



PROPERTY CONDITION CHECKLIST

Owner/Agent Name: Charles B Cosse Estate Date: 07/25/2025
Resident Name(s): Dave Culbertson
Premises Address: 26 20 NE 195th St Ln City: Shoreline , WA Zip: 98155
Building Name: Canterbury Court Apartments Unit: A8
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		<u>cobwebs, old paint</u>	
Closet		<u>clean, no door</u>	
Entry Door/Locks		<u>original no problems</u>	
Floor (specify type)	<u>carpet</u>	<u>original, furniture</u>	
Light Fixtures		<u>original rusty marks</u>	
Walls (specify paint and wallpaper)		<u>some holes (small)</u> <u>clean walls</u>	
Window Coverings (specify type)		<u>N/A</u>	
Windows / Tracks / Screens		<u>N/A</u>	
Other			

MOVE-IN SIGN: OWNER/AGENT INITIALS Am RESIDENT INITIALS DC MOVE-OUT: OWNER/AGENT INITIALS _____

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ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
LIVING ROOM:			
Ceiling		cobwebs, old paint	
Door(s)		N/A	
Fireplace	N/A		
Floor (Type)	carpet	furniture marks	
Light Fixtures		original, dusty	
Walls (specify paint and wallpaper)		hallway wall marks from stretching	
Window Coverings (Type)		N/A	
Windows/Tracks Screens		N/A	
KITCHEN:			
Cabinets/Counters		clean, rusty hinges	
Ceiling		old push pin holes	
Diswasher (Make/Serial #)	whirlpool	some oil stains no serial number	
Disposal		old black washer changed, newer	
Door(s)		clean all working	
Floor (Type)	vinyl	old scratches/marks	
Light Fixtures		original, some rust	
Refrigerator (Make/Serial #)	whirlpool	EB 4929097	
Sink/Faucet		older model changed, newer	
Stove (Make/Serial #)	N/A	Reos 23797	
Hood/Fan/Filter/Microwave	whirlpool	rusty in some spots	
Walls (specify paint and wallpaper)		entry way paint missing	
Window Coverings (Type)		N/A	
Window/Tracks Screens		N/A	

MOVE-IN SIGN: OWNER/AGENT INITIALS

PM

RESIDENT INITIALS

DC

MOVE-OUT: OWNER/AGENT INITIALS

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
BATHROOM 1 (SPECIFY ROOM LOCATION): <u>only bathroom</u>			
Cabinets/Counters		<u>Clean, working</u>	
Ceiling		<u>old show oil spots</u>	
Doors(s)		<u>original same finish</u>	
Exhaust Fan/Heater		<u>same working, quiet</u>	
Floor (Type)	<u>vinyl</u>	<u>yellowing, clean</u>	
Light Fixtures		<u>original, rusty</u>	
Sink/Faucet		<u>old, working</u>	
Toilet		<u>swapped, newer</u>	
Towel Racks/Accessories		<u>rusty in same spots</u>	
Tub/Shower/Showerhead/Faucet		<u>rusty, never been changed</u>	
Walls (specify paint and wallpaper)		<u>dry wall patch near tub</u>	
Window Coverings (Type)		<u>N/A</u>	
Windows/Tracks/Screens		<u>N/A</u>	

BATHROOM 2 (SPECIFY ROOM LOCATION): _____			
Cabinets/Counters	N/A		
Ceiling	N/A		
Doors(s)	N/A		
Exhaust Fan/Heater	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Sink/Faucet	N/A		
Toilet	N/A		
Towel Racks/Accessories	N/A		
Tub/Shower/Showerhead/Faucet	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS PM
 RESIDENT INITIALS DC
 MOVE-OUT: OWNER/AGENT INITIALS _____

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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		only beed room	
Closets/Shelves		dark spots near window	
Door(s)		paint coming off shelf	
Floor (Type)	carpet	door stop old / broken	
Light Fixtures		dark near heater	
Walls (specify paint and wallpaper)		changed, new	
Window Coverings (Type)		old paint, dark spots around room	
Windows/Tracks/ Screens		weathering strip gone	
Other		clean, working	

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			

MOVE-IN SIGN: OWNER/AGENT INITIALS Am RESIDENT INITIALS DL MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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		cobwebs	
Closets/Shelves		old paint	
Door(s)		rusty, hard to slide	
Floor (Type)	carpet	old, some dust	
Light Fixtures		N/A	
Walls (specify paint and wallpaper)		old paint, some yellowing	
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 PM **RESIDENT INITIALS** RC **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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Set to 120°F: <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detector(s)		Functioning: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO Detector(s)		Functioning: <input checked="" 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

PROPERTY CONDITION CHECKLIST

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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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 McLeay</u>	Date: <u>7/25/25</u>
Resident: <u>DAVE CULBERTSON</u>	Signature: <u>Dave Culbertson</u>	Date: <u>7-25-25</u>
Resident: <u>Patrick pm</u>	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: _____