

RESIDENTIAL APPRAISAL SUMMARY REPORT

File No.: PAS07071912

SUBJECT	Property Address: _____ City: _____ State: _____ Zip Code: _____
	County: _____ Legal Description: _____
	Assessor's Parcel #: _____
	Tax Year: _____ R.E. Taxes: \$ _____ Special Assessments: \$ _____ Borrower (if applicable): _____
Current Owner of Record: _____ Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Manufactured Housing	
Project Type: <input type="checkbox"/> PUD <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (describe) _____ HOA: \$ _____ per year <input type="checkbox"/> per month	
Market Area Name: _____ Map Reference: _____ Census Tract: _____	

ASSIGNMENT	The purpose of this appraisal is to develop an opinion of: <input type="checkbox"/> Market Value (as defined), or <input type="checkbox"/> other type of value (describe) _____
	This report reflects the following value (if not Current, see comments): <input type="checkbox"/> Current (the Inspection Date is the Effective Date) <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective
	Approaches developed for this appraisal: <input type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach (See Reconciliation Comments and Scope of Work)
	Property Rights Appraised: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Leased Fee <input type="checkbox"/> Other (describe) _____
	Intended Use: _____
Intended User(s) (by name or type): _____	
Client: _____ Address: _____	
Appraiser: _____ Address: _____	

MARKET AREA DESCRIPTION	Location: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Predominant Occupancy	One-Unit Housing	Present Land Use	Change in Land Use
	Built up: <input type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%				
	Growth rate: <input type="checkbox"/> Rapid <input type="checkbox"/> Stable <input type="checkbox"/> Slow	\$ (000)	(yrs)	2-4 Unit %	<input type="checkbox"/> Likely * <input type="checkbox"/> In Process *
	Property values: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Declining	Low	High	Multi-Unit %	* To: _____
	Demand/supply: <input type="checkbox"/> Shortage <input type="checkbox"/> In Balance <input type="checkbox"/> Over Supply	Pred	Comm'l %	%	
	Marketing time: <input type="checkbox"/> Under 3 Mos. <input type="checkbox"/> 3-6 Mos. <input type="checkbox"/> Over 6 Mos.	Vacant (0-5%)	Vacant (>5%)	%	

Market Area Boundaries, Description, and Market Conditions (including support for the above characteristics and trends): _____

SITE DESCRIPTION	Dimensions: _____ Site Area: _____
	Zoning Classification: _____ Description: _____
	Zoning Compliance: <input type="checkbox"/> Legal <input type="checkbox"/> Legal nonconforming (grandfathered) <input type="checkbox"/> Illegal <input type="checkbox"/> No zoning
	Are CC&Rs applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Have the documents been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Ground Rent (if applicable) \$ _____ / _____
	Highest & Best Use as improved: <input type="checkbox"/> Present use, or <input type="checkbox"/> Other use (explain) _____
Actual Use as of Effective Date: _____ Use as appraised in this report: _____	
Summary of Highest & Best Use: _____	

SITE DESCRIPTION	Utilities	Public	Other	Provider/Description	Off-site Improvements	Type	Public	Private	Topography	
	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	_____	Street	_____	<input type="checkbox"/>	<input type="checkbox"/>	Size	
	Gas	<input type="checkbox"/>	<input type="checkbox"/>	_____	Curb/Gutter	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shape	
	Water	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sidewalk	_____	<input type="checkbox"/>	<input type="checkbox"/>	Drainage	
	Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Street Lights	_____	<input type="checkbox"/>	<input type="checkbox"/>	View	
	Storm Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Alley	_____	<input type="checkbox"/>	<input type="checkbox"/>		
	Other site elements: <input type="checkbox"/> Inside Lot <input type="checkbox"/> Corner Lot <input type="checkbox"/> Cul de Sac <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Other (describe) _____									
	FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input type="checkbox"/> No FEMA Flood Zone _____ FEMA Map # _____ FEMA Map Date _____									
	Site Comments: _____									

DESCRIPTION OF THE IMPROVEMENTS	General Description	Exterior Description	Foundation	Basement <input type="checkbox"/> None	Heating
	# of Units _____ <input type="checkbox"/> Acc. Unit	Foundation _____	Slab _____	Area Sq. Ft. _____	Type _____
	# of Stories _____	Exterior Walls _____	Crawl Space _____	% Finished _____	Fuel _____
	Type <input type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/> _____	Roof Surface _____	Basement _____	Ceiling _____	
	Design (Style) _____	Gutters & Dwnspts. _____	Sump Pump <input type="checkbox"/>	Walls _____	Cooling
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Und.Cons.	Window Type _____	Dampness <input type="checkbox"/>	Floor _____	Central _____
	Actual Age (Yrs.) _____	Storm/Screens _____	Settlement _____	Outside Entry _____	Other _____
	Effective Age (Yrs.) _____		Infestation _____		
	Interior Description	Appliances	Attic <input type="checkbox"/> None	Amenities	Car Storage <input type="checkbox"/> None
	Floors _____	Refrigerator <input type="checkbox"/>	Stairs <input type="checkbox"/>	Fireplace(s) # _____	Garage # of cars (_____ Tot.)
Walls _____	Range/Oven <input type="checkbox"/>	Drop Stair <input type="checkbox"/>	Woodstove(s) # _____	Attach. _____	
Trim/Finish _____	Disposal <input type="checkbox"/>	Scuttle <input type="checkbox"/>		Detach. _____	
Bath Floor _____	Dishwasher <input type="checkbox"/>	Doorway <input type="checkbox"/>		Blt.-In _____	
Bath Wainscot _____	Fan/Hood <input type="checkbox"/>	Floor <input type="checkbox"/>		Carport _____	
Doors _____	Microwave <input type="checkbox"/>	Heated <input type="checkbox"/>		Driveway _____	
	Washer/Dryer <input type="checkbox"/>	Finished <input type="checkbox"/>		Surface _____	

Finished area above grade contains: _____ Rooms _____ Bedrooms _____ Bath(s) _____ Square Feet of Gross Living Area Above Grade _____

Additional features: _____

Describe the condition of the property (including physical, functional and external obsolescence): _____
