



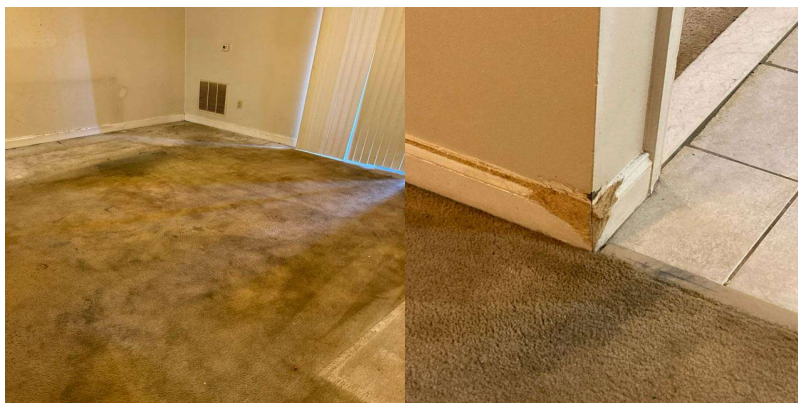
# Move Out Inventory & Condition Form

| Inspection Date | Technician  | Property | Units  |
|-----------------|-------------|----------|--------|
| 01-03-2024      | Noel Nation | Enclaves | 3964A2 |

|                              |                             |
|------------------------------|-----------------------------|
| Resident Name                | Estate of Charles Perricone |
| Forwarding Mailing Address   | Not Available               |
| Date Resident Turned in Keys | Jan-03-2024                 |

| Amenities to be added to this Unit |
|------------------------------------|
| Plank Flooring                     |

| LIVING ROOM:       |                                                                |
|--------------------|----------------------------------------------------------------|
| Ceilings / Lights: | Ok                                                             |
| Door / Closet:     | Ok                                                             |
| Other:             | Not Ok                                                         |
| Charges Type       | Replace                                                        |
| Charges            |                                                                |
| Comment            | Carpet is stained and dirty baseboard looks like animal chewed |



|                   |         |
|-------------------|---------|
| Walls / Outlets:  | Ok      |
| Window:           | Ok      |
| Window coverings: | Not Ok  |
| Charges Type      | Replace |

|         |                    |
|---------|--------------------|
| Charges |                    |
| Comment | Stain from smoking |



| DINING ROOM:       |    |
|--------------------|----|
| Ceilings / Lights: | Ok |
| Walls / Outlets:   | Ok |
| Window:            | Ok |
| Window coverings:  | Ok |

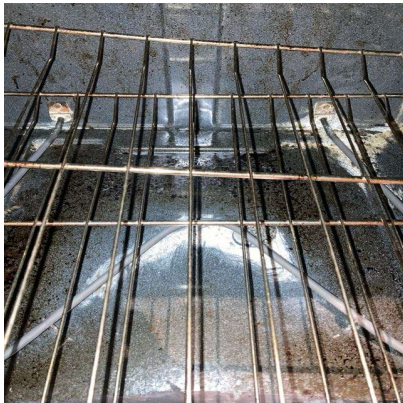
| KITCHEN:               |    |
|------------------------|----|
| Backsplash:            | Ok |
| <b>Cabinets:</b>       |    |
| Cabinet Door:          | Ok |
| <b>Cabinets:</b>       |    |
| Cabinet Handle:        | Ok |
| <b>Cabinets:</b>       |    |
| Cabinet Shelf:         | Ok |
| Ceiling Fan:           | Ok |
| Ceiling Light Fixture: | Ok |
| Ceiling Lights:        | Ok |
| Cleaning of Stove:     | Ok |
| Counter Top:           | Ok |
| <b>Dishwasher:</b>     |    |
| Dishwasher Knob:       | Ok |

|                    |    |
|--------------------|----|
| <b>Dishwasher:</b> |    |
| Dishwasher Rack:   | Ok |

|                               |    |
|-------------------------------|----|
| <b>Dishwasher:</b>            |    |
| Dishwasher Silverware Holder: | Ok |

|                   |    |
|-------------------|----|
| Drip Pan:         | Ok |
| Electric Meter:   | Ok |
| Faucet:           | Ok |
| Faucet Knobs:     | Ok |
| Floors:           | Ok |
| Formica/Tiles:    | Ok |
| Garbage Disposal: | Ok |
| Kitchen Sink:     | Ok |
| Microwave:        | Ok |
| Other:            | Ok |

|                      |        |
|----------------------|--------|
| <b>Oven / Range:</b> |        |
| Oven Cleaning:       | Not Ok |
| Charges Type         | Repair |
| Charges              |        |
| Comment              | Dirty  |



|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven door handle:    | Ok |

|                      |    |
|----------------------|----|
| <b>Oven / Range:</b> |    |
| Oven drip pan:       | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven knobs:   | Ok |

| Oven / Range: |    |
|---------------|----|
| Oven Racks:   | Ok |

| Oven / Range:  |    |
|----------------|----|
| Range burners: | Ok |

| Oven / Range: |    |
|---------------|----|
| Range Hood:   | Ok |

|                   |    |
|-------------------|----|
| Oven Door Handle: | Ok |
|-------------------|----|

|             |    |
|-------------|----|
| Oven Racks: | Ok |
|-------------|----|

|            |    |
|------------|----|
| Range Top: | Ok |
|------------|----|

| Refrigerator (Freezer): |        |
|-------------------------|--------|
| Cleaning Refrigerator:  | Not Ok |
| Charges Type            | Repair |
| Charges                 |        |
| Comment                 | Dirty  |



| Refrigerator (Freezer): |    |
|-------------------------|----|
| Refrigerator (Drawers): | Ok |

| Refrigerator (Freezer):        |    |
|--------------------------------|----|
| Refrigerator (Shelf and Bars): | Ok |

| Refrigerator (Freezer):             |    |
|-------------------------------------|----|
| Refrigerator Crisper Glass/Plastic: | Ok |

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| Rubber Stopper:                                                                               | Ok |
| Stove Knob:                                                                                   | Ok |
| Verify that either a Fire Stop (under the microwave) or FireAvert (behind the stove) exists.: | Ok |
| Wall Outlets:                                                                                 | Ok |
| Washer/Dryer:                                                                                 | Ok |
| Window Coverings:                                                                             | Ok |

| BEDROOMS:          |                   |
|--------------------|-------------------|
| Ceilings / Lights: | Ok                |
| Door / Closet:     | Ok                |
| Floors / Carpet:   | Not Ok            |
| Charges Type       | Replace           |
| Charges            |                   |
| Comment            | Dirty and stained |



|                   |                      |
|-------------------|----------------------|
| Other:            | Ok                   |
| Walls / Outlets:  | Ok                   |
| Window:           | Ok                   |
| Window coverings: | Not Ok               |
| Charges Type      | Replace              |
| Charges           |                      |
| Comment           | Stained from smoking |



| <b>BATHROOM:</b>                                           |    |
|------------------------------------------------------------|----|
| Cabinets / Mirror:                                         | Ok |
| Ceiling Lights:                                            | Ok |
| Cleaning Bathroom:                                         | Ok |
| Complete Toilet:                                           | Ok |
| Counter Top:                                               | Ok |
| Floors:                                                    | Ok |
| Formica /Tile:                                             | Ok |
| Is there signs of moisture from outside in the apartment?: | Ok |
| Medicine Cabinet:                                          | Ok |
| Mirror Cabinet:                                            | Ok |
| Other:                                                     | Ok |
| Remove Mildew on Tiles:                                    | Ok |
| Shower Curtain Bar:                                        | Ok |
| Shower Head:                                               | Ok |
| Sink:                                                      | Ok |
| Soad Dish (Tub):                                           | Ok |
| Soap Dish (Sink):                                          | Ok |
| Toilet Paper Holder:                                       | Ok |
| Toilet Tank:                                               | Ok |
| Towel Bar:                                                 | Ok |
| Tub Knob(s):                                               | Ok |
| Tub Reglazing:                                             | Ok |
| Vanity Cabinet:                                            | Ok |
| Wall Outlets:                                              | Ok |

|         |    |
|---------|----|
| Window: | Ok |
|---------|----|

| <b>LOCKS:</b>                                                             |    |
|---------------------------------------------------------------------------|----|
| Door Knob:                                                                | Ok |
| Door Lock:                                                                | Ok |
| Ensure the apartment door has an automatic closure and closes properly. : | Ok |
| Fix Door when extra lock is removed:                                      | Ok |
| Mail-Box Lock:                                                            | Ok |

| <b>KEYS:</b>                     |    |
|----------------------------------|----|
| Failure To Return Apartment Key: | Ok |
| Failure To Return Mailbox Key:   | Ok |

| <b>DOORS:</b>                        |    |
|--------------------------------------|----|
| Apartment Door:                      | Ok |
| Apartment Door closes automatically: | Ok |
| Frame:                               | Ok |
| Hollow:                              | Ok |
| Solid Core & Steel:                  | Ok |

| <b>CARPET:</b>            |     |
|---------------------------|-----|
| Burns:                    | N/A |
| Deodorize:                | N/A |
| Pet Treatment (Odor):     | N/A |
| Replace Carpet 1 Bedroom: | N/A |
| Replace Carpet 2 Bedroom: | N/A |
| Shampoo 1 Bedroom:        | N/A |
| Shampoo 2 Bedroom:        | N/A |
| Stain Removal:            | N/A |

| <b>MISCELLANEOUS:</b>           |    |
|---------------------------------|----|
| Broken Window Glass (Per Pane): | Ok |
| Cabinet Equipment:              | Ok |
| Carbon Monoxide Detector:       | Ok |
| Cleaning of Apartment:          | Ok |
| Clear Storage Locker:           | Ok |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------|-----|--------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|---------------------------------------------|----|-----------------------|----|
| Closet Shelves:                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Common Area damaged during moveout:                                                                                                                                                                                                                                                                                                                                                                                                                     | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Door Intercom System:                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Exhaust Fan:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Fan Blades:                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| If fire stops have been installed throughout the property, ensure fire stops are installed.:                                                                                                                                                                                                                                                                                                                                                            | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Date of Installation                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2024-01-03 |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Light Globes:                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Mini Blind(s) each:                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Outside Lights:                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Phone Jack:                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Rallings:                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Removal Of Bulk Items:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Remove Debris (Per Bag):                                                                                                                                                                                                                                                                                                                                                                                                                                | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Sliding Mirror/Glass Door (2):                                                                                                                                                                                                                                                                                                                                                                                                                          | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Smoke Detector Alarm:                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Stoppage by foreign object in any drain:                                                                                                                                                                                                                                                                                                                                                                                                                | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Switch Plate Covers:                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Thermostat Cover:                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Vertical Blinds:                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Vinly Tile Bathroom:                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Vinly Tile Kitchen:                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Was personal property left behind?:                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes        |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| <table> <tr> <td>Estimated Value of Personal Property is.</td> <td>\$0</td> </tr> <tr> <td>Confirm Community Manager or Accounts Receivable had sent out notice to retrieve property.</td> <td>No</td> </tr> <tr> <td>Confirm eleven days have elapsed since Above Notice was mailed.</td> <td>No</td> </tr> <tr> <td>Confirm resident has not replied to notice.</td> <td>No</td> </tr> <tr> <td>Did the Resident Die?</td> <td>No</td> </tr> </table> |            | Estimated Value of Personal Property is. | \$0 | Confirm Community Manager or Accounts Receivable had sent out notice to retrieve property. | No | Confirm eleven days have elapsed since Above Notice was mailed. | No | Confirm resident has not replied to notice. | No | Did the Resident Die? | No |
| Estimated Value of Personal Property is.                                                                                                                                                                                                                                                                                                                                                                                                                | \$0        |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Confirm Community Manager or Accounts Receivable had sent out notice to retrieve property.                                                                                                                                                                                                                                                                                                                                                              | No         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Confirm eleven days have elapsed since Above Notice was mailed.                                                                                                                                                                                                                                                                                                                                                                                         | No         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Confirm resident has not replied to notice.                                                                                                                                                                                                                                                                                                                                                                                                             | No         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Did the Resident Die?                                                                                                                                                                                                                                                                                                                                                                                                                                   | No         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Window Screen(s) each:                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| Window Sills:                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ok         |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| <table> <tr> <td>OVERALL:</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                 |            | OVERALL:                                 |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |
| OVERALL:                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                          |     |                                                                                            |    |                                                                 |    |                                             |    |                       |    |



|                                          |    |
|------------------------------------------|----|
| Signs of Moisture inside the apartment:  | Ok |
| Signs of Moisture outside the apartment: | Ok |

|          |  |
|----------|--|
| Resident |  |
|----------|--|

|                                     |             |
|-------------------------------------|-------------|
| Lindy Community Representative Name | Noel Nation |
|-------------------------------------|-------------|



|                                      |             |
|--------------------------------------|-------------|
| Technician                           | Noel Nation |
| Resident not available for signature | YES         |
| Resident refused Signature           | NO          |