****IMPORTANT**** TO BE FILLED OUT ASAP AND RETURNED TO JULIE KINNEAR

Attention: Julie Kinnear @ Fax # 416.352.5535

Any Questions call: 416.762.5949

2 Pages

| From: | |
|-------|--|
|-------|--|

Home Owner's Pre-Sale Profile

| Address of the home to be | sold: | | | |
|--|------------------------------------|--|---|--|
| Your Home #: | | Business #: | | |
| Cottage/Cellular #: | | E-mail Address: | | |
| • What do you consider t | to be the highlights of your home? | Please include information re: neighbours (eg. families with kids, ages) | | |
| | | | | |
| Updates/Renovations/Improvements (include year -attach sep. sheet if necessary) | | Any other information you believe pertinent for us to market your home | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | | | |
| | Utilities | Annual Costs | | |
| | HYDRO | | | |
| | HEATING/GAS | | t | |
| | WATER | | | |
| | INSURANCE | | | |
| | ALARM SYSTEM | | | |

| TECHNICAL DATA: (Circle information when applicable to you) | | | | INCOME PROPERTY SECTION: Tenants # | | | |
|--|--|------------------------------|-------------|-------------------------------------|-------|--|--|
| Hot water tank: | | Rental Electric Rented | | | | | |
| | | | | Leases Copies given to Julie? | | | |
| Square footage: | | | | Each suite income: | | | |
| Electric Service: | Breakers 60 100 | Fuses 200 amps | | | | | |
| Wiring: | Copper | Aluminum | | Rent Includes/Excludes: | | | |
| Age of home: | | | | | | | |
| Roof: Date Reroofed/7 | Гуре: | | | | | | |
| | | | | Retrofit Warranty Yes/No? | | | |
| Furnace: | Owned Forced Air Hot Water Electric | Rented? Oil Oil | Gas Gas | | | | |
| Date Installed:_ | | | | Please Prepare the Following Items: | Done? | | |
| Any time oil hea Buried oil tank? | ited? | | | DEED | | | |
| | | | | SURVEY | | | |
| | | | | LAWYER'S REPORTING LETTER | | | |
| Plumbing: | Copper/Lead? | | | KEYS | | | |
| Improved water | main from street | ? | · | PICTURES - GARDEN OR HOME | | | |
| Year? | | | | FINAL TAX BILL CURRENT YEAR | | | |
| Insulation (type & where installed) | | | | PREVIOUS HOME INSPECTION | | | |
| | | | | RENOVATION PERMITS/PLANS | | | |
| Windows (type & installation date) | | | | NOTIFY INSURANCE COMPANY | | | |
| | | | | INSURANCE CO. POLICY# | | | |
| Inclusions & Exclusions: ≠≠≠ | | | | INSURANCE CO. PHONE # | | | |
| Fireplace: | Wood Electr | ≠≠; ic Gas Stove | | | | | |
| Working: | Yes No | Decorative | | | | | |