/> Walk-in Closet <input type="checkbox"/> Wet Bar <input type="checkbox"/> Wired for Generator <input type="checkbox"/> 2nd Kitchen <input type="checkbox"/> 2nd Master Bedroom <input type="checkbox"/> 3rd Master BR <input type="checkbox"/> Family/Rec Room</p>	<p>Total # Fireplaces <input type="checkbox"/></p> <p>No. of Full Baths <input type="checkbox"/></p> <p>No. of 3/4 Baths <input type="checkbox"/></p> <p>No. of 1/2 Baths <input type="checkbox"/></p> <p>No. of Bedrooms U <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/></p> <p>No. of Full Baths U <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/></p> <p>No. of 3/4 Baths U <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/></p> <p>No. of 1/2 Baths U <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/></p> <p>Approx. Square Footage (excluding Garage) _____</p> <p>Finished <input type="checkbox"/></p> <p>Unfinished <input type="checkbox"/></p> <p>Square Foot Source _____</p> <p>Energy Source (4) <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellet <input type="checkbox"/> Propane <input type="checkbox"/> Solar <input type="checkbox"/> Wood <input type="checkbox"/> See Remarks</p> <p>Heating/Cooling (4) <input type="checkbox"/> Baseboard <input type="checkbox"/> Central Air <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> High Efficiency <input type="checkbox"/> Insert <input type="checkbox"/> Radiant <input type="checkbox"/> Radiator <input type="checkbox"/> Stove/Free Stdg <input type="checkbox"/> Wall <input type="checkbox"/> Window Units <input type="checkbox"/> None</p> <p>Appliances That Stay (10) <input type="checkbox"/> Dishwasher <input type="checkbox"/> Double Oven <input type="checkbox"/> Dryer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Microwave <input type="checkbox"/> Range/Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Trash Compactor <input type="checkbox"/> Washer <input type="checkbox"/> See Remarks</p> <p>STYLE Code <input type="checkbox"/></p> <p>New Construction (Y/N) <input type="checkbox"/></p> <p>Remodeled/Updated <input type="checkbox"/> U=Under Construction P=Presale C=Completed</p> <p>Basement (2) <input type="checkbox"/> Daylight <input type="checkbox"/> Fully Finished <input type="checkbox"/> Partially Finished <input type="checkbox"/> Roughed In <input type="checkbox"/> Unfinished <input type="checkbox"/> None</p> <p>Environmental Cert (5) <input type="checkbox"/> Built Green <input type="checkbox"/> ENERGY STAR <input type="checkbox"/> LEED <input type="checkbox"/> Third Party Verification <input type="checkbox"/> Other-See Remarks</p> <p>Foundation (2) <input type="checkbox"/> Concrete Block <input type="checkbox"/> Concrete Ribbon <input type="checkbox"/> Post & Block <input type="checkbox"/> Post & Pillar <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Slab <input type="checkbox"/> Tie Down <input type="checkbox"/> See Remarks</p> <p>Roof (2) <input type="checkbox"/> Built-up <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Composition <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Torch Down <input type="checkbox"/> See Remarks</p>	<p>Exterior (3) <input type="checkbox"/> Brick <input type="checkbox"/> Cement/Concrete <input type="checkbox"/> Cement Plank <input type="checkbox"/> Log <input type="checkbox"/> Metal/Vinyl <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Wood <input type="checkbox"/> Wood Products <input type="checkbox"/> See Remarks</p> <hr/> <p>SITE INFORMATION</p> <p>Sewer (2) <input type="checkbox"/> Sewer Connected <input type="checkbox"/> Sewer Available <input type="checkbox"/> Septic</p> <p>Approved for # of Bedrooms (septic) <input type="checkbox"/></p> <hr/> <p>ADDITIONAL BUILDING INFORMATION</p> <p>Manufactured Home Serial No. _____</p> <p>Manufactured Home Manufacturer _____</p> <p>Manufactured Home Model Name _____</p> <p>Building Information (2) <input type="checkbox"/> Additional Dwelling <input type="checkbox"/> Built on Lot <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular <input type="checkbox"/> Planned Unit Development <input type="checkbox"/> Zero Lot Line</p> <p>Parking Type (4) <input type="checkbox"/> Carport-Attached <input type="checkbox"/> Carport-Detached <input type="checkbox"/> Garage-Attached <input type="checkbox"/> Garage-Detached <input type="checkbox"/> Off-Street Parking <input type="checkbox"/> None</p> <p>Total Covered Parking <input type="checkbox"/></p> <hr/> <p>FARM</p> <p>• Farm Type (4) <input type="checkbox"/> Berry <input type="checkbox"/> Crop <input type="checkbox"/> Equestrian <input type="checkbox"/> Land Only <input type="checkbox"/> Livestock <input type="checkbox"/> Nursery <input type="checkbox"/> Orchard <input type="checkbox"/> Tree <input type="checkbox"/> Vinyard <input type="checkbox"/> See Remarks</p> <p>Livestock Type (6) <input type="checkbox"/> Cattle <input type="checkbox"/> Dairy <input type="checkbox"/> Hog <input type="checkbox"/> Horse <input type="checkbox"/> Poultry <input type="checkbox"/> Sheep <input type="checkbox"/> Included in Sale <input type="checkbox"/> See Livestock Comments</p> <p>Barn Type (3) <input type="checkbox"/> Grain <input type="checkbox"/> Hay <input type="checkbox"/> Livestock <input type="checkbox"/> Pole <input type="checkbox"/> See Comments</p> <p>Barn Size _____</p> <p>Storage Size _____</p> <p>Parlor Size _____</p> <p>Barn Features (8) <input type="checkbox"/> Box Stalls <input type="checkbox"/> Calving Area <input type="checkbox"/> Granary <input type="checkbox"/> Lay Stalls <input type="checkbox"/> Loft Area <input type="checkbox"/> Milking Parlor <input type="checkbox"/> Multiple Storage <input type="checkbox"/> Office <input type="checkbox"/> Workshop <input type="checkbox"/> See Outbuilding Comments <input type="checkbox"/> Silo/Silage Bunker</p>
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INITIALS:

Seller _____ Date _____ Seller _____ Date _____ Agent _____ Date _____

Listing Address:

LAG #

<p>Out Buildings (8)</p> <p><input type="checkbox"/> Arena-Indoors <input type="checkbox"/> Arena-Outdoors <input type="checkbox"/> 2nd Barn <input type="checkbox"/> Chicken <input type="checkbox"/> Corral <input type="checkbox"/> Stable <input type="checkbox"/> Storage <input type="checkbox"/> Windmill <input type="checkbox"/> Workshop <input type="checkbox"/> See Outbuilding Comments</p> <p>Lot Topography (5)</p> <p><input type="checkbox"/> Fruit Trees <input type="checkbox"/> Level <input type="checkbox"/> Partial Slope <input type="checkbox"/> Rolling <input type="checkbox"/> Sloped <input type="checkbox"/> Wooded</p> <p>_____</p> <p>Crop & Soil Comments</p> <p>_____</p> <p>Barn/Out Building Comments</p> <p>_____</p> <p>Livestock Comments</p> <p>_____</p> <p>Irrigation Comments</p> <p>_____</p> <p>Soil Type (2)</p> <p><input type="checkbox"/> Clay <input type="checkbox"/> Clay Loam <input type="checkbox"/> Loam <input type="checkbox"/> Gravel <input type="checkbox"/> Rock <input type="checkbox"/> Sand <input type="checkbox"/> Sandy Loam <input type="checkbox"/> See Soil Comments</p> <p>• Irrigation Type (4)</p> <p><input type="checkbox"/> Circle <input type="checkbox"/> Drip Line <input type="checkbox"/> Dry Land <input type="checkbox"/> Hand Lines <input type="checkbox"/> Pivot <input type="checkbox"/> Pressure/Undergrnd <input type="checkbox"/> Wheel Lines <input type="checkbox"/> See Irrigation Comments <input type="checkbox"/> None</p> <p>Irrigation Source (5)</p> <p><input type="checkbox"/> Bureau <input type="checkbox"/> Community <input type="checkbox"/> Drainage <input type="checkbox"/> Pond <input type="checkbox"/> Well Drilled <input type="checkbox"/> Well Shared <input type="checkbox"/> Well Private <input type="checkbox"/> Additional Well(s) <input type="checkbox"/> Water Rights Cert. <input type="checkbox"/> Water Use Permit <input type="checkbox"/> See Irrigation Comments</p> <p>Equipment Included (10)</p> <p><input type="checkbox"/> Bailer <input type="checkbox"/> Combine <input type="checkbox"/> Dairy <input type="checkbox"/> Disc <input type="checkbox"/> Electric <input type="checkbox"/> Feeder <input type="checkbox"/> Hay Wagon <input type="checkbox"/> Irrigation <input type="checkbox"/> Leveler <input type="checkbox"/> Planter <input type="checkbox"/> Plow <input type="checkbox"/> Rake <input type="checkbox"/> See Comments</p> <p>Improvements (7)</p> <p><input type="checkbox"/> Gas Tanks <input type="checkbox"/> Equipment Included <input type="checkbox"/> Disabled Access <input type="checkbox"/> Green House <input type="checkbox"/> Deck <input type="checkbox"/> Patio <input type="checkbox"/> Dog Run <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> In Ground Pool <input type="checkbox"/> Above Ground Pool <input type="checkbox"/> Sprinkler System <input type="checkbox"/> See Improvement Comments</p>	<p>Lot Details (3)</p> <p><input type="checkbox"/> Curbs <input type="checkbox"/> High Voltage Lines <input type="checkbox"/> Paved Streets</p> <p>_____</p> <p>Survey</p> <p>_____</p> <p>Easements</p> <p>Fence (8)</p> <p><input type="checkbox"/> Barbed Wire <input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Chain Link <input type="checkbox"/> Combination <input type="checkbox"/> Cross Fenced <input type="checkbox"/> Electric <input type="checkbox"/> Partial <input type="checkbox"/> Partial Perimeter <input type="checkbox"/> Perimeter <input type="checkbox"/> Picket <input type="checkbox"/> Rail <input type="checkbox"/> Security <input type="checkbox"/> Wire <input type="checkbox"/> Wood <input type="checkbox"/> See Remarks</p> <p>Leased Equipment (8)</p> <p><input type="checkbox"/> Bailer <input type="checkbox"/> Combine <input type="checkbox"/> Dairy <input type="checkbox"/> Electric <input type="checkbox"/> Feeder <input type="checkbox"/> Planter <input type="checkbox"/> Sprinkler <input type="checkbox"/> Tower <input type="checkbox"/> See Remarks <input type="checkbox"/> Option Available</p> <p>Leased Terms (4)</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Month-to-month <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Year 1-3 <input type="checkbox"/> Year 4+ <input type="checkbox"/> See Remarks</p> <p>Gross Scheduled Inc. \$ _____</p> <p>Boarding Income \$ _____</p> <p>Crop Income \$ _____</p> <p>Lease Income \$ _____</p> <p>Equity \$ _____</p> <p>Equipment Value \$ _____</p> <p>Annual Taxes \$ _____</p> <p>• Tax Year _____</p> <p>Senior Exemption <input type="checkbox"/> (Y/N)</p> <p>Till Acres _____</p> <p>_____</p> <p>Acreage Comments</p> <p>_____</p> <p>Lot Dimensions</p> <p>_____</p> <p>Sec/Twn/Rng</p> <p>_____</p> <p>View Comments</p> <p>_____</p> <p>Waterfont Footage</p> <p>Quarter <input type="checkbox"/></p>	<p>COMMUNITY</p> <p>_____</p> <p>Elementary School</p> <p>_____</p> <p>Jr. High/Middle School</p> <p>_____</p> <p>Senior High School</p> <p>_____</p>
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INITIALS:

Seller

Date

Seller

Date

Agent

Date