

RESIDENTIAL LISTING AGREEMENT — PROPERTY FEATURES
PAGE 2

ADDRESS: _____
St.# St. Dir. Street Name
*MLS#: _____

A. STYLE <input type="checkbox"/> 1. Ranch <input type="checkbox"/> 2. Contemporary <input type="checkbox"/> 3. Chalet <input type="checkbox"/> 4. Prairie <input type="checkbox"/> 5. Log <input type="checkbox"/> 6. Tudor <input type="checkbox"/> 7. Cottage/Bungalow <input type="checkbox"/> 8. Northwest <input type="checkbox"/> 9. Craftsman <input type="checkbox"/> 10. Traditional <input type="checkbox"/> 11. See Remarks B. LEVELS <input type="checkbox"/> 1. 1-Story <input type="checkbox"/> 2. 2-Story <input type="checkbox"/> 3. 3-Story <input type="checkbox"/> 4. Split-Level <input type="checkbox"/> 5. Daylight Basement <input type="checkbox"/> 6. See Remarks C. CONSTRUCTION <input type="checkbox"/> 1. Frame <input type="checkbox"/> 2. Log <input type="checkbox"/> 3. Manufactured <input type="checkbox"/> 4. Steel <input type="checkbox"/> 5. Brick/Block <input type="checkbox"/> 6. ICF <input type="checkbox"/> 7. Green Features <input type="checkbox"/> 8. Energy Star Certified <input type="checkbox"/> 9. Earth Advantage Certif. <input type="checkbox"/> 10. LEED Certified <input type="checkbox"/> 11. See Remarks D. FOUNDATION <input type="checkbox"/> 1. Stemwall <input type="checkbox"/> 2. Block <input type="checkbox"/> 3. Pier <input type="checkbox"/> 4. Rock <input type="checkbox"/> 5. Slab <input type="checkbox"/> 6. Basement <input type="checkbox"/> 7. ICF <input type="checkbox"/> 8. None <input type="checkbox"/> 9. See Remarks	E. ROOMS <input type="checkbox"/> 1. Living Room <input type="checkbox"/> 2. Family Room <input type="checkbox"/> 3. Great Room <input type="checkbox"/> 4. Loft <input type="checkbox"/> 5. Bonus Room <input type="checkbox"/> 6. Kitchen <input type="checkbox"/> 7. Utility <input type="checkbox"/> 8. Den/Office <input type="checkbox"/> 9. Dining Area <input type="checkbox"/> 10. Dining Formal <input type="checkbox"/> 11. Finish Basement <input type="checkbox"/> 12. Breakfast Nook <input type="checkbox"/> 13. Sunroom <input type="checkbox"/> 14. Solarium <input type="checkbox"/> 15. Apartment Attached <input type="checkbox"/> 16. See Remarks F. INTERIOR <input type="checkbox"/> 1. Walk In Closet <input type="checkbox"/> 2. Pantry <input type="checkbox"/> 3. Central Vacuum <input type="checkbox"/> 4. Ceiling Fans <input type="checkbox"/> 5. Master Bedroom Mn Level <input type="checkbox"/> 6. Range / Oven <input type="checkbox"/> 7. Refrigerator <input type="checkbox"/> 8. Dishwasher <input type="checkbox"/> 9. Security System <input type="checkbox"/> 10. Microwave <input type="checkbox"/> 11. Trash Compactor <input type="checkbox"/> 12. Hot Tub / Spa <input type="checkbox"/> 13. Pool <input type="checkbox"/> 14. Handicap Equipped <input type="checkbox"/> 15. Disposal <input type="checkbox"/> 16. Washer / Dryer <input type="checkbox"/> 17. See Remarks G. FIREPLACE <input type="checkbox"/> 1. Living Room <input type="checkbox"/> 2. Family Room <input type="checkbox"/> 3. Master Bedroom <input type="checkbox"/> 4. Gas <input type="checkbox"/> 5. Insert <input type="checkbox"/> 6. See Remarks	H. FLOORS <input type="checkbox"/> 1. Wood <input type="checkbox"/> 2. Carpet <input type="checkbox"/> 3. Vinyl <input type="checkbox"/> 4. Slab <input type="checkbox"/> 5. Tile <input type="checkbox"/> 6. Slate/Stone <input type="checkbox"/> 7. Laminate <input type="checkbox"/> 8. Marble <input type="checkbox"/> 9. See Remarks I. EXTERIOR <input type="checkbox"/> 1. Water Feature <input type="checkbox"/> 2. Patio / Deck <input type="checkbox"/> 3. Landscaped <input type="checkbox"/> 4. Fenced <input type="checkbox"/> 5. Pool <input type="checkbox"/> 6. Hot Tub / Spa <input type="checkbox"/> 7. Sprinkler System <input type="checkbox"/> 8. RV Area <input type="checkbox"/> 9. RV Hook-up <input type="checkbox"/> 10. Outdoor Arena <input type="checkbox"/> 11. Corral <input type="checkbox"/> 12. Gazebo <input type="checkbox"/> 13. See Remarks J. ADDITIONAL BLDGS. <input type="checkbox"/> 1. Barn <input type="checkbox"/> 2. Greenhouse <input type="checkbox"/> 3. Guest Hse / Stu <input type="checkbox"/> 4. Indoor Arena <input type="checkbox"/> 5. Shop <input type="checkbox"/> 6. Storage Building <input type="checkbox"/> 7. See Remarks K. GARAGE <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Double <input type="checkbox"/> 3. Triple <input type="checkbox"/> 4. 4 Plus <input type="checkbox"/> 5. Attached <input type="checkbox"/> 6. Detached <input type="checkbox"/> 7. Covd RV Prkg <input type="checkbox"/> 8. Carport <input type="checkbox"/> 9. Shop Area <input type="checkbox"/> 10. None <input type="checkbox"/> 11. See Remarks	L. ROOF <input type="checkbox"/> 1. Metal <input type="checkbox"/> 2. Shake <input type="checkbox"/> 3. Asphalt <input type="checkbox"/> 4. Tile <input type="checkbox"/> 5. Composition <input type="checkbox"/> 6. Shingle <input type="checkbox"/> 7. See Remarks M. VIEW <input type="checkbox"/> 1. Cascade Mountain <input type="checkbox"/> 2. Mountain "Other" <input type="checkbox"/> 3. River <input type="checkbox"/> 4. Golf Course <input type="checkbox"/> 5. City <input type="checkbox"/> 6. Water <input type="checkbox"/> 7. Terrain <input type="checkbox"/> 8. Lake <input type="checkbox"/> 9. Waterfront <input type="checkbox"/> 10. River Frontage <input type="checkbox"/> 11. See Remarks N. HEAT / COOL <input type="checkbox"/> 1. Heat Pump <input type="checkbox"/> 2. Electric <input type="checkbox"/> 3. Natural Gas <input type="checkbox"/> 4. Propane <input type="checkbox"/> 5. Oil <input type="checkbox"/> 6. Wood <input type="checkbox"/> 7. Pellet <input type="checkbox"/> 8. Solar <input type="checkbox"/> 9. Forced Air <input type="checkbox"/> 10. Hot Water <input type="checkbox"/> 11. Free-Standing <input type="checkbox"/> 12. Baseboard <input type="checkbox"/> 13. Wall <input type="checkbox"/> 14. Ceiling <input type="checkbox"/> 15. Radiant <input type="checkbox"/> 16. Wall AC <input type="checkbox"/> 17. Window AC <input type="checkbox"/> 18. Central AC <input type="checkbox"/> 19. See Remarks O. EXIST WATER <input type="checkbox"/> 1. City <input type="checkbox"/> 2. Priv / Comm <input type="checkbox"/> 3. Well	<input type="checkbox"/> 4. Shared Well <input type="checkbox"/> 5. Water Meter <input type="checkbox"/> 6. Back Flw/ Domestic <input type="checkbox"/> 7. Back Flw/Irrig <input type="checkbox"/> 8. Cistern <input type="checkbox"/> 9. None <input type="checkbox"/> 10. See Remarks P. SEWER / SEPTIC <input type="checkbox"/> 1. City Sewer <input type="checkbox"/> 2. Private Sewer <input type="checkbox"/> 3. Septic Inst <input type="checkbox"/> 4. See Remarks Q. COMMUNITY <input type="checkbox"/> 1. Paved Street <input type="checkbox"/> 2. Gated Community <input type="checkbox"/> 3. Clubhouse / Rec Room <input type="checkbox"/> 4. Pool <input type="checkbox"/> 5. Tennis Courts <input type="checkbox"/> 6. Golf <input type="checkbox"/> 7. Park <input type="checkbox"/> 8. Gas Available <input type="checkbox"/> 9. Sewer Assmt <input type="checkbox"/> 10. Road Assmt <input type="checkbox"/> 11. Horse Property <input type="checkbox"/> 12. Adjoins Public Lands <input type="checkbox"/> 13. 55+ <input type="checkbox"/> 14. Corner Lot <input type="checkbox"/> 15. See Remarks R. TERMS <input type="checkbox"/> 1. Assumable Loan <input type="checkbox"/> 2. Cash <input type="checkbox"/> 3. OWC <input type="checkbox"/> 4. Trade <input type="checkbox"/> 5. 1031 Exchange <input type="checkbox"/> 6. Short Sale <input type="checkbox"/> 7. Bank Owned <input type="checkbox"/> 8. See Remarks S. SHOWING INSTR <input type="checkbox"/> 1. Appointment Only <input type="checkbox"/> 2. Call List Agt 1st <input type="checkbox"/> 3. Notify List Office <input type="checkbox"/> 4. Call Occupant 1st <input type="checkbox"/> 5. Key List Office	<input type="checkbox"/> 6. Use Lockbox <input type="checkbox"/> 7. 24 Hr Required <input type="checkbox"/> 8. List Agt must Accompany <input type="checkbox"/> 9. Vacant <input type="checkbox"/> 10. Active Alarm <input type="checkbox"/> 11. Beware of Pets <input type="checkbox"/> 12. See Remarks T. SIGN ON PROPERTY <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No U. LOCKBOX ON PROPERTY <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No V. TRANSMIT TO INTERNET <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No W. PUBLISH ADD./INTERNET ___ Yes ___ No If yes seller must initial (_____) X. TRANSMIT TO MLS ___ Yes ___ No If no seller must initial (_____) Y. Show Addr on VOW ___ Yes ___ No If yes seller must initial (_____) Z. Show AVM on VOW ___ Yes ___ No If yes seller must initial (_____) AA. Show Comments on VOW ___ Yes ___ No If yes seller must initial (_____)
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OWNER SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

BROKER SIGNATURE: _____ DATE: _____

PRINCIPAL BROKER SIGNATURE: _____ DATE: _____