


## Pre-Purchase Checklist

| <b>Exterior</b>   |  |  |   |   |                                       |  |                                       |                          |
|---|--|--|---|---|---------------------------------------|--|---------------------------------------|--------------------------|
| <b>Exterior Siding/Veneer</b>   |  | <b>Exterior Windows</b>                      |   | <b>Trim/Fascias</b>                                 |                                       |  |                                       |                          |
| <input type="checkbox"/> Wood   | <input type="checkbox"/> Stone           | <input type="checkbox"/> Aluminum            | <input type="checkbox"/> Wood           | <input type="checkbox"/> Wood                       | <input type="checkbox"/> Wood         |  |                                       |                          |
| <input type="checkbox"/> Vinyl  | <input type="checkbox"/> Block           | <input type="checkbox"/> Hardiboard          | <input type="checkbox"/> Metal          | <input type="checkbox"/> Metal                      | <input type="checkbox"/> Vinyl        |  |                                       |                          |
| <input type="checkbox"/> Brick  | <input type="checkbox"/> Asbestos        | <input type="checkbox"/> Stucco              | <input type="checkbox"/> Vinyl          | <input type="checkbox"/> Glass block                | <input type="checkbox"/> Aluminum     |  |                                       |                          |
| <input type="checkbox"/> Other _____  |  | <input type="checkbox"/> Insulated Glass     |   | <input type="checkbox"/> Single Pane Glass          | <input type="checkbox"/> Other _____  |  |                                       |                          |
| <input type="checkbox"/> Other _____  |  | <input type="checkbox"/> Other _____         |   | <input type="checkbox"/> Other _____                |                                       |  |                                       |                          |
|  |  |  |   |   |                                       |  |                                       |                          |
| <b>Exterior Conditions</b>  |  | <b>Doors</b>                                 | <b>Siding</b>                           | <b>Windows</b>                                      | <b>Veneer</b>                         | <b>Trim</b>                                | <b>Fascias</b>                        | <b>Gutters</b>           |
| Signs of Deterioration  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Peeling Paint   | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Wood Rot  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Moisture Penetration  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Cracked Glass   | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Loose caulking at joints  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Popping Nails   | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Stress/Settlement Crack   | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Needs Repair  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| Inspected/Ok  | <input type="checkbox"/>                 | <input type="checkbox"/>                     | <input type="checkbox"/>                | <input type="checkbox"/>                            | <input type="checkbox"/>              | <input type="checkbox"/>                   | <input type="checkbox"/>              | <input type="checkbox"/> |
| <b>Deck/Balcony/Steps/Patio Location #1</b>                                       |  |  |   | <b>Deck/Balcony/Steps/Patio Location #2</b>         |                                       |  |                                       |                          |
| <input type="checkbox"/> Deck   | <input type="checkbox"/> Balcony         | <input type="checkbox"/> Steps               | <input type="checkbox"/> Patio          | <input type="checkbox"/> Deck                       | <input type="checkbox"/> Balcony      | <input type="checkbox"/> Steps             | <input type="checkbox"/> Patio        |                          |
| <input type="checkbox"/> Front  | <input type="checkbox"/> Rear            | <input type="checkbox"/> Side                |   | <input type="checkbox"/> Front                      | <input type="checkbox"/> Rear         | <input type="checkbox"/> Side              |                                       |                          |
| <input type="checkbox"/> Wood   | <input type="checkbox"/> Steel           | <input type="checkbox"/> Concrete            |   | <input type="checkbox"/> Wood                       | <input type="checkbox"/> Steel        | <input type="checkbox"/> Concrete          |                                       |                          |
| <input type="checkbox"/> Railing  | <input type="checkbox"/> N/A             | <input type="checkbox"/> N/A                 |   | <input type="checkbox"/> Railing                    | <input type="checkbox"/> N/A          | <input type="checkbox"/> N/A               |                                       |                          |
| <input type="checkbox"/> Inspected/OK   | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         |   | <input type="checkbox"/> Inspected/OK               | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       |                                       |                          |
| <b>Walkways</b> <input type="checkbox"/> N/A                                      |  | <b>Driveway</b> <input type="checkbox"/> N/A |   | <b>Retaining Walls</b> <input type="checkbox"/> N/A |                                       | <b>Fences</b> <input type="checkbox"/> N/A |                                       |                          |
| <input type="checkbox"/> Concrete   | <input type="checkbox"/> Asphalt         | <input type="checkbox"/> Wood                | <input type="checkbox"/> None           | <input type="checkbox"/> Wood                       | <input type="checkbox"/> Stone        | <input type="checkbox"/> Wood              | <input type="checkbox"/> None         |                          |
| <input type="checkbox"/> Brick  | <input type="checkbox"/> Brick           | <input type="checkbox"/> Stone               | <input type="checkbox"/> Wood           | <input type="checkbox"/> Stone                      | <input type="checkbox"/> Masonry      | <input type="checkbox"/> Metal             | <input type="checkbox"/> Wood         |                          |
| <input type="checkbox"/> Flagstone  | <input type="checkbox"/> Concrete        | <input type="checkbox"/> Concrete            | <input type="checkbox"/> Masonry        | <input type="checkbox"/> Concrete                   | <input type="checkbox"/> Concrete     | <input type="checkbox"/> PVC               | <input type="checkbox"/> Metal        |                          |
| <input type="checkbox"/> Settlement   | <input type="checkbox"/> Settlement      | <input type="checkbox"/> Settlement          | <input type="checkbox"/> Concrete       | <input type="checkbox"/> Concrete                   | <input type="checkbox"/> Inspected/OK | <input type="checkbox"/> Inspected/OK      | <input type="checkbox"/> PVC          |                          |
| <input type="checkbox"/> Inspected/OK   | <input type="checkbox"/> Inspected/OK    | <input type="checkbox"/> Inspected/OK        | <input type="checkbox"/> Inspected/OK   | <input type="checkbox"/> Inspected/OK               | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Inspected/OK      | <input type="checkbox"/> Inspected/OK |                          |
| <input type="checkbox"/> Needs Repair   | <input type="checkbox"/> Needs Repair    | <input type="checkbox"/> Needs Repair        | <input type="checkbox"/> Needs Repair   | <input type="checkbox"/> Needs Repair               | <input type="checkbox"/> Needs Repair | <input type="checkbox"/> Needs Repair      | <input type="checkbox"/> Needs Repair |                          |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____    | <input type="checkbox"/> Other _____                | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  |                          |
| <b>Vegetation/Trees</b>   |  |  |   |   |                                       |  |                                       |                          |
| <input type="checkbox"/> Displacing Foundation                                    | <input type="checkbox"/> Displacing Roof | <input type="checkbox"/> Needs Trimming      | <input type="checkbox"/> Needs Trimming |   | <input type="checkbox"/> Other _____  |  |                                       |                          |
| <b>Remarks:</b>   |  |  |   |   |                                       |  |                                       |                          |
|   |  |  |   |   |                                       |  |                                       |                          |
|   |  |  |   |   |                                       |  |                                       |                          |

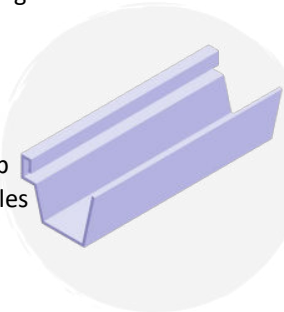
| <b>Plumbing</b>                          |   |
|--|---|
| <b>Service to House (Supply Lines)</b>   | <b>Interior Pipes</b>                     |
| <input type="checkbox"/> Copper          | <input type="checkbox"/> Copper           |
| <input type="checkbox"/> PVC             | <input type="checkbox"/> PVC              |
| <input type="checkbox"/> Galvanized      | <input type="checkbox"/> Galvanized       |
| <input type="checkbox"/> PEX             | <input type="checkbox"/> Not Visible      |
| <input type="checkbox"/> Not all Visible | <input type="checkbox"/> PEX              |
| <input type="checkbox"/> Other _____     | <input type="checkbox"/> Flow Observed/OK |
|  | <input type="checkbox"/> Needs Repair     |
|  | <input type="checkbox"/> Other _____      |
| <b>Remarks:</b>                          |   |
|  |   |
|  |   |



| Garage  |   |  |
|---|---|--|
| <b>Type</b><br><input type="checkbox"/> Attached<br><input type="checkbox"/> Detached | <b>Garage Door Opener</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Safety Stop Functioning<br><input type="checkbox"/> Inspected/OK<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Functioning Properly<br><input type="checkbox"/> Safety Stop Inoperative<br><input type="checkbox"/> Needs Repair |
| <b>Remarks:</b><br><br>   |   |  |



| Roof and Drainage  |  |  |
|--|--|--|
| <b>Roof Condition</b><br><input type="checkbox"/> Not Visible<br><input type="checkbox"/> Moderate Aging<br><input type="checkbox"/> Serious Aging<br><input type="checkbox"/> Curling<br><input type="checkbox"/> Cracking<br><input type="checkbox"/> Nail Popping<br><input type="checkbox"/> Moss Build-Up<br><input type="checkbox"/> Missing Shingles<br><input type="checkbox"/> Signs of Leaks<br><input type="checkbox"/> Inspected/OK<br><input type="checkbox"/> Needs Repair<br><input type="checkbox"/> Other _____ | <b>Roof Covering</b><br>Buildup<br>Roll<br>Metal<br>Fiberglass Shingle<br>Wood Shingle<br>Asphalt Shingle<br>Clay Tile<br>Slate Tile<br>Asbestos Tile<br>Cement Tile<br>Other _____  | <b>Gutters</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Loose Sections<br><input type="checkbox"/> Leaking Joints<br><input type="checkbox"/> Rusting<br><input type="checkbox"/> Holes<br><input type="checkbox"/> Debris<br><input type="checkbox"/> No Drains<br><input type="checkbox"/> Inspected/Ok<br><input type="checkbox"/> Needs Repair<br><input type="checkbox"/> Other _____ |
| <b>Surface Water Drainage</b><br><input type="checkbox"/> Good overall grade<br><input type="checkbox"/> Negative Grade<br><input type="checkbox"/> French Drain in place<br><input type="checkbox"/> Ground sloped toward house<br><input type="checkbox"/> Ground sloped away from house   | <b>Chimney Type</b><br><input type="checkbox"/> N/A <input type="checkbox"/> Stone<br><input type="checkbox"/> Brick <input type="checkbox"/> Flue Visible<br><input type="checkbox"/> Wood <input type="checkbox"/> Metal<br><input type="checkbox"/> Damper Operable<br><input type="checkbox"/> Other _____ | <b>Chimney Exterior</b><br><input type="checkbox"/> N/A<br><input type="checkbox"/> Signs of Chipping<br><input type="checkbox"/> Loose Mortar<br><input type="checkbox"/> Loose Bricks<br><input type="checkbox"/> Cracked Crown<br><input type="checkbox"/> Missing Rain Cap<br><input type="checkbox"/> Inspected/Ok<br><input type="checkbox"/> Needs Repair<br><input type="checkbox"/> Other _____       |
| <b>Remarks:</b><br><br>  |  |  |

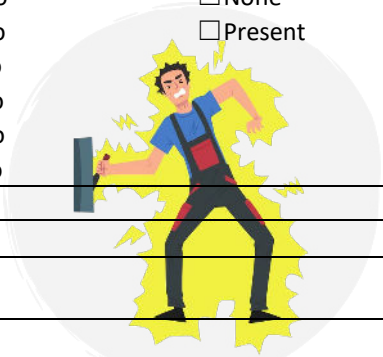


| Crawl Space  |  |  |
|--|--|--|
| <b>Moisture</b><br><input type="checkbox"/> Standing Water Found<br><input type="checkbox"/> No Sump Pump<br><input type="checkbox"/> Vapor Barrier Present<br><input type="checkbox"/> Drainage System Present<br><input type="checkbox"/> Evidence of Previous Repairs | <input type="checkbox"/> Crawl Vents Blocked<br><input type="checkbox"/> Crawl Vents Missing<br><input type="checkbox"/> Evidence of Mold<br><input type="checkbox"/> Evidence of Rot to Subflooring<br><input type="checkbox"/> None <input type="checkbox"/> Not Visible | <b>Floor</b><br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Gravel<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Dirt<br>Wood<br>Other: _____ |
| <b>Remarks:</b><br><br>  |  |  |

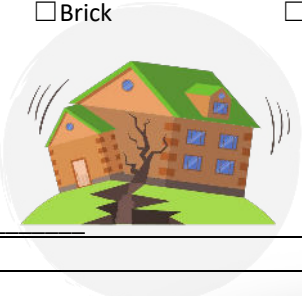
| Attic Insulation & Ventilation  |   |   |  |
|---|---|---|--|
| <b>Access</b><br><input type="checkbox"/> Permanent Stairs<br><input type="checkbox"/> Disappearing Stairs<br><input type="checkbox"/> Door<br><input type="checkbox"/> Hatch<br><input type="checkbox"/> Not Accessible<br><input type="checkbox"/> Garage Access Only<br><input type="checkbox"/> Other _____ | <b>Sheathing</b><br><input type="checkbox"/> Plywood<br><input type="checkbox"/> Particle Board<br><input type="checkbox"/> Fire Rated Plywood<br><input type="checkbox"/> Plank<br><input type="checkbox"/> Sterling Board<br><input type="checkbox"/> Other _____ | <b>Moisture/Water Stains</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Signs of Condensation<br><input type="checkbox"/> Evidence of Leaks<br><input type="checkbox"/> Mold Stains<br><input type="checkbox"/> Rot<br><input type="checkbox"/> Other _____ | <b>Insulation Type</b><br><input type="checkbox"/> Glass<br><input type="checkbox"/> Cellulose<br><input type="checkbox"/> Foam<br><input type="checkbox"/> Rockwool<br><input type="checkbox"/> Need Insulation<br><input type="checkbox"/> Possible Vermiculite<br><input type="checkbox"/> Inspected/OK |
| <b>Remarks:</b><br><br>   |   |   |  |

| Interior Rooms                             |  |  |
|--|--|--|
| <b>Floors</b>                              | <b>Walls</b>   | <b>Windows</b>   |
| <input type="checkbox"/> Wood              | <input type="checkbox"/> Sheetrock   | <input type="checkbox"/> Double Hung                           |
| <input type="checkbox"/> Laminate          | <input type="checkbox"/> Wood Paneling                                       | <input type="checkbox"/> Single Hung                           |
| <input type="checkbox"/> Carpet            | <input type="checkbox"/> Plaster Board                                       | <input type="checkbox"/> Sliding                               |
| <input type="checkbox"/> Tile              | <input type="checkbox"/> Tile  | <input type="checkbox"/> Fixed Pane                            |
| <input type="checkbox"/> Vinyl             | <input type="checkbox"/> Plaster   | <input type="checkbox"/> Awning                                |
| <input type="checkbox"/> Slate             | <input type="checkbox"/> Nail Pops   | <input type="checkbox"/> Casement                              |
| <input type="checkbox"/> Stone             | <input type="checkbox"/> Moisture Stains                                     | <input type="checkbox"/> Wood                                  |
| <input type="checkbox"/> Not Level         | <input type="checkbox"/> Cracks  | <input type="checkbox"/> Metal                                 |
| <input type="checkbox"/> Worn Carpet       | <input type="checkbox"/> Peeling Paint                                       | <input type="checkbox"/> Vinyl                                 |
| <input type="checkbox"/> Squeaks           | <input type="checkbox"/> Loose Wallpaper                                     | <input type="checkbox"/> Painted Shut                          |
| <input type="checkbox"/> Damaged           | <input type="checkbox"/> Inspected/Ok  | <input type="checkbox"/> Cracked Pane                          |
| <input type="checkbox"/> Loose Members     | <input type="checkbox"/> Needs Repair  | <input type="checkbox"/> Broken Window                         |
| <input type="checkbox"/> Inspected/Ok      | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Seals                                 |
| <input type="checkbox"/> Other _____       |  | <input type="checkbox"/> Missing Trim                          |
|  | <b>Ceilings</b>  | <input type="checkbox"/> Leakage                               |
| <b>Doors</b>                               | <input type="checkbox"/> Drywall   | <input type="checkbox"/> Inspected/OK                          |
| <input type="checkbox"/> Solid Wood        | <input type="checkbox"/> Wood  | <input type="checkbox"/> Needs Repair                          |
| <input type="checkbox"/> Wood Facing       | <input type="checkbox"/> Wood Lath   | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Steel             | <input type="checkbox"/> Masonry   |  |
| <input type="checkbox"/> Glass             | <input type="checkbox"/> Moisture Stains                                     | <b>Steps/Railings/Stairs</b>                                   |
| <input type="checkbox"/> Hollow            | <input type="checkbox"/> Loose Plaster/Drywall                               | <input type="checkbox"/> N/A                                   |
| <input type="checkbox"/> Hardware Missing  | <input type="checkbox"/> Peeling Paint                                       | <input type="checkbox"/> Loose Railing                         |
| <input type="checkbox"/> Damaged           | <input type="checkbox"/> Nail Pops   | <input type="checkbox"/> Missing Railings                      |
| <input type="checkbox"/> Not Latching      | <input type="checkbox"/> Cracks  | <input type="checkbox"/> Inspected/Ok                          |
| <input type="checkbox"/> Off Track         | <input type="checkbox"/> Inspected/Ok  | <input type="checkbox"/> Needs Repair                          |
| <input type="checkbox"/> Inspected/Ok      | <input type="checkbox"/> Needs Repair  | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Needs Repair      | <input type="checkbox"/> Other _____   |  |
| <input type="checkbox"/> Other _____       |  |  |
| <b>Remarks:</b>                            |  |  |
|  |  |  |
| <b>Kitchen</b>                             |  |  |
| <b>Floor</b>                               | <b>Sink</b>  | <b>Dishwasher</b>  |
| <input type="checkbox"/> Wood              | <input type="checkbox"/> Hardware Leaks/Drips                                | <input type="checkbox"/> Not Present                           |
| <input type="checkbox"/> Laminate          | <input type="checkbox"/> Low Pressure  | <input type="checkbox"/> Built-In                              |
| <input type="checkbox"/> Tile              | <input type="checkbox"/> Slow Drains   | <input type="checkbox"/> Portable                              |
| <input type="checkbox"/> Carpet            | <input type="checkbox"/> Secured Properly                                    | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Vinyl             | <input type="checkbox"/> Working Properly                                    |  |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   |  |
| <b>Cabinets &amp; Countertops</b>          | <b>Microwave</b>   | <b>Range/Oven</b>  |
| <input type="checkbox"/> Missing Hardware  | <input type="checkbox"/> Not Present   | <input type="checkbox"/> Not Present                           |
| <input type="checkbox"/> Loose Counter Top | <input type="checkbox"/> Working Properly                                    | <input type="checkbox"/> Electric <input type="checkbox"/> Gas |
| <input type="checkbox"/> Needs Repair      | <input type="checkbox"/> Needs Repair  |  |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   |  |
| <b>Exhaust/Fan</b>                         | <b>Refrigerator</b>  | <b>Disposal</b>  |
| <input type="checkbox"/> Not Present       | <input type="checkbox"/> Not Present   | <input type="checkbox"/> Not Present                           |
| <input type="checkbox"/> Inspected/Ok      | <input type="checkbox"/> Inspected/Ok  | <input type="checkbox"/> Inspected/Ok                          |
| <input type="checkbox"/> Needs Repair      | <input type="checkbox"/> Frost-Free  | <input type="checkbox"/> Needs Repair                          |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Icemaker  | <input type="checkbox"/> Other _____                           |
|  | <input type="checkbox"/> Needs Repair  |  |
|  | <input type="checkbox"/> Other _____   |  |
| <b>Remarks:</b>                            |  |  |
|  |  |  |
| <b>Bathrooms</b>                           |  |  |
| Bathroom <input type="checkbox"/> ½        | <input type="checkbox"/> Full    Location _____                              | Toilet   |
| <input type="checkbox"/> Room Ventilation  | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads        | <input type="checkbox"/> Loose                                 |
| <input type="checkbox"/> Faucets           | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair                          |
|  |  | <input type="checkbox"/> Inspected/Ok                          |
| Bathroom <input type="checkbox"/> ½        | <input type="checkbox"/> Full    Location _____                              | Toilet   |
| <input type="checkbox"/> Room Ventilation  | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads        | <input type="checkbox"/> Loose                                 |
| <input type="checkbox"/> Faucets           | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair                          |
|  |  | <input type="checkbox"/> Inspected/Ok                          |
| Bathroom <input type="checkbox"/> ½        | <input type="checkbox"/> Full    Location _____                              | Toilet   |
| <input type="checkbox"/> Room Ventilation  | <input type="checkbox"/> Fixture <input type="checkbox"/> Showerheads        | <input type="checkbox"/> Loose                                 |
| <input type="checkbox"/> Faucets           | <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs Repair                          |
|  |  | <input type="checkbox"/> Inspected/Ok                          |

| Electrical System  |  |   |
|--|--|---|
| <b>Main Panel Box</b><br>Location _____<br>Amps _____<br><input type="checkbox"/> Circuit Breakers<br><input type="checkbox"/> Fuses<br>Grounded<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>GFCI (Ground Fault Circuit Interrupters)</b><br>Bathrooms <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Garage <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Attic <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Basement <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Smoke Detectors</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Present |
| <b>Remarks:</b><br>_____<br>_____  |  |   |



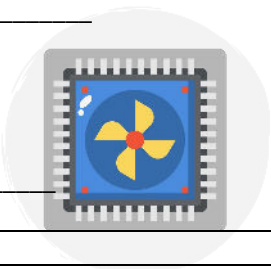
| STRUCTURE  |   |  |
|--|---|--|
| <b>Construction</b><br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> Steel Frame<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Mixed<br><input type="checkbox"/> Not All Visible<br><input type="checkbox"/> Inspected/Ok<br><input type="checkbox"/> Other _____   | <b>Walls</b><br><input type="checkbox"/> Brick<br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Stone<br><input type="checkbox"/> Needs Repair<br><input type="checkbox"/> Inspected/Ok | <b>Floor/Ceiling</b><br><input type="checkbox"/> Wood<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Joist<br><input type="checkbox"/> Truss<br><input type="checkbox"/> Not All Visible<br><input type="checkbox"/> Other _____ |
| <b>Foundation</b><br><input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Slab <input type="checkbox"/> Block<br><input type="checkbox"/> Not All Visible<br><input type="checkbox"/> Bowed Severely<br><input type="checkbox"/> Insect Damage<br><input type="checkbox"/> Horizontal Cracks<br><input type="checkbox"/> Vertical Cracks<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Inspected/OK<br><input type="checkbox"/> Previous Repair Observed<br><input type="checkbox"/> Missing or Loose Members<br><input type="checkbox"/> Possible Sheathing Damage<br><input type="checkbox"/> Finished Basement                       |  |
| <b>Remarks:</b><br>_____<br>_____  |   |  |



| Heating System  |   |   |
|---|---|---|
| Capacity _____<br>Serial# _____   | Approx. Age _____<br>Model# _____   | Make _____  |
| <b>Type</b><br><input type="checkbox"/> Forced Air Furnace<br><input type="checkbox"/> Gas Furnace<br><input type="checkbox"/> Wall Heat<br><input type="checkbox"/> Other _____  | <b>Fuel</b><br><input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Propane<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Other _____  | <b>Air Filters</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Disposable<br><input type="checkbox"/> Washable<br><input type="checkbox"/> Clean<br><input type="checkbox"/> Dirty<br><input type="checkbox"/> Other _____               |
| <b>Fireplace</b> <input type="checkbox"/> None<br>Wood burning Insert<br>Gas Fireplace<br>Metal Prefab<br>Functional <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Needs Cleaning <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Freestanding Wood Stove | Location #1 _____<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> | Location #2 _____<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> |
| <b>Remarks:</b><br>_____<br>_____   |   |   |



| Cooling System   |   |            |
|--|---|------------|
| Capacity _____<br>Serial# _____  | Approx. Age _____<br>Model# _____   | Make _____ |
| <b>Type</b><br><input type="checkbox"/> Central Air<br><input type="checkbox"/> Room Units<br><input type="checkbox"/> Electric Compressor<br><input type="checkbox"/> Other _____ | <b>Condition</b><br><input type="checkbox"/> Rust Present<br><input type="checkbox"/> Damaged<br><input type="checkbox"/> Inspected/Ok<br><input type="checkbox"/> Needs Repair<br><input type="checkbox"/> Other _____ |            |
| <b>Remarks:</b><br>_____<br>_____  |   |            |



**\*\*DISCLAIMER\*\***

This Checklist is not a substitute for a complete home inspection  
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