


Exclusions

Please check any of the following items being EXCLUDED from the sale of the property.

Property Address: 335 Wycliffe Dr.

<u>Interior</u>	<u>Location</u>	<u>Exterior</u>	<u>Location</u>
<input type="checkbox"/> Curtains	_____	<input type="checkbox"/> Window Screens	_____
<input type="checkbox"/> Draperies	_____	<input type="checkbox"/> Lighting Fixtrs.	_____
<input type="checkbox"/> Rods	_____	<input type="checkbox"/> Shutters	_____
<input type="checkbox"/> Valances	_____	<input type="checkbox"/> Awnings	_____
<input type="checkbox"/> Window Blinds	_____	<input type="checkbox"/> Outdoor Cook Equip.	_____
<input type="checkbox"/> Window Shades	_____	<input type="checkbox"/> Fireplace Screen	_____
<input type="checkbox"/> Window Shutters	_____	<input type="checkbox"/> Fireplace Logs	_____
<input type="checkbox"/> Mirror	_____	<input type="checkbox"/> Fire Pit	_____
<input type="checkbox"/> Ceiling Fans	_____	<input type="checkbox"/> Pool Equipment	_____
<input type="checkbox"/> Lighting Fixtures	_____	<input type="checkbox"/> Flat Screen TV	_____
<input type="checkbox"/> Chandeliers	_____	<input type="checkbox"/> Fountains	_____
<input type="checkbox"/> Flat Screen TV	_____	<input type="checkbox"/> Bird Baths	_____
<input type="checkbox"/> Refrigerator/Freezer	_____	<input type="checkbox"/> Bird houses	_____
<input type="checkbox"/> Microwave	_____	<input type="checkbox"/> Yard Lights	_____
<input type="checkbox"/> Pot Rack	_____	<input type="checkbox"/> Statues	_____
<input type="checkbox"/> Fireplace Screens	_____	<input type="checkbox"/> Swing Sets	_____
<input type="checkbox"/> Fireplace Logs	_____	<input type="checkbox"/> Playground Equip.	_____
<input type="checkbox"/> Water Softener	_____	<input type="checkbox"/> Playhouse	_____
System	_____	<input type="checkbox"/> Window Unit/ AC	_____
<input type="checkbox"/> Built-In Speakers	_____	<input type="checkbox"/> Workbenches	_____
<input type="checkbox"/> Built-In Security	_____	<input type="checkbox"/> Storage Shed	_____
<input type="checkbox"/> Central Vac/	_____	<input type="checkbox"/> Garage Shelving	_____
Components	_____	<input type="checkbox"/> Shrubbery	_____
<input type="checkbox"/> Storage/Shelving	_____	<input type="checkbox"/> Landscaping	_____
<input type="checkbox"/> Garage/Shelving	_____	<input type="checkbox"/> Potted Plants	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> TV Antenna	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Satellite Equip.	_____

Seller:  _____
 Seller: _____

Date: May 10 / 2021
 Date: _____