

**FINAL WALK THROUGH SUGGESTED CHECKLIST**

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

Seller(s): \_\_\_\_\_ Buyer(s): \_\_\_\_\_

| <b>General</b>  | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Are all items you've purchased with the house still present? (i.e. drapes, appliances, lighting, furnishings, hot tub/sauna, play structures etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has all personal property and unwanted items been removed according to the terms of your contract?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all necessary repairs been made to your satisfaction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received the associated warranties/bills for these repairs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the house clean overall?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the smoke and carbon monoxide detectors present and functioning?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Specifics:**

| <b>Appliances</b>                         | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Is the stove working? (burners and oven)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the refrigerator running?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the microwave working?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Can the dishwasher complete a full cycle? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the washer and dryer work properly?    | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the garbage disposal working?          | <input type="checkbox"/> | <input type="checkbox"/> |

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| <b>Electric</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| Do all of the light switches and outlets work?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any exposed wiring?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the doorbell work?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the garage door open and close properly?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the exhaust fans work in both the kitchen and the bathroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the ceiling fans work?                                      | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Plumbing</b>                                   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Do the toilets flush properly?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Do the sinks, bathtubs and shower drain properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the water pressure sufficient?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there signs of leaking near the faucet?       | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>HVAC</b>   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Does the heating system work properly?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the air conditioning unit work properly? (DO NOT TEST IF OUTSIDE TEMP IS BELOW 60 DEGREES OR THE HEAT IS IN OPERATION) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the thermostat work?   | <input type="checkbox"/> | <input type="checkbox"/> |

**FINAL WALK THROUGH SUGGESTED CHECKLIST**

**\*Buyer has performed final walk through and finds property to be in acceptable condition for closing\***

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

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

**\*Buyer has performed final walk through and requests the following prior to closing:\***

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\_\_\_\_\_  
\_\_\_\_\_

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

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

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_