

Client Name(s): _____

Date: _____

<u>Bedroom(s)</u>						
Beds						
Chairs						
Dressers						
Desks						
Mirrors						
Lamps						
Vanities						
Televisions						
VCR/DVD/Gaming Systems						
Computers						
Other						

<u>Kitchen</u>						
Tables						
Chairs						
Microwave						
Refrigerator						
Deep Freezer						
Dishwasher						

Client Name(s): _____

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	<u>Value of Each Item</u>				<u>Total Value</u>
	1	2	3	4	5
<u>Kitchen Continued</u>					
Stove					
Dishes					
Cookware					
Other					

<u>Other Rooms</u>					
Computers					
Stereos					
Desks					
Chairs					
Game Tables					
Sewing Machine					
Vacuum Cleaner					
Iron					
Cameras					
Air Conditioners					
Tools					
Washer/Dryer					
Landscaping Equipment					
Other					

Signature(s) _____