

* Property Type: (Choose One) <input type="checkbox"/> Residence <input type="checkbox"/> Condo <input type="checkbox"/> Manufactured			* Status: <input type="checkbox"/> ACT (Public) <input type="checkbox"/> PRE (Members Only)				
* Listing Type: (Choose One) <input type="checkbox"/> Exclusive Right to Sell <input type="checkbox"/> Exclusive Agency			Expected public date: (Req. for PRE)				
House Number Pre-Direction Street Name			Post Direction				
* Address:			* Price: \$				
* City:			* Zip Code:				
* Area: (Refer to Boundary Map if Unsure)			* County:				
Schools - Elementary:			Middle:				
High:							
* Lot:	Block:	Subdivision:	* Acres:	Acres Irrigated:			
Approx Lot Dimensions		Approx Lot Sq Ft:	Exterior Color:				
* Tax Account #:			Escrow At:				
Tax Amount: \$ Tax Years:			Possession:				
Water Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Source:			Soil Type:				
Deferral: <input type="checkbox"/> Farm <input type="checkbox"/> Forest <input type="checkbox"/> Senior							
* # of Bedrooms: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (Check one) <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+		* TOTAL SQ FT (Approximate)	* Home Style: <input type="checkbox"/> 1 story <input type="checkbox"/> 1.5 story (Check one) <input type="checkbox"/> 2 story <input type="checkbox"/> Split entry <input type="checkbox"/> Cabin <input type="checkbox"/> 3/tri-level <input type="checkbox"/> Other				
* # of Baths: Full Baths <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ Half Baths <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+			* Garage Type: <input type="checkbox"/> Attached <input type="checkbox"/> Carport (Check one) <input type="checkbox"/> Detached <input type="checkbox"/> None				
# of Baths Lower Level/Basement		* Source of Sq Ft Data: <input type="checkbox"/> County <input type="checkbox"/> Fee <input type="checkbox"/> List Broker <input type="checkbox"/> Owner	* Garage Capacity: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 (# of Vehicles) <input type="checkbox"/> 3 <input type="checkbox"/> 4+				
# of Baths on Level 1/Main		* Year Built: Check if New Construction: <input type="checkbox"/> (Never occupied)					
# of Baths on Level 2/Upper							
Manufactured Home (MH) Type <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Triple Wide			MH Make/Model:				
MH Serial Number:			MH Size:				
			MH Exempted (Detitled) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Room	Approx Room Dimensions (feet.inches X feet.inches)	Floor (Check one level per room)			Building Description	Used For	Size
		Lower/Basemt	1/Main	2/Upper			
Living Room	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
Dining Room	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Family Room	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		
Kitchen	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4		
Utility Room	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Master Bedroom	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Bedroom 2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
Bedroom 3	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Bedroom 4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		
Additional Room	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Garage	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
* Listing Broker Name				* List Date		* Expiration Date	
* Listing Office Name/Code				* Owner Name _____			
Listing Broker Phone				Owner Phone _____			
Co-List Broker Name				Oregon Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No US Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Co-List Broker Office Name/Code				Occupant Name/Phone _____			
For Sale Sign <input type="checkbox"/> Yes <input type="checkbox"/> No		* <input type="checkbox"/> I HAVE <input type="checkbox"/> I HAVE NOT notified any other broker that I intend to pay different cooperating compensation to them as a cooperating broker.			* Selling Office Commission _____ % or \$		
* WVMLS Lockbox <input type="checkbox"/> Yes <input type="checkbox"/> No					* Dual/Variable Rate Commission <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location							
Negotiable Inclusions							
Directions to Property							
Exclusions							

Owner/Authorized Signer(s) Initials: _____ / _____	Date: _____
Listing Broker Initials: _____	Date: _____
Principal Broker Initials: _____	Date: _____

Address	MLS #
Public Remarks	
Private Remarks	

FEATURES (Check all that Apply) (*) Indicates Required Field

<p>A) 55+ HOUSING</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p> <p>B) BASEMENT</p> <p>1 <input type="checkbox"/> Daylight 2 <input type="checkbox"/> Finished 3 <input type="checkbox"/> Full 4 <input type="checkbox"/> Partial 5 <input type="checkbox"/> Unfinished</p> <p>C) BONUS ROOMS</p> <p>1 <input type="checkbox"/> Breakfast Room/Nook 2 <input type="checkbox"/> Den 3 <input type="checkbox"/> Loft 4 <input type="checkbox"/> Mudroom 5 <input type="checkbox"/> Office 6 <input type="checkbox"/> Rec Room 7 <input type="checkbox"/> Walk-in Pantry 8 <input type="checkbox"/> Workshop 9 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>D) DINING</p> <p>1 <input type="checkbox"/> Area (Combination) 2 <input type="checkbox"/> Formal</p> <p>E) DISHWASHER</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p> <p>F) DISPOSAL</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p> <p>G) DUAL LIVING</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Possible 3 <input type="checkbox"/> Yes</p> <p>H) FENCED YARD</p> <p>1 <input type="checkbox"/> Partial 2 <input type="checkbox"/> Yes</p> <p>I) FIREPLACE</p> <p>1 <input type="checkbox"/> Family Room 2 <input type="checkbox"/> Living Room 3 <input type="checkbox"/> Other Room 4 <input type="checkbox"/> Electric 5 <input type="checkbox"/> Gas 6 <input type="checkbox"/> Pellet 7 <input type="checkbox"/> Propane 8 <input type="checkbox"/> Stove 9 <input type="checkbox"/> Wood</p> <p>J) FLOOD PLAIN</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Unknown 3 <input type="checkbox"/> Yes</p> <p>K) FLOORING</p> <p>1 <input type="checkbox"/> Carpet 2 <input type="checkbox"/> Laminate 3 <input type="checkbox"/> Marble 4 <input type="checkbox"/> Stone 5 <input type="checkbox"/> Tile 6 <input type="checkbox"/> Vinyl 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Other (Refer to Remarks)</p>	<p>L) FOUNDATION</p> <p>1 <input type="checkbox"/> Continuous 2 <input type="checkbox"/> Pier 3 <input type="checkbox"/> Slab</p> <p>M) GREEN HOME</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes (Refer to Remarks)</p> <p>N) HANDICAP AMENITIES</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes (Refer to Remarks)</p> <p>O) HEATING-COOLING</p> <p>1 <input type="checkbox"/> Baseboard 2 <input type="checkbox"/> Central Air Conditioning 3 <input type="checkbox"/> Electric 4 <input type="checkbox"/> Floor Furnace 5 <input type="checkbox"/> Forced Air 6 <input type="checkbox"/> Gas 7 <input type="checkbox"/> Heat Pump 8 <input type="checkbox"/> Hot Water 9 <input type="checkbox"/> None 10 <input type="checkbox"/> Oil 11 <input type="checkbox"/> Propane 12 <input type="checkbox"/> Radiant Ceiling 13 <input type="checkbox"/> Radiant Floor 14 <input type="checkbox"/> Solar 15 <input type="checkbox"/> Stove 16 <input type="checkbox"/> Wall Furnace 17 <input type="checkbox"/> Window Unit (AC) 18 <input type="checkbox"/> Wood 19 <input type="checkbox"/> Zonal 20 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>P) HIGH SPEED COMMUNICATIONS ACCESS</p> <p>1 <input type="checkbox"/> Available 2 <input type="checkbox"/> Present 3 <input type="checkbox"/> Unknown</p> <p>Q) HOME WARRANTY</p> <p>1 <input type="checkbox"/> Negotiable 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes</p> <p>R) HOMEOWNERS ASSN</p> <p>1 <input type="checkbox"/> Association with No Fee 2 <input type="checkbox"/> Association with Fee 3 <input type="checkbox"/> No Association</p> <p>S) HOMEOWNERS ASSN AMENITIES</p> <p>1 <input type="checkbox"/> Equestrian 2 <input type="checkbox"/> Exercise Equipment 3 <input type="checkbox"/> Golf 4 <input type="checkbox"/> Swimming Pool 5 <input type="checkbox"/> Tennis Court 6 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>T) INSPECTION REPORT AVAILABLE</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p>	<p>U) LANDSCAPE</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p> <p>V) LOT TYPE</p> <p>1 <input type="checkbox"/> Common Area 2 <input type="checkbox"/> Cul-de-sac 3 <input type="checkbox"/> Dimension Above 4 <input type="checkbox"/> Irregular</p> <p>W) OTHER STATUS</p> <p>1 <input type="checkbox"/> 3rd Party Approval Rqd. 2 <input type="checkbox"/> Foreclosure 3 <input type="checkbox"/> Relocation 4 <input type="checkbox"/> REO/Bank Owned 5 <input type="checkbox"/> Short Sale 6 <input type="checkbox"/> Other (Refer to Private Remarks)</p> <p>X) OUTBUILDINGS</p> <p>1 <input type="checkbox"/> Barn 2 <input type="checkbox"/> Separate Shop 3 <input type="checkbox"/> Shed 4 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>Y) PATIO</p> <p>1 <input type="checkbox"/> Covered Deck 2 <input type="checkbox"/> Covered Patio 3 <input type="checkbox"/> Deck 4 <input type="checkbox"/> Patio</p> <p>Z) RANGE FACILITY</p> <p>1 <input type="checkbox"/> Built-in 2 <input type="checkbox"/> Convection 3 <input type="checkbox"/> Downdraft 4 <input type="checkbox"/> Electric 5 <input type="checkbox"/> Gas 6 <input type="checkbox"/> Microwave Included 7 <input type="checkbox"/> None 8 <input type="checkbox"/> Propane 9 <input type="checkbox"/> Range Included</p> <p>ZA) ROOF</p> <p>1 <input type="checkbox"/> Asbestos 2 <input type="checkbox"/> Built-up 3 <input type="checkbox"/> Composition 4 <input type="checkbox"/> Metal or Aluminum 5 <input type="checkbox"/> Shake 6 <input type="checkbox"/> Shingle 7 <input type="checkbox"/> Tar 8 <input type="checkbox"/> Tile 9 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>ZB) RV AMENITIES</p> <p>1 <input type="checkbox"/> Area/Room for RV 2 <input type="checkbox"/> Pad 3 <input type="checkbox"/> RV Disposal 4 <input type="checkbox"/> RV Garage</p> <p>ZC) SECURITY SYSTEM</p> <p>1 <input type="checkbox"/> Leased 2 <input type="checkbox"/> Owned 3 <input type="checkbox"/> No</p>	<p>ZD) SEPTIC</p> <p>1 <input type="checkbox"/> Standard 2 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>ZE) SEWER - CITY</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes</p> <div style="border: 1px solid black; padding: 5px;"> <p>*ZF) SHOWING INSTRUCTIONS</p> <p>1 <input type="checkbox"/> 24-hour Notice 2 <input type="checkbox"/> Appointment Necessary 3 <input type="checkbox"/> Beware of Pets 4 <input type="checkbox"/> Call Listing Broker 5 <input type="checkbox"/> Call Listing Office 6 <input type="checkbox"/> Courtesy Call/Show 7 <input type="checkbox"/> Key at Listing Office 8 <input type="checkbox"/> Keybox 9 <input type="checkbox"/> Refer to Private Remarks 10 <input type="checkbox"/> To Be Built 11 <input type="checkbox"/> Vacant 12 <input type="checkbox"/> DO NOT SHOW</p> </div> <p>ZG) SIDING</p> <p>1 <input type="checkbox"/> Aluminum 2 <input type="checkbox"/> Asbestos 3 <input type="checkbox"/> Block 4 <input type="checkbox"/> Brick 5 <input type="checkbox"/> Cedar 6 <input type="checkbox"/> Composite 7 <input type="checkbox"/> Fiber Cement 8 <input type="checkbox"/> Redwood 9 <input type="checkbox"/> Rock 10 <input type="checkbox"/> Shake 11 <input type="checkbox"/> Shingle 12 <input type="checkbox"/> Stucco 13 <input type="checkbox"/> Vinyl 14 <input type="checkbox"/> Wood 15 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>ZH) SIDING STYLE</p> <p>1 <input type="checkbox"/> Board & Batt 2 <input type="checkbox"/> Lap 3 <input type="checkbox"/> T111</p> <p>ZI) SUITABLE FOR</p> <p>1 <input type="checkbox"/> Agribusiness 2 <input type="checkbox"/> Pasture/Ranch 3 <input type="checkbox"/> Timberland 4 <input type="checkbox"/> Other (Refer to Remarks)</p> <p>ZJ) SWIMMING POOL</p> <p>1 <input type="checkbox"/> Above-ground Pool 2 <input type="checkbox"/> In-ground Pool 3 <input type="checkbox"/> Hot Tub 4 <input type="checkbox"/> Spa</p>	<p>ZK) TERMS SELLER WILL CONSIDER</p> <p>1 <input type="checkbox"/> Assume Pres. Financing 2 <input type="checkbox"/> Cash 3 <input type="checkbox"/> Conventional 4 <input type="checkbox"/> FHA 5 <input type="checkbox"/> Federal Land Bank 6 <input type="checkbox"/> Federal VA 7 <input type="checkbox"/> First Trust Deed 8 <input type="checkbox"/> Land Sales Contract 9 <input type="checkbox"/> Lease Option 10 <input type="checkbox"/> ODVA 11 <input type="checkbox"/> Second Trust Deed 12 <input type="checkbox"/> Trade 13 <input type="checkbox"/> USDA</p> <p>ZL) TIMBER</p> <p>1 <input type="checkbox"/> Cruise Report Available 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Yes (Refer to Remarks)</p> <p>ZM) UNDERGROUND SPRINKLERS</p> <p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> Refer to Remarks</p> <p>ZN) VIEW</p> <p>1 <input type="checkbox"/> Golf Course 2 <input type="checkbox"/> Mountain 3 <input type="checkbox"/> Territorial 4 <input type="checkbox"/> Water Frontage</p> <p>ZO) WATER</p> <p>1 <input type="checkbox"/> City 2 <input type="checkbox"/> Connected 3 <input type="checkbox"/> Not Available 4 <input type="checkbox"/> Possible 5 <input type="checkbox"/> Private/Community/District 6 <input type="checkbox"/> Shared Well 7 <input type="checkbox"/> Spring 8 <input type="checkbox"/> Well</p> <p>ZP) WATER HEATER</p> <p>1 <input type="checkbox"/> Electric 2 <input type="checkbox"/> Gas 3 <input type="checkbox"/> Propane 4 <input type="checkbox"/> Solar</p> <p>ZQ) WOOD BURNING STOVE</p> <p>1 <input type="checkbox"/> Certification Unknown 2 <input type="checkbox"/> Certified 3 <input type="checkbox"/> Uncertified</p>
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Listing Broker Initials:	Date:
Principal Broker Initials:	Date:

