

BURNS & CO.
LISTING CHECKLIST
NOT FOR CLIENTS USE-COMPANY USE ONLY

Check all of the items which will remain:

- | | |
|---|---|
| <input type="checkbox"/> All light fixtures | <input type="checkbox"/> All trees, shrubs, plants |
| <input type="checkbox"/> Bathroom Mirrors | <input type="checkbox"/> Window A/C Units |
| <input type="checkbox"/> Stove | <input type="checkbox"/> Pool Equipment (itemize) |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Electrostatic Filter |
| <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Garden Statues |
| <input type="checkbox"/> Washer and Dryer | <input type="checkbox"/> Window Treatments |
| <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Curtains |
| <input type="checkbox"/> Metal Buildings | <input type="checkbox"/> Shades |
| <input type="checkbox"/> Rugs | <input type="checkbox"/> Rods |
| <input type="checkbox"/> Basketball Net | <input type="checkbox"/> Fireplace screen & Equipment |

Explain any items which do not remain: _____

Check all of the following which apply:

- | | |
|--|--|
| <input type="checkbox"/> Electric dryer connections | <input type="checkbox"/> Gas dryer connections |
| <input type="checkbox"/> Copper tubing for ice maker | <input type="checkbox"/> City Sewerage |
| <input type="checkbox"/> Wiring for Cable | <input type="checkbox"/> Age of central air conditioning |
| <input type="checkbox"/> Age of roof | <input type="checkbox"/> Age of heating system |
| <input type="checkbox"/> Age of hot water heater | <input type="checkbox"/> Average utility bill |
| <input type="checkbox"/> Number of hot water heaters | Utility companies: |
| <input type="checkbox"/> Capacity _____ Capacity | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Electric | |

Water: _____

Check all of the following which are in **proper working order**:

- | | |
|--|---|
| <input type="checkbox"/> Central air | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Central heat | <input type="checkbox"/> Drains |
| <input type="checkbox"/> Window units | <input type="checkbox"/> Faucets |
| <input type="checkbox"/> Heater and vent fan in bath | <input type="checkbox"/> Commodes |
| <input type="checkbox"/> Door Bell | <input type="checkbox"/> Wiring |
| <input type="checkbox"/> Ovens (thermostat) | <input type="checkbox"/> Exterior lights |
| <input type="checkbox"/> Cooktop | <input type="checkbox"/> Exterior faucets |
| <input type="checkbox"/> Timer, Clock | <input type="checkbox"/> Locks |
| <input type="checkbox"/> Ventilator | <input type="checkbox"/> Electric filters |
| <input type="checkbox"/> Disposal | <input type="checkbox"/> Pool motor & equipment |

Homeowner's Insurance Company: _____

Termite Contract: _____ yes _____ no Company: _____

Annual Property Taxes: _____

Do you have Flood Insurance? _____ yes _____ no Annual Payment: _____

Has house ever flooded? (explain) _____

Comments: _____

Agent: _____

Print Owner's Name

Signature of Owner Date

Property Address

Signature of Owner Date