

# PROPERTY CONDITION CHECKLIST

Owner/Agent Name: Charles B Casse Estate Date: 07/25/2025  
 Resident Name(s): Richard Roberts  
 Premises Address: 2612 NE 195<sup>th</sup> St, Apt # B9 City: Shoreline, WA Zip: 98155  
 Building Name: Canterbury Court Apartments Unit: B9  
 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
<b>GROUNDS:</b>			
Fences/Gates	<u>N/A</u>		
Landscape	<u>N/A</u>		
Lawn	<u>N/A</u>		
Other	<u>N/A</u>		
<b>ENTRY / HALL / STAIRS:</b>			
Ceiling		<u>dry wall patch</u>	
Closet		<u>next to light yellowing, doors</u>	
Entry Door/Locks		<u>Slide on original lock</u>	
Floor (specify type)	<u>carpet</u>	<u>old dirt stains</u>	
Light Fixtures		<u>changed rusty</u>	
Walls (specify paint and wallpaper)		<u>some paint chips everywhere</u>	
Window Coverings (specify type)		<u>N/A</u>	
Windows / Tracks / Screens		<u>N/A</u>	
Other		<u>N/A</u>	

MOVE-IN SIGN: OWNER/AGENT INITIALS PC RESIDENT INITIALS RR MOVE-OUT: OWNER/AGENT INITIALS \_\_\_\_\_

ITEM	DATE NEW	INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
<b>LIVING ROOM:</b>				
Ceiling			dark areas near	
Door(s)			w/ryhew old smudges	
Fireplace		N/A		
Floor (Type)		carpet	is bunching together	
Light Fixtures			throughout N/A	
Walls (specify paint and wallpaper)			yellowing, finger marks	
Window Coverings (Type)			weathering zone	
Windows/Tracks Screens			rusty, works	
<b>KITCHEN:</b>				
Cabinets/Counters			dirty spots, wear tear	
Ceiling			oil stains	
Diswasher (Make/Serial #)			Ham E	
Disposal			never, working	
Door(s)			oil stains, rusty hinges	
Floor (Type)		vinyl	coming up under	
Light Fixtures			wanted original, rusty	
Refrigerator (Make/Serial #)		Whirlpool		
Sink/Faucet			old, some rust	
Stove (Make/Serial #)		Whirlpool		
Hood/Fan/Filter/Microwave		Whirlpool	rusty, oil stains	
Walls (specify paint and wallpaper)			paint chips everywhere oil stained walls	
Window Coverings (Type)			N/A	
Window/Tracks Screens			N/A	

MOVE-IN SIGN: OWNER/AGENT INITIALS pm RESIDENT INITIALS R MOVE-OUT: OWNER/AGENT INITIALS \_\_\_\_\_

# PROPERTY CONDITION CHECKLIST

ITEM	DATE NEW INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
<b>BATHROOM 1 (SPECIFY ROOM LOCATION):</b> <u>only bathroom</u>			
Cabinets/Counters		<u>dark areas on cabinets</u>	
Ceiling		<u>Paint chipping</u>	
Doors(s)		<u>near heat light working</u>	
Exhaust Fan/Heater		<u>fan loud</u>	
Floor (Type)	<u>vinyl</u>	<u>scratches near toilet</u>	
Light Fixtures		<u>original, rusty</u>	
Sink/Faucet		<u>rusty</u>	
Toilet		<u>old, discolored</u>	
Towel Racks/Accessories		<u>rusty</u>	
Tub/Shower/Showerhead/Faucet		<u>new</u>	
Walls (specify paint and wallpaper)		<u>bubbling, old paint</u>	
Window Coverings (Type)		<u>NA</u>	
Windows/Tracks/Screens		<u>NA</u>	

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

**MOVE-IN SIGN: OWNER/AGENT INITIALS** PM **RESIDENT INITIALS** R **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)			
Window Coverings (Type)			
Windows/Tracks/Screens			

**BEDROOM 1 (SPECIFY ROOM LOCATION):**

Ceiling		secondary room	
Closets/Shelves		dark area in middle	
Door(s)		bending, missing paint	
Floor (Type)	carpet	rusty, discolored	
Light Fixtures		stains on a few areas	
Walls (specify paint and wallpaper)		original, rusty	
Window Coverings (Type)		yellowing	
Windows/Tracks/Screens		weathering gone	
Other		rusty, works fine	

**BEDROOM 2 (SPECIFY ROOM LOCATION):**

Ceiling		master	
Closets/Shelves		dark near window	
Door(s)		bending, paint chipped	
Floor (Type)	carpet	working	
Light Fixtures		feet marks throughout	
Walls (specify paint and wallpaper)		original, rusty	
Window Coverings (Type)		yellowing	
Windows/Tracks/Screens		weathering gone	
Other		clean, rusty	

MOVE-IN SIGN: OWNER/AGENT INITIALS pu
 RESIDENT INITIALS R
 MOVE-OUT: OWNER/AGENT INITIALS \_\_\_\_\_

ITEM	DATE NEW	INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
<b>BEDROOM 3 (SPECIFY ROOM LOCATION):</b> _____				
Ceiling	_____	_____	_____	_____
Closets/Shelves	_____	_____	_____	_____
Door(s)	_____	_____	_____	_____
Floor (Type)	_____	_____	_____	_____
Light Fixtures	_____	_____	_____	_____
Walls (specify paint and wallpaper)	_____	_____	_____	_____
Window Coverings (Type)	_____	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____	_____
Other	_____	_____	_____	_____
<b>UTILITY ROOM:</b>				
Ceiling	_____	_____	clean	_____
Closets/Shelves	_____	_____	bending	_____
Door(s)	_____	_____	finish gone near bottom	_____
Floor (Type)	carpet	_____	box marks	_____
Light Fixtures	_____	_____	original, rusty	_____
Walls (specify paint and wallpaper)	_____	_____	yellowing	_____
Window Coverings (Type)	_____	_____	NA	_____
Window/Tracks/ Screens	_____	_____	NA	_____
<b>GARAGE:</b>				
Cabinet/Shelves	_____	_____	_____	_____
Entry Door/Locks	_____	_____	_____	_____
Floor (Type)	_____	_____	_____	_____
Garage Door/Locks	_____	_____	_____	_____
Light Fixtures	_____	_____	_____	_____
<b>MOVE-IN SIGN: OWNER/AGENT INITIALS</b> <u>pm</u> <b>RESIDENT INITIALS</b> <u>B</u> <b>MOVE-OUT: OWNER/AGENT INITIALS</b> _____				

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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**GARAGE (CONTINUED):**

Walls (specify paint and wallpaper)			
Windows/Tracks Screens			
Other			
<b>General:</b>			
Storage Area			
Washer			
Dryer			
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			
Closet/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 *pm*
 RESIDENT INITIALS *QZ*
 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	_____	_____	_____
Closet/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls (specify paint and wallpaper)	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/Screens	_____	_____	_____
Other	_____	_____	_____

**INCLUDED FURNITURE, APPLIANCES, ETC. NOT LISTED ELSEWHERE:**

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\_\_\_\_\_

\_\_\_\_\_

## 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: <u>Patricia McKay</u>	Signature: <u>Josh Fischer</u>	Date: <u>7/25/25</u>
Resident: <u>RICHARD W ROBERT</u>	Signature: <u>Charles B Cosse Estate</u>	Date: <u>7/25/25</u>
Resident: _____	Signature: <u>Richard W Robert</u>	Date: <u>25 Jul 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: \_\_\_\_\_

