

• Indicates Required information ( ) Indicates Maximum Choice

**LISTING #**

|  |                                      |   |   |   |                               |                               |                             |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
|--|--------------------------------------|---|---|---|-------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|-----------------------------|------------------------------|--------------------------------|--------------------------------|--|-----------------------------|-----------------------------|--|-------------------------------|--------------------------------|-------------------------------|-----------------------------|--------------------------------|--|------------------|--|--|--|--|--|--|--|--|----------------------------|-----------------------------|-----------------------------|--|--|--|--|--|--|----------------------------|-----------------------------|----------------------------|--|--|--|--|--|--|------------------------------|----------------------------|--|--|--|--|--|--|--|------------------------------|-----------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|--------------------------------|---|------------------------------------|--------------------------------------|-------------------------------------|--|---------------------------------------|----------------------------------|-----------------------------------|---|---|----------------------------------|---|
| <p><b>COUNTY</b></p> <p><b>TAX ID#</b></p> <p><b>Listing Office ID#</b> (Listing Office Name &amp; Phone No. including area code)</p> <p><b>LAG-Listing Agent ID#</b> (Listing Agent Name &amp; Phone No. including area code)</p> <p><b>Co Listing Office ID#</b>      <b>Co Agent - ID #</b></p> <p><b>AREA</b>      • <b>Community/District</b></p> <p><b>Street # (HSN)</b>      <b>Modifier</b></p> <p><b>Street Name</b></p> <table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> Av Ct</td><td><input type="checkbox"/> Cir</td><td><input type="checkbox"/> Dr</td><td><input type="checkbox"/> Lp</td><td><input type="checkbox"/> St</td><td><input type="checkbox"/> Terr</td> <td><input type="checkbox"/> E</td><td><input type="checkbox"/> NW</td><td><input type="checkbox"/> SW</td> </tr> <tr> <td><input type="checkbox"/> Av Pl</td><td><input type="checkbox"/> Cr St</td><td><input type="checkbox"/> Dr Ct</td><td><input type="checkbox"/> Pkwy</td><td><input type="checkbox"/> St Ct</td><td><input type="checkbox"/> Wy</td> <td><input type="checkbox"/> N</td><td><input type="checkbox"/> S</td><td><input type="checkbox"/> W</td> </tr> <tr> <td><input type="checkbox"/> Ave</td><td><input type="checkbox"/> Ct</td><td><input type="checkbox"/> Hwy</td><td><input type="checkbox"/> Place</td><td><input type="checkbox"/> St Dr</td><td></td> <td><input type="checkbox"/> NE</td><td><input type="checkbox"/> SE</td><td></td> </tr> <tr> <td><input type="checkbox"/> Blvd</td><td><input type="checkbox"/> Ct Av</td><td><input type="checkbox"/> Lane</td><td><input type="checkbox"/> Rd</td><td><input type="checkbox"/> St Pl</td><td></td> <td><b>Direction</b></td><td></td><td></td> </tr> <tr> <td colspan="6"></td> <td><input type="checkbox"/> E</td><td><input type="checkbox"/> NE</td><td><input type="checkbox"/> SW</td> </tr> <tr> <td colspan="6"></td> <td><input type="checkbox"/> N</td><td><input type="checkbox"/> NW</td><td><input type="checkbox"/> W</td> </tr> <tr> <td colspan="6"></td> <td><input type="checkbox"/> KPN</td><td><input type="checkbox"/> S</td><td></td> </tr> <tr> <td colspan="6"></td> <td><input type="checkbox"/> KPS</td><td><input type="checkbox"/> SE</td><td></td> </tr> </table> <p><b>Suffix</b></p> <p>Unit #</p> <p><b>CITY</b></p> <p><b>ZIP Code</b> + 4</p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Thomas</td><td><input type="checkbox"/> RR-Mason</td><td><input type="checkbox"/> RR-Clallam</td><td><input type="checkbox"/> Totem</td><td><input type="checkbox"/> Phoenix Yakima</td> </tr> <tr> <td><input type="checkbox"/> RR-Kitsap</td><td><input type="checkbox"/> RR-Thurston</td><td><input type="checkbox"/> RR-Grays H</td><td><input type="checkbox"/> Phoenix Grant</td><td><input type="checkbox"/> Yellow Pages</td> </tr> <tr> <td><input type="checkbox"/> RR-Jeff</td><td><input type="checkbox"/> RR-Lewis</td><td><input type="checkbox"/> Road Atlas-Clark</td><td><input type="checkbox"/> Phoenix Kittitas</td><td><input type="checkbox"/> Unknown</td> </tr> </table> <p>• <b>MAP BOOK</b></p> <p>• <b>Map Page</b>      • <b>Top Map Coord.</b>      • <b>Side Map Coord.</b></p> | <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"/> E  | <input type="checkbox"/> NW | <input type="checkbox"/> SW | <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"/> N | <input type="checkbox"/> S | <input type="checkbox"/> W | <input type="checkbox"/> Ave | <input type="checkbox"/> Ct | <input type="checkbox"/> Hwy | <input type="checkbox"/> Place | <input type="checkbox"/> St Dr |  | <input type="checkbox"/> NE | <input type="checkbox"/> SE |  | <input type="checkbox"/> Blvd | <input type="checkbox"/> Ct Av | <input type="checkbox"/> Lane | <input type="checkbox"/> Rd | <input type="checkbox"/> St Pl |  | <b>Direction</b> |  |  |  |  |  |  |  |  | <input type="checkbox"/> E | <input type="checkbox"/> NE | <input type="checkbox"/> SW |  |  |  |  |  |  | <input type="checkbox"/> N | <input type="checkbox"/> NW | <input type="checkbox"/> W |  |  |  |  |  |  | <input type="checkbox"/> KPN | <input type="checkbox"/> S |  |  |  |  |  |  |  | <input type="checkbox"/> KPS | <input type="checkbox"/> SE |  | <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><b>Show Map Link (Y/N)</b>      <input type="checkbox"/> (by default 'Yes')</p> <p><b>Listing Price</b></p> <p><b>Internet Advertising (Y/N)</b>      <input type="checkbox"/> (by default 'Yes')</p> <p><b>Show Address to Public (Y/N)</b>      <input type="checkbox"/> (by default 'Yes')</p> <p><b>SOC (Selling Office Com.)</b>      <b>Selling Office Commission Comments</b></p> <p><b>Number of Bedrooms</b>      • <b>Total Bathrooms</b></p> <p><b>ASF - Total</b>      <b>Lot Size</b>      <input type="checkbox"/> Square Feet      <input type="checkbox"/> Acres</p> <p><b>Year Built</b>      • <b>Listing Date</b>      • <b>Expiration Date</b></p> <p><b>School District</b> (see Code List)</p> <p><b>Owner's Name</b>      • <b>Owner's Phone</b></p> <p><b>Occupant Type</b> Owner/Presale/Tenant/Vacant      <input type="checkbox"/> (O/P/T/V)</p> <p><b>Occupant's Name</b>      • <b>Phone to Show</b></p> <p><b>Owner's City and State</b></p> |
| <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"/> E    | <input type="checkbox"/> NW | <input type="checkbox"/> SW |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
| <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"/> N    | <input type="checkbox"/> S  | <input type="checkbox"/> W  |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
| <input type="checkbox"/> Ave   | <input type="checkbox"/> Ct          | <input type="checkbox"/> Hwy              | <input type="checkbox"/> Place            | <input type="checkbox"/> St Dr          |                               | <input type="checkbox"/> NE   | <input type="checkbox"/> SE |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
| <input type="checkbox"/> Blvd  | <input type="checkbox"/> Ct Av       | <input type="checkbox"/> Lane             | <input type="checkbox"/> Rd               | <input type="checkbox"/> St Pl          |                               | <b>Direction</b>              |                             |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
|  |                                      |   |   |   |                               | <input type="checkbox"/> E    | <input type="checkbox"/> NE | <input type="checkbox"/> SW |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
|  |                                      |   |   |   |                               | <input type="checkbox"/> N    | <input type="checkbox"/> NW | <input type="checkbox"/> W  |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
|  |                                      |   |   |   |                               | <input type="checkbox"/> KPN  | <input type="checkbox"/> S  |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
|  |                                      |   |   |   |                               | <input type="checkbox"/> KPS  | <input type="checkbox"/> SE |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |
| <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        |                               |                               |                             |                             |                             |                                |                                |                                |                               |                                |                             |                            |                            |                            |                              |                             |                              |                                |                                |  |                             |                             |  |                               |                                |                               |                             |                                |  |                  |  |  |  |  |  |  |  |  |                            |                             |                             |  |  |  |  |  |  |                            |                             |                            |  |  |  |  |  |  |                              |                            |  |  |  |  |  |  |  |                              |                             |  |                                 |                                   |                                     |                                |   |                                    |                                      |                                     |  |                                       |                                  |                                   |   |   |                                  |   |

**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)

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

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

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|---|---|----------------------------------|-------------------------------------|---|--------------------------------------|--------------------------------------|--|--------------------------------------|---|-------------------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|--|--|---------------------------------|--------------------------------------|--|---|-----------------------------------|--|---------------------------------------|--|---------------------------------|--|------------------------------------|-----------------------------------|---------------------------------------|------------------------------|---|--|
| <p><b>LOCATION</b></p> <p><b>Park Name</b></p> <p><b>Manager &amp; Phone Number</b></p> <p><b>Number of Homes in Park</b></p> | <p><b>LISTING INFORMATION</b></p> <p>• <b>Possession (3)</b></p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Closing</td><td><input type="checkbox"/> Negotiable</td> </tr> <tr> <td><input type="checkbox"/> Subj. to Tenant's Rights</td><td><input type="checkbox"/> See Remarks</td> </tr> </table> <p>• <b>Showing Information (10)</b></p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Appointment</td><td><input type="checkbox"/> Call Listing Office</td> </tr> <tr> <td><input type="checkbox"/> Day Sleeper</td><td><input type="checkbox"/> Gate Code Needed</td> </tr> <tr> <td><input type="checkbox"/> MLS Keybox</td><td><input type="checkbox"/> Other Keybox</td> </tr> <tr> <td><input type="checkbox"/> Owner-Call First</td><td><input type="checkbox"/> Pet in House</td> </tr> <tr> <td><input type="checkbox"/> Power Off</td><td><input type="checkbox"/> Renter - Call First</td> </tr> <tr> <td><input type="checkbox"/> Security System</td><td><input type="checkbox"/> Vacant</td> </tr> <tr> <td><input type="checkbox"/> See Remarks</td><td></td> </tr> </table> | <input type="checkbox"/> Closing | <input type="checkbox"/> Negotiable | <input type="checkbox"/> Subj. to Tenant's Rights | <input type="checkbox"/> See Remarks | <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>• <b>Form 17 (1)</b></p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Provided</td><td></td> </tr> <tr> <td><input type="checkbox"/> Not Provided</td><td></td> </tr> <tr> <td><input type="checkbox"/> Exempt</td><td></td> </tr> </table> <p>• <b>Tax Year</b> _____</p> <p>• <b>Annual Taxes</b> \$ _____</p> <p><b>Senior Exemption</b>      <input type="checkbox"/> (Y/N)</p> <p>• <b>Potential Terms (6)</b></p> <table style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Assumable</td><td><input type="checkbox"/> Cash Out</td> </tr> <tr> <td><input type="checkbox"/> Conventional</td><td><input type="checkbox"/> FHA</td> </tr> <tr> <td><input type="checkbox"/> Lease/Purchase</td><td><input type="checkbox"/> Owner Financing</td> </tr> </table> | <input type="checkbox"/> Provided |  | <input type="checkbox"/> Not Provided |  | <input type="checkbox"/> Exempt |  | <input type="checkbox"/> Assumable | <input type="checkbox"/> Cash Out | <input type="checkbox"/> Conventional | <input type="checkbox"/> FHA | <input type="checkbox"/> Lease/Purchase | <input type="checkbox"/> Owner Financing |
| <input type="checkbox"/> Closing  | <input type="checkbox"/> Negotiable   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Subj. to Tenant's Rights   | <input type="checkbox"/> See Remarks  |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <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  |   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Provided   |   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Not Provided   |   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Exempt   |   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Assumable  | <input type="checkbox"/> Cash Out   |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Conventional   | <input type="checkbox"/> FHA  |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |
| <input type="checkbox"/> Lease/Purchase   | <input type="checkbox"/> Owner Financing  |                                  |                                     |   |                                      |                                      |  |                                      |   |                                     |                                       |   |                                       |                                    |  |  |                                 |                                      |  |   |                                   |  |                                       |  |                                 |  |                                    |                                   |                                       |                              |   |  |

INITIALS:

Seller

Date

Seller

Date

Agent

Date

Listing Address: \_\_\_\_\_

LAG # \_\_\_\_\_

**PARK/SITE AMENITIES**

**Park Approval for Sale**  (Y/N)

**Unit Can Stay After Sale**  (Y/N)

• **Age Restriction**  (Y/N)

\_\_\_\_\_

**Lot Dimensions**

\_\_\_\_\_

• **Space Rent per Month** \$ \_\_\_\_\_

**Space Rent Includes (5)**

Water  Sewer  
 Garbage  Cable/TV  
 See Remarks

**Free & Clear**  (Y/N)

**View (5)**

Bay  Canal  
 City  Golf Course  
 Jetty  Lake  
 Mountain  Ocean  
 Partial  River  
 Sound  Strait  
 Territorial  See Remarks

**Lot Details (5)**

Alley  Corner Lot  
 Cul-de-sac  Curbs  
 Dead End Street  Open Space  
 High Voltage Line  Paved Street  
 Secluded  Sidewalk

**Waterfront (5)**

Bank-High  Bank-Low  
 Bank-Medium  No Bank  
 Bay  Bulkhead  
 Canal  Creek  
 Jetty  Lake  
 Ocean  River  
 Saltwater  Sound  
 Strait

**Park Amenities (12)**

BBQs  Clubhouse  
 Common Area  Community Waterfront  
 Exercise Room  Golf  
 High Speed Internet  Laundry  
 Playground  Recreational Area  
 RV Parking  Sauna  
 Security Gate  Sidewalks  
 Spa/Hot Tub  Tennis Courts  
 Trails  Pool

• **Cats/Dogs (3)**

Cats Only  Dogs Only  
 No Dogs or Cats  No Restrictions  
 Subj. to Restrictions  See Remarks

\_\_\_\_\_

**Manufactured Home Serial No.**

\_\_\_\_\_

**Manufactured Home Manufacturer**

\_\_\_\_\_

**Manufactured Home Model Name**

\_\_\_\_\_

**Manufactured After 6/15/1976**  (Y/N)

**Roof (2)**

Built-up  Cedar Shake  
 Composition  Flat  
 Metal  Tile  
 Torch Down  See Remarks

**Exterior (3)**

Brick  Cement/Concrete  
 Cement Plank  Log  
 Metal/Vinyl  Stone  
 Stucco  Wood  
 Wood Products  Other

\_\_\_\_\_

**Storage No.**

\_\_\_\_\_

**Storage Location**

\_\_\_\_\_

**Skirting Material**

\_\_\_\_\_

**INTERIOR FEATURES**

\_\_\_\_\_

**Leased Equipment**

\_\_\_\_\_

**Water Heater (Type/Location)**

\_\_\_\_\_

**Building Condition (1)**

Average  
 Fair  
 Fixer  
 Good  
 Remodeled  
 Very Good

**Energy Source (4)**

Electric  Natural Gas  
 Oil  Pellet  
 Propane  Wood  
 See Remarks

**Heating/Cooling (4)**

Baseboard  Central Air  
 Forced Air  Heat Pump  
 Insert  Radiant  
 Radiator  Stove/Free Stgd  
 Wall  None

**Floor Covering (4)**

Ceramic Tile  Concrete  
 Fir/Softwood  Hardwood  
 Laminiate  Slate  
 Vinyl  Wall to Wall Crpt  
 See Remarks

**Foundation (3)**

Concrete Perimeter  Concrete Ribbons  
 Concrete Slab  Post & Pillar  
 Tie Downs  See Remarks

**BUILDING INFORMATION**

**Parking Type (3)**

Individual Garage  Carport  
 Uncovered

**No. of Assigned Spaces** \_\_\_\_\_

• **STYLE Code** \_\_\_\_\_

\_\_\_\_\_

**Square Footage Source**

\_\_\_\_\_

**Manufactured Home Features (14)**

Awnings  Bath Off Master  
 Ceiling Fan(s)  Disabled Access  
 Double Pane Windows  Drapes  
 Fireplace in Master  Hot Tub/Spa  
 Jetted/Soaking Tub  Landscaped  
 Patio/Porch/Deck  Sauna  
 Security System  Skylights  
 Vaulted Ceiling  Walk-in Closet  
 Wet Bar

**Appliances That Stay (10)**

Dishwasher  Double Oven  
 Dryer  Garbage Disposal  
 Microwave  Range/Oven  
 Refrigerator  Trash Compactor  
 Washer  See Remarks

**Total Number of Fireplaces** \_\_\_\_\_

**L & I Inspected (Y/N)** \_\_\_\_\_

**No. of Full Bathrooms (1.0)** \_\_\_\_\_

**No. of 3/4 Bathrooms (.75)** \_\_\_\_\_

**No. of 1/2 Bathrooms (.5)** \_\_\_\_\_

**Other Rooms (8)**

Dining  Entry  
 Extra Finished Room  Family Room  
 Kitchen  Kitchen w/Eat Space  
 Living  Utility Room

**UTILITY / SCHOOL / COMMUNITY**

**Water Source (2)**

Community  Individual Well  
 Private  Public  
 Shares  Shared Well  
 See Remarks

\_\_\_\_\_

**Water Company**

\_\_\_\_\_

**Power Company**

\_\_\_\_\_

**Sewer Company**

\_\_\_\_\_

**Elementary School**

\_\_\_\_\_

**Junior High/Middle School**

\_\_\_\_\_

**Senior High School**

\_\_\_\_\_

**Bus Line Nearby** Y/N

INITIALS:

Seller

Date

Seller

Date

Agent

Date