

## Inclusions & Exclusions

Address: \_\_\_\_\_

Please put an X or ✓ in the correct box.

|                      | Included | Excluded | N/A |
|----------------------|----------|----------|-----|
| Refrigerator         |          |          |     |
| Range (Stove)        |          |          |     |
| Microwave            |          |          |     |
| Dishwasher           |          |          |     |
| Compactor            |          |          |     |
| Wine Cooler          |          |          |     |
| Washer               |          |          |     |
| Dryer                |          |          |     |
| Portable A/C's       |          |          |     |
| Fireplace Screen     |          |          |     |
| Fireplace Tools      |          |          |     |
| Central Vac Attach   |          |          |     |
| Shed                 |          |          |     |
| Swing Set            |          |          |     |
| Plantings            |          |          |     |
| Lawn Ornaments       |          |          |     |
| Shrubs               |          |          |     |
| Bird Feeders         |          |          |     |
| Pool equip.          |          |          |     |
| Lawn Furniture       |          |          |     |
| Pool Table           |          |          |     |
| Exercise Equip.      |          |          |     |
| Wall Brackets for TV |          |          |     |
| Hot Water Heater     | OWNED    | LEASED   |     |
| Miscellaneous        |          |          |     |
|                      |          |          |     |
|                      |          |          |     |
|                      |          |          |     |

On File

\_\_\_\_\_  
Seller Signature Date

\_\_\_\_\_  
Buyer Signature Date

\_\_\_\_\_  
Seller Signature Date

\_\_\_\_\_  
Buyer Signature Date

## Light Fixtures

*\* If excluded*

| List Below (if any) | Inc. | Exc. * |
|---------------------|------|--------|
| 1)                  |      |        |
| 2)                  |      |        |
| 3)                  |      |        |

*If applicable, please check-off what will be left in place of the light fixture*

|                     |  |
|---------------------|--|
| Capped              |  |
| Replacement Fixture |  |

## Drapes / Blinds / Brackets

| List Below (if any) | Inc. | Exc. |
|---------------------|------|------|
| 1)                  |      |      |
| 2)                  |      |      |
| 3)                  |      |      |
| 4)                  |      |      |
| 5)                  |      |      |

## Electronics

| List Below (if any) | Inc. | Exc. |
|---------------------|------|------|
| 1)                  |      |      |
| 2)                  |      |      |
| 3)                  |      |      |
| 4)                  |      |      |

*By signing this, the Buyer & Seller agree this Inclusions/Exclusions list supercedes any & all other such lists, unless otherwise specifically negotiated in the additional terms & conditions of the written & signed offer.*