



PROPERTY CONDITION CHECKLIST

Owner/Agent Name: Charles B Cosse Estate

Date: 7/26/25

Resident Name(s): Olivia Martin

Premises Address: 26 05 NE 195th St Ln

City: Shoreline

, WA Zip: 98155

Building Name: Canterbury Court Apartments

Unit: C13

Lease / Rental Agreement Term Start Date: 08/01/2025

Move-out Date: _____

INSTRUCTIONS

Before Move-In: For each item, include date of installation if possible and other information like serial numbers for major appliances in the first column. In the second column, describe condition at move-in (e.g., "new", "freshly painted, professional cleaned", "minor wear with 5 inch scratch"). If Owner/Agent is collecting a security deposit or applies for WA State Landlord Mitigation Funds, the Resident must sign this form at the time of lease signing, before taking occupancy (RCW 59.18.260).

After Move-Out: Owner/Agent must describe the condition of each item (e.g., "no change", "2 broken window panes" or "extensive damage - see attached photos"). Clean and make repairs then send completed Property Condition Checklist with Deposit Refund Statement to Resident within the period required by RCW 59.18.280.

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
GROUNDS:			
Fences/Gates	N/A		
Landscape	N/A		
Lawn	N/A		
Other	N/A		
ENTRY / HALL / STAIRS:			
Ceiling		dark spots	
Closet		rusty, door stiff	
Entry Door/Locks		original, rusty	
Floor (specify type)	carpet	tearing at door, dirty	
Light Fixtures		foot marks original, rusty	
Walls (specify paint and wallpaper)		yellowing	
Window Coverings (specify type)		N/A	
Windows / Tracks / Screens		N/A	
Other		N/A	

MOVE-IN SIGN: OWNER/AGENT INITIALS pm

RESIDENT INITIALS pm

MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
LIVING ROOM:			
Ceiling		all good	
Door(s)		some rust at bottom	
Fireplace	N/A		
Floor (Type)	carpet	furniture marks	
Light Fixtures		original, rusty	
Walls (specify paint and wallpaper)		wall patch back door	
Window Coverings (Type)		weathering intact	
Windows/Tracks Screens		rusty	
KITCHEN:			
Cabinets/Counters		discolored	
Ceiling		oil stains	
Diswasher (Make/Serial #)	Whirlpool	old black one	
Disposal		swapped	
Door(s)		rusty hinges	
Floor (Type)	vinyl	yellowing, some	
Light Fixtures	Whirlpool	scratches, old yellow models	
Refrigerator (Make/Serial #)		original, oil stains	
Sink/Faucet		original, water stains	
Stove (Make/Serial #)	Whirlpool	original, working	
Hood/Fan/Filter/ Microwave	Whirlpool	rusty, oil stains	
Walls (specify paint and wallpaper)		old stains	
Window Coverings (Type)		N/A	
Window/Tracks Screens		N/A	

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 RESIDENT INITIALS gh
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BATHROOM 1 (SPECIFY ROOM LOCATION): <u>only bathroom</u>			
Cabinets/Counters		<u>handles worn</u>	
Ceiling		<u>old, yellowing</u>	
Doors(s)		<u>white at bottom</u>	
Exhaust Fan/Heater		<u>quite rusty</u>	
Floor (Type)	<u>vinyl</u>	<u>yellowing</u>	
Light Fixtures		<u>original rusty</u>	
Sink/Faucet		<u>original some rust</u>	
Toilet		<u>working</u>	
Towel Racks/Accessories		<u>knob of base rusty</u>	
Tub/Shower/Showerhead/Faucet		<u>water stained</u>	
Walls (specify paint and wallpaper)		<u>yellowing</u>	
Window Coverings (Type)		<u>N/A</u>	
Windows/Tracks/Screens		<u>N/A</u>	
BATHROOM 2 (SPECIFY ROOM LOCATION): _____			
Cabinets/Counters	<u>N/A</u>		
Ceiling	<u>N/A</u>		
Doors(s)	<u>N/A</u>		
Exhaust Fan/Heater	<u>N/A</u>		
Floor (Type)	<u>N/A</u>		
Light Fixtures	<u>N/A</u>		
Sink/Faucet	<u>N/A</u>		
Toilet	<u>N/A</u>		
Towel Racks/Accessories	<u>N/A</u>		
Tub/Shower/Showerhead/Faucet	<u>N/A</u>		

 MOVE-IN SIGN: OWNER/AGENT INITIALS PM

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MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
BATHROOM 2 (CONTINUED):			
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/Screens	N/A		
BEDROOM 1 (SPECIFY ROOM LOCATION): <u>only 1 bedroom</u>			
Ceiling		<u>clean</u>	
Closets/Shelves		<u>beading chipped paint</u>	
Door(s)		<u>stiff</u>	
Floor (Type)	<u>carpet</u>	<u>foot marks</u>	
Light Fixtures		<u>original, rusty</u>	
Walls (specify paint and wallpaper)		<u>yellowing</u>	
Window Coverings (Type)		<u>weathering, intact</u>	
Windows/Tracks/Screens		<u>rusty</u>	
Other		<u>N/A</u>	
BEDROOM 2 (SPECIFY ROOM LOCATION):			
Ceiling			
Closets/Shelves			
Door(s)			
Floor (Type)			
Light Fixtures			
Walls (specify paint and wallpaper)			
Window Coverings (Type)			
Windows/Tracks/Screens			
Other			

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BEDROOM 3 (SPECIFY ROOM LOCATION):			
Ceiling	N/A		
Closets/Shelves	N/A		
Door(s)	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/Screens	N/A		
Other	N/A		
UTILITY ROOM:			
Ceiling		yellowing	
Closets/Shelves		banding, paint chipped	
Door(s)		working	
Floor (Type)	carpet	stains	
Light Fixtures		original, rusty	
Walls (specify paint and wallpaper)		some dirty spots	
Window Coverings (Type)		N/A	
Window/Tracks/Screens		N/A	
GARAGE:			
Cabinet/Shelves	N/A		
Entry Door/Locks	N/A		
Floor (Type)	N/A		
Garage Door/Locks	N/A		
Light Fixtures	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS



RESIDENT INITIALS



MOVE-OUT: OWNER/AGENT INITIALS

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
GARAGE (CONTINUED):			
Walls (specify paint and wallpaper)	N/A		
Windows/Tracks Screens	N/A		
Other	N/A		
General:			
Storage Area			
Washer	N/A		
Dryer	N/A		
Water Heater			
	<input type="checkbox"/> Inaccessible	Set to 120°F: <input type="checkbox"/> Yes <input type="checkbox"/> No	Set to 120°F: <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detector(s)		Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO Detector(s)		Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER ROOM 1 (SPECIFY ROOM TYPE & LOCATION):			
Ceiling	N/A		
Closet/Shelves	N/A		
Door(s)	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/ Screens	N/A		
Other	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS



RESIDENT INITIALS



MOVE-OUT: OWNER/AGENT INITIALS

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OTHER ROOM 2 (SPECIFY ROOM TYPE & LOCATION):

Ceiling	N/A		
Closet/Shelves	N/A		
Door(s)	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/ Screens	N/A		
Other	N/A		

INCLUDED FURNITURE, APPLIANCES, ETC. NOT LISTED ELSEWHERE:

MOVE-IN CONDITION ACKNOWLEDGMENT AND SIGNATURES

I/We have inspected the above premises prior to occupancy and accept the unit as habitable with the conditions noted. I/We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added.

This checklist is pursuant to Washington State Landlord/Tenant Law, RCW 59.18.260. Both Resident and Owner/Agent should retain a signed copy of the completed Property Condition Checklist with your rental agreement.

Owner/Agent: Charles B Cosse Estate	Signature: <u>Patrick Melany</u>	Date: <u>7/26/25</u>
Resident: <u>Olivia Martin</u>	Signature: <u>Olivia Martin</u>	Date: <u>7/26/2025</u>
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____

MOVE-OUT ACKNOWLEDGEMENT AND SIGNATURE

I have inspected the above premises after the above listed resident(s) moved out, and observed the conditions noted. Charges will be assessed for cleaning and repair/replacement costs resulting from resident negligence. This form along with the completed Deposit Refund Statement and any remaining deposit funds will be mailed to Resident within within the period required by RCW 59.18.280.

Owner/Agent: _____	Signature: _____	Date: _____
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