



ASHLEY CUSACK  
TEAM

INCLUSIONS FOR THE SALE OF YOUR HOME

|         |                        |
|---------|------------------------|
| ADDRESS | 261 Navarre Avenue #A3 |
|---------|------------------------|

Instructions: Check each item included in the sale. Use Details / Remarks for brand, model, quantity, condition, location, ownership status, or exceptions.

| INCL.                                    | ITEM / SELECTION                                                                                                         | DETAILS / REMARKS       |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>KITCHEN APPLIANCES</b>                |                                                                                                                          |                         |
| <input checked="" type="checkbox"/>      | <b>Range</b><br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas                         |                         |
| <input checked="" type="checkbox"/>      | <b>Oven</b><br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas                          |                         |
| <input checked="" type="checkbox"/>      | <b>Microwave</b>                                                                                                         |                         |
| <input checked="" type="checkbox"/>      | <b>Dishwasher</b>                                                                                                        |                         |
| <input checked="" type="checkbox"/>      | <b>Garbage Disposal</b>                                                                                                  |                         |
| <input checked="" type="checkbox"/>      | <b>Refrigerator</b>                                                                                                      |                         |
| <input type="checkbox"/>                 | <b>Stand-alone Icemaker</b>                                                                                              |                         |
| <input type="checkbox"/>                 | <b>Wine Refrigerator</b>                                                                                                 |                         |
| <input type="checkbox"/>                 | <b>Trash Compactor</b>                                                                                                   |                         |
| <b>HEATING, COOLING &amp; MECHANICAL</b> |                                                                                                                          |                         |
| <input checked="" type="checkbox"/>      | <b>Heating System</b><br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas                |                         |
| <input checked="" type="checkbox"/>      | <b>Water Heater</b><br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas                  |                         |
| <input type="checkbox"/>                 | <b>Solar Heater</b><br>Status: <input type="checkbox"/> Owned <input type="checkbox"/> Leased                            |                         |
| <input checked="" type="checkbox"/>      | <b>Central A/C</b><br>Number of units: 1 UNIT                                                                            |                         |
| <input checked="" type="checkbox"/>      | <b>Thermostats</b><br>Number of units: 1 UNIT                                                                            |                         |
| <input type="checkbox"/>                 | <b>Wall Air Conditioning</b><br>Number of units:                                                                         |                         |
| <input type="checkbox"/>                 | <b>Fireplace</b><br>Type: <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Gas   |                         |
| <input type="checkbox"/>                 | <b>Central Vacuum</b>                                                                                                    |                         |
| <b>UTILITIES &amp; STORM PROTECTION</b>  |                                                                                                                          |                         |
| <input type="checkbox"/>                 | <b>Septic Tank / Drain Field</b><br>Date drained: Location of                                                            |                         |
| <input checked="" type="checkbox"/>      | <b>Sewer System</b><br>Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private                 |                         |
| <input checked="" type="checkbox"/>      | <b>Water System</b><br>Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private                 |                         |
| <input checked="" type="checkbox"/>      | <b>Storm Protection Items &amp; Hardware</b><br>Coverage: <input type="checkbox"/> Partial <input type="checkbox"/> Full | IMPACT WINDOWS & DOORS. |
| <b>ADDITIONAL SYSTEMS</b>                |                                                                                                                          |                         |
| <input type="checkbox"/>                 | <b>Emergency Generator</b>                                                                                               |                         |
| <input type="checkbox"/>                 | <b>Other Plumbing Items</b>                                                                                              |                         |

# INCLUSIONS FOR THE SALE OF YOUR HOME – CONTINUED

| INCL.                                                   | ITEM / SELECTION                                                                                   | DETAILS / REMARKS |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|
| <b>POOL EQUIPMENT</b>                                   |                                                                                                    |                   |
| <input type="checkbox"/>                                | Pool Equipment                                                                                     |                   |
| <input type="checkbox"/>                                | Traditional Chlorine or Saltwater Pool                                                             |                   |
| <input type="checkbox"/>                                | Children's Pool Fence                                                                              |                   |
| <input type="checkbox"/>                                | Pool Heater<br>Power: <input type="checkbox"/> Electric <input type="checkbox"/> Gas               |                   |
| <b>LAUNDRY, ELECTRICAL, SECURITY &amp; TECHNOLOGY</b>   |                                                                                                    |                   |
| <input type="checkbox"/>                                | Other Electrical Items                                                                             |                   |
| <input checked="" type="checkbox"/>                     | Clothes Washer<br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas |                   |
| <input checked="" type="checkbox"/>                     | Clothes Dryer<br>Power: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas  |                   |
| <input type="checkbox"/>                                | Burglar Alarm System<br>Status: <input type="checkbox"/> Owned <input type="checkbox"/> Leased     |                   |
| <input checked="" type="checkbox"/>                     | Doorbell(s)                                                                                        |                   |
| <input type="checkbox"/>                                | Phone System                                                                                       |                   |
| <input type="checkbox"/>                                | Television(s)                                                                                      |                   |
| <input type="checkbox"/>                                | Television Wall Mount(s)                                                                           |                   |
| <input type="checkbox"/>                                | Television Mounting Hardware                                                                       |                   |
| <input type="checkbox"/>                                | Speakers                                                                                           |                   |
| <input type="checkbox"/>                                | Sound Bar                                                                                          |                   |
| <input type="checkbox"/>                                | Paddle Fans<br>Number of units:                                                                    |                   |
| <input type="checkbox"/>                                | Intercom                                                                                           |                   |
| <b>ACCESS, GARAGE, FIXTURES &amp; WINDOW TREATMENTS</b> |                                                                                                    |                   |
| <input checked="" type="checkbox"/>                     | Mailbox Keys                                                                                       |                   |
| <input checked="" type="checkbox"/>                     | Garage Door Opener<br>Number of units: 1 Clicker                                                   |                   |
| <input checked="" type="checkbox"/>                     | Light Fixtures as Attached                                                                         |                   |
| <input checked="" type="checkbox"/>                     | Attached Window Treatments                                                                         |                   |
| <b>OTHER ITEMS TO INCLUDE</b>                           |                                                                                                    |                   |
| <b>EXCLUDED ITEMS</b>                                   |                                                                                                    |                   |

## ACKNOWLEDGMENT AND SIGNATURES

| PARTY    | NAME / SIGNATURE                                                                                        | DATE     |
|----------|---------------------------------------------------------------------------------------------------------|----------|
| SELLER 1 | FERNANDO NISENBAUM  | 10/15/26 |
| SELLER 2 | MARIA F. BUITRAGO   | 10/15/26 |
| BUYER 1  |                                                                                                         |          |
| BUYER 2  |                                                                                                         |          |