

• 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>• Street Name</p> <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"/> 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><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) <input type="checkbox"/> (by default 'Yes')</p> <p>• Listing Price</p> <p>• Internet Advertising (Y/N) <input type="checkbox"/> (by default 'Yes')</p> <p>Show Address to Public (Y/N) <input type="checkbox"/> (by default 'Yes')</p> <p>• SOC (Selling Office Com.) Selling Office Commission Comments</p> <p>• Structure - Total Buiding Sq Ft</p> <p><input type="checkbox"/> Square Feet <input type="checkbox"/> Acres</p> <p>Lot Size</p> <p>• Year Built • Listing Date • Expiration Date</p> <p>• School District (see Code List)</p> <p>• Owner's Name • Owner's Phone</p> <p>• Occupant Type Owner/Presale/Tenant/Vacant <input type="checkbox"/> (O/P/T/V)</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)

<p>LOCATION</p> <p>Lot Number</p> <p>Block</p> <p>Plat/Subdivision/Building Name</p> <p>LISTING INFORMATION</p> <p>• Preliminary Title Ordered (Y/N) <input type="checkbox"/></p> <p>Annual Assoc. Dues \$ _____</p>	<p>• Possession (3)</p> <p><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)</p> <p><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)</p> <p><input type="checkbox"/> Provided <input type="checkbox"/> Not Provided <input type="checkbox"/> Exempt</p>	<p>• Total No. of Units _____</p> <p>• Total Rentable Sq Ft _____</p> <p>• No. Stories in Bldg _____</p> <p>• Units Below Grade <input type="checkbox"/> (Y/N)</p> <p>• Potential Terms (10)</p> <p><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>
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INITIALS: _____ _____ _____ _____

Seller Date Seller Date Agent Date

Listing Address: _____

LAG # _____

<p>SITE INFORMATION</p> <p>Lot Dimensions _____</p> <p>Lot Details (6)</p> <p><input type="checkbox"/> Alley <input type="checkbox"/> Community Golf Course <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul-de-sac <input type="checkbox"/> Curbs <input type="checkbox"/> Dead End Street <input type="checkbox"/> High Voltage Line <input type="checkbox"/> Open Space <input type="checkbox"/> Paved Street <input type="checkbox"/> Secluded <input type="checkbox"/> Sidewalk <input type="checkbox"/> Value in Land</p> <p>Waterfront (4)</p> <p><input type="checkbox"/> Bank-High <input type="checkbox"/> Bank-Low <input type="checkbox"/> Bank-Medium <input type="checkbox"/> No Bank <input type="checkbox"/> Bay <input type="checkbox"/> Bulkhead <input type="checkbox"/> Canal <input type="checkbox"/> Creek <input type="checkbox"/> Jetty <input type="checkbox"/> Lake <input type="checkbox"/> Ocean <input type="checkbox"/> River <input type="checkbox"/> Saltwater <input type="checkbox"/> Sound <input type="checkbox"/> Strait</p> <p>Site Features (14)</p> <p><input type="checkbox"/> Arena-Indoor <input type="checkbox"/> Arena-Outdoor <input type="checkbox"/> Athletic Court <input type="checkbox"/> Barn <input type="checkbox"/> Boat House <input type="checkbox"/> Cabana/Gazebo <input type="checkbox"/> Cable TV <input type="checkbox"/> Deck <input type="checkbox"/> Disabled Access <input type="checkbox"/> Dock <input type="checkbox"/> Dog Run <input type="checkbox"/> Fenced-Fully <input type="checkbox"/> Fenced-Partially <input type="checkbox"/> Gas Available <input type="checkbox"/> Gated Entry <input type="checkbox"/> Green House <input type="checkbox"/> High Speed Internet <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Outbuildings <input type="checkbox"/> Patio <input type="checkbox"/> Propane <input type="checkbox"/> RV Parking <input type="checkbox"/> Shop <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Stable</p>	<p>ADDITIONAL SITE INFORMATION</p> <p>• No. of Carport Spaces _____</p> <p>• No. of Garage Spaces _____</p> <p>• No. of Uncovered Spaces _____</p> <p>• Total No. of Parking Spaces _____</p> <p>View (4)</p> <p><input type="checkbox"/> Bay <input type="checkbox"/> Canal <input type="checkbox"/> City <input type="checkbox"/> Golf Course <input type="checkbox"/> Jetty <input type="checkbox"/> Lake <input type="checkbox"/> Mountain <input type="checkbox"/> Ocean <input type="checkbox"/> Partial <input type="checkbox"/> River <input type="checkbox"/> Sound <input type="checkbox"/> Strait <input type="checkbox"/> Territorial <input type="checkbox"/> See Remarks</p> <p>Pool (1)</p> <p><input type="checkbox"/> Above Ground <input type="checkbox"/> Community <input type="checkbox"/> Indoor <input type="checkbox"/> In-Ground</p> <p>• Sewer (2)</p> <p><input type="checkbox"/> Sewer Connected <input type="checkbox"/> Sewer Available <input type="checkbox"/> Septic</p> <p>Approved for # of Bedrooms _____</p> <p>ADDITIONAL LISTING INFORMATION</p> <p>General Zoning Classifications (5)</p> <p><input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Commercial <input type="checkbox"/> Farm & Ranch <input type="checkbox"/> Forestry <input type="checkbox"/> Industrial <input type="checkbox"/> Industrial-Light <input type="checkbox"/> Multi-Family <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> See Remarks</p> <p>• Zoning Jurisdiction (1)</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> See Remarks</p> <p>INTERIOR</p> <p>• Energy Source (4)</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Pellet <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> See Remarks</p> <p>• Heating/Cooling (4)</p> <p><input type="checkbox"/> Baseboard <input type="checkbox"/> Central Air <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Insert <input type="checkbox"/> Radiant <input type="checkbox"/> Radiator <input type="checkbox"/> Stove/Free Stdg <input type="checkbox"/> Wall</p> <p>Floor Covering (4)</p> <p><input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Concrete <input type="checkbox"/> Fir/Softwood <input type="checkbox"/> Hardwood <input type="checkbox"/> Lam Hardwood <input type="checkbox"/> Lam Tile <input type="checkbox"/> Slate <input type="checkbox"/> Vinyl <input type="checkbox"/> Wall to Wall <input type="checkbox"/> See Remarks <input type="checkbox"/> Carpet</p> <p>Amenities (10)</p> <p><input type="checkbox"/> Basement <input type="checkbox"/> Clubhouse <input type="checkbox"/> Coin Op Laundry <input type="checkbox"/> Elevator <input type="checkbox"/> Energy Package <input type="checkbox"/> Fire Sprinklers <input type="checkbox"/> Playground <input type="checkbox"/> Storage <input type="checkbox"/> Thermal Windows <input type="checkbox"/> See Remarks</p> <p>• Leased Items (4)</p> <p><input type="checkbox"/> Furnace/Burner <input type="checkbox"/> Security System <input type="checkbox"/> Washer/Dryer <input type="checkbox"/> Water Tank <input type="checkbox"/> None</p> <p>SCHOOL/COMMUNITY INFO</p> <p>Water Source (2)</p> <p><input type="checkbox"/> Community <input type="checkbox"/> Individual Well <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Shared Well <input type="checkbox"/> Shares <input type="checkbox"/> See Remarks</p> <p>Water Company _____</p> <p>Power Company _____</p> <p>Sewer Company _____</p>	<p>Elementary School _____</p> <p>Junior High/Middle School _____</p> <p>Senior High School _____</p> <p>UNIT INFORMATION</p> <p>• UN1 Unit 1 # _____</p> <p>• BR1 Unit 1 Beds _____</p> <p>• BA1 Unit 1 Bathrooms _____</p> <p>• RO1 Range/Oven (Y/N) _____</p> <p>• FG1 Refrigerator (Y/N) _____</p> <p>• DW1 Dishwasher (Y/N) _____</p> <p>• WD1 Washer/Dryer (Y/N) _____</p> <p>• FP1 # of Fireplaces _____</p> <p>• SF1 Approx. Sq Ft _____</p> <p>• RN1 Monthly Rent \$ _____</p> <hr/> <p>• UN2 Unit 2 # _____</p> <p>• BR2 Unit 2 Beds _____</p> <p>• BA2 Unit 2 Bathrooms _____</p> <p>• RO2 Range/Oven (Y/N) _____</p> <p>• FG2 Refrigerator (Y/N) _____</p> <p>• DW2 Dishwasher (Y/N) _____</p> <p>• WD2 Washer/Dryer (Y/N) _____</p> <p>• FP2 # of Fireplaces _____</p> <p>• SF2 Approx. Sq Ft _____</p> <p>• RN2 Monthly Rent \$ _____</p> <hr/> <p>• UN3 Unit 3 # _____</p> <p>• BR3 Unit 3 Beds _____</p> <p>• BA3 Unit 3 Bathrooms _____</p> <p>• RO3 Range/Oven (Y/N) _____</p> <p>• FG3 Refrigerator (Y/N) _____</p> <p>• DW3 Dishwasher (Y/N) _____</p> <p>• WD3 Washer/Dryer (Y/N) _____</p> <p>• FP3 # of Fireplaces _____</p> <p>• SF3 Approx. Sq Ft _____</p> <p>• RN3 Monthly Rent \$ _____</p> <hr/> <p>• UN4 Unit 4 # _____</p> <p>• BR4 Unit 4 Beds _____</p> <p>• BA4 Unit 4 Bathrooms _____</p> <p>• RO4 Range/Oven (Y/N) _____</p> <p>• FG4 Refrigerator (Y/N) _____</p> <p>• DW4 Dishwasher (Y/N) _____</p> <p>• WD4 Washer/Dryer (Y/N) _____</p> <p>• FP4 # of Fireplaces _____</p> <p>• SF4 Approx. Sq Ft _____</p> <p>• RN4 Monthly Rent \$ _____</p> <hr/> <p>• UN5 Unit 5 # _____</p> <p>• BR5 Unit 5 Beds _____</p> <p>• BA5 Unit 5 Bathrooms _____</p> <p>• RO5 Range/Oven (Y/N) _____</p> <p>• FG5 Refrigerator (Y/N) _____</p> <p>• DW5 Dishwasher (Y/N) _____</p> <p>• WD5 Washer/Dryer (Y/N) _____</p> <p>• FP5 # of Fireplaces _____</p> <p>• SF5 Approx. Sq Ft _____</p> <p>• RN5 Monthly Rent \$ _____</p> <hr/> <p>• UN6 Unit 6 # _____</p> <p>• BR6 Unit 6 Beds _____</p> <p>• BA6 Unit 6 Bathrooms _____</p> <p>• RO6 Range/Oven (Y/N) _____</p> <p>• FG6 Refrigerator (Y/N) _____</p> <p>• DW6 Dishwasher (Y/N) _____</p> <p>• WD6 Washer/Dryer (Y/N) _____</p> <p>• FP6 # of Fireplaces _____</p> <p>• SF6 Approx. Sq Ft _____</p> <p>• RN6 Monthly Rent \$ _____</p> <p>• AIN Addl Monthly Income \$ _____</p> <p>• TIN Total Monthly Income \$ _____</p>
<p>BUILDING INFORMATION</p> <p>New Construction <input type="checkbox"/> U=Under Construction, P=Presale, C=Completed</p> <p>• STYLE Code _____</p> <p>Foundation (1)</p> <p><input type="checkbox"/> Concrete Block <input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Ribbon <input type="checkbox"/> Slab <input type="checkbox"/> Post & Block <input type="checkbox"/> Tie Down <input type="checkbox"/> Post & Pillar <input type="checkbox"/> See Remarks</p> <p>Building Condition (1)</p> <p><input type="checkbox"/> Average <input type="checkbox"/> Remodeled <input type="checkbox"/> Fair <input type="checkbox"/> Restored <input type="checkbox"/> Fixer <input type="checkbox"/> Under Construction <input type="checkbox"/> Good <input type="checkbox"/> Very Good</p> <p>• Roof (3)</p> <p><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)</p> <p><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>	<p>FINANCIAL INFO - Annual Amount</p> <p>• Tax Expenses \$ _____</p> <p>• Insurance Expenses \$ _____</p> <p>• Water/Sewage/Garbage \$ _____</p> <p>• Electrical Expenses \$ _____</p> <p>• Heating Expenses \$ _____</p> <p>• Other Expenses \$ _____</p> <p>• Total Expenses \$ _____</p> <p>• Tax Year _____</p> <p>• Gross Scheduled Income \$ _____</p> <p>• Vacancy Rate _____ %</p> <p>• Gross Adjusted Income \$ _____</p> <p>• Total Expenses (from TEX) \$ _____</p> <p>• Net Operating Income \$ _____</p> <p>• Cap Rate (NOI div by LP) _____ %</p> <p>• Gross Rent Multiplier _____ % <small>(LP div by GSI)</small></p>	

INITIALS:

 Seller Date Seller Date Agent Date