



PROPERTY CONDITION CHECKLIST

Owner/Agent Name: Charles B Cosse Estate Date: 07/21/2025
Resident Name(s): Mario Merino and Delmy Vasquez
Premises Address: 26 63 NE 195th St / Ln City: Shoreline, WA Zip: 98155
Building Name: Canterbury Court Apartments Unit: C4
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
GROUND:			
Fences/Gates	N/A		
Landscape	N/A		
Lawn	N/A		
Other	N/A		
ENTRY / HALL / STAIRS:			
Ceiling		<u>some Patch spots</u>	
Closet		<u>original Doors / Dirty</u>	
Entry Door/Locks		<u>original lock / clean</u>	
Floor (specify type)	<u>WP</u>	<u>some scratches</u>	
Light Fixtures		<u>entry</u>	
Walls (specify paint and wallpaper)		<u>old paint, walls</u>	
Window Coverings (specify type)	<u>N/A</u>	<u>have finger smudges</u>	
Windows / Tracks / Screens	<u>N/A</u>	<u>N/A</u>	
Other			

MOVE-IN SIGN: OWNER/AGENT INITIALS JE RESIDENT INITIALS MM MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
LIVING ROOM:			
Ceiling		dirty spots on	
Door(s)		multiple clean	
Fireplace	N/A		
Floor (Type)	LVP	Scratches Dining	
Light Fixtures		area swapped, new, dusty	
Walls (specify paint and wallpaper)		some holes, old paint	
Window Coverings (Type)		weathering strip	
Windows/Tracks Screens		gone clean	
KITCHEN:			
Cabinets/Counters		clean, some scratches	
Ceiling		throughout old paint, oil stains	
Diswasher (Make/Serial #)	seasons	SPWZFCMW, working	
Disposal		fine older, still working	
Door(s)		clean doors, rusty hinges	
Floor (Type)	LVP	some scratches	
Light Fixtures		in multiple original, dirty, oil stains	
Refrigerator (Make/Serial #)	Whirlpool	WSTXWFWTol	
Sink/Faucet		no problems newers changed	
Stove (Make/Serial #)	Whirlpool	last year working	
Hood/Fan/Filter/ Microwave	Whirlpool	clean, some ruff	
Walls (specify paint and wallpaper)		old paint, some touch ups	
Window Coverings (Type)		N/A	
Window/Tracks Screens		N/A	

 MOVE-IN SIGN: OWNER/AGENT INITIALS JE

 RESIDENT INITIALS MM

MOVE-OUT: OWNER/AGENT INITIALS _____

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BATHROOM 1 (SPECIFY ROOM LOCATION): <u>only bathroom</u>			
Cabinets/Counters		<u>clean, rusty hinges</u>	
Ceiling		<u>old drywall patches</u>	
Doors(s)		<u>old dirty bottom right</u>	
Exhaust Fan/Heater		<u>fan loud old</u>	
Floor (Type)	<u>LVP</u>	<u>scratches from door</u>	
Light Fixtures		<u>swapped, rusty</u>	
Sink/Faucet		<u>clean, working</u>	
Toilet		<u>never changed, working</u>	
Towel Racks/Accessories		<u>clean, working</u>	
Tub/Shower/Showerhead/Faucet		<u>some rust</u>	
Walls (specify paint and wallpaper)		<u>old paint, skin oil spots</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 JP
 RESIDENT INITIALS MM
 MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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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):

Ceiling			
Closets/Shelves			
Door(s)		frame scratched	
Floor (Type)	carpet	old wear and tear	
Light Fixtures		dirt spots	
Walls (specify paint and wallpaper)		old paint some dirty	
Window Coverings (Type)		soaps working	
Windows/Tracks/Screens		clean	
Other			

BEDROOM 2 (SPECIFY ROOM LOCATION):

Ceiling		dusty	
Closets/Shelves		beaching, old	
Door(s)		clean, working	
Floor (Type)	carpet	old dirt marks	
Light Fixtures	original	old, needs changing	
Walls (specify paint and wallpaper)	old paint	hand marks	
Window Coverings (Type)		clean, working	
Windows/Tracks/Screens		clean	
Other		N/A	

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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		dry wall patches	
Closets/Shelves		bending, old paint	
Door(s)		dirty working, some scratches	
Floor (Type)	carpet	old, foot marks	
Light Fixtures	original	needs changing	
Walls (specify paint and wallpaper)		old paint, finger marks	
Window Coverings (Type)	N/A	N/A	
Window/Tracks/Screens	N/A	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		

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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 JF RESIDENT INITIALS MM 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>[Signature]</u>	Date: <u>7/23/25</u>
Resident: <u>Mani Morino</u>	Signature: <u>[Signature]</u>	Date: <u>7/23/25</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 the period required by RCW 59.18.280.

Owner/Agent: _____	Signature: _____	Date: _____
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