

# P.R.O.S. - Property Reports On Sight

San Antonio 210)615-PROS  
\*210)615-7767

6/20/2012 4:23 PM

Inspector: William L. Roberts

**CUSTOMER NO.:** ABC Real Estate

**St. Address:** 12030 Main Street

**City:** Your Town

**ST:** TX. **Zip Code:** 12345

**Type of Inspection:**

Initial Inspection:

Transitional Inspection:

Periodic Inspection:

Picture 1 Street View of Home to Include Driveway/Sidewalks



If no safety issues or deficiencies observed NO COMMENTS will be Made.

## Exterior of Property

### EXTERIOR

	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
1. Roof/Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exterior Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Walls-All Around	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Front/Back/Side Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Porch/Patio/Deck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mail Box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Fences (Front & Rear)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Driveway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lawn-Grass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Trees/Touching House	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Shrubs and Brushes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #2 Address**



**Picture #3 Front View of House (Close Up)**



**Picture #4 Left Side of House and Yard**



**Picture #5 Right Side of House and Yard**



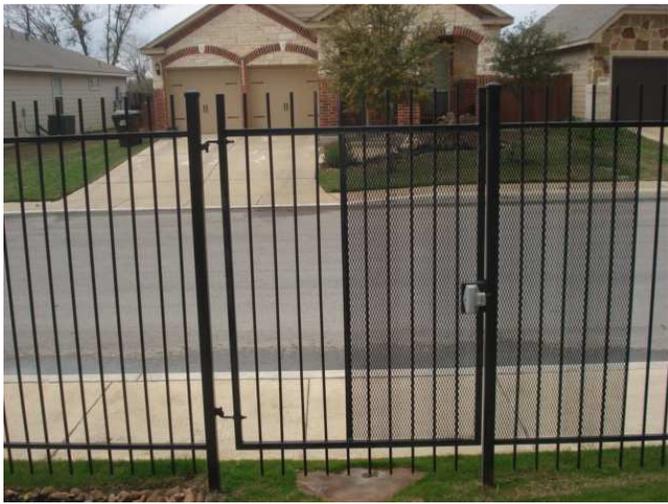
**Picture #6 Rear of House and Yard**



**Picture #7 Picture of AC Unit**



**Picture #8 Picture of Fence and Gate**



**Picture #9 Signs of any pets i.e. Dog House**

N/A

**Exterior Comments:**

PROS



**Picture #11 Porch/Steps**



**Picture #12 Entry/Foyer**



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Living Room/Great Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
9. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #13 Living Room**



**Picture #14 Living Room Floor**



**Picture #15 Living Room Ceiling**



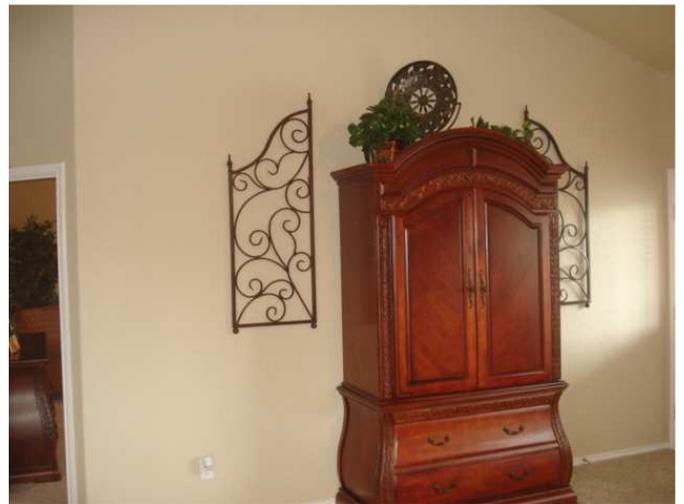
**Picture #16 Living Room Wall**



**Picture #17 Living Room Wall**



**Picture #18 Living Room Wall**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have separate Dining Room/This Section will go unused.**

Dining Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
17. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #19 Dining Room**



**Picture #20 Dining Room Floor**



**Picture #21 Dining Room Ceiling**



**Picture #22 Dining Room Wall**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have separate Family Room/This Section will go unused.**

Family Room/Den	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
25. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #23 Family Room**



**Picture #24 Family Room Floor**



**Picture #25 Family Room Ceiling**



**Picture #26 Family Room Wall**



**Picture #27 Family Room Wall**



**Picture #28 Family Room Wall**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Kitchen**

	<b>Observed</b>	<b>Unobserved</b>	<b>See Additional Pictures/Needs Further Evaluation</b>
15. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Kitchen Counter/Back Splash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Picture #29 Kitchen**



**Picture # 30 Kitchen Floor**



**Picture #31 Sink/Faucet/Backsplash**



**Picture # 32 Inside Cabinet Under Sink**



**Picture #33 Lower Cabinets**



**Picture # 34 Upper Cabinets**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Hallway/Stairway**

28. Flooring

29. Walls/Paint

30. Light Fixture

31. Outlet/Switch Covers

32. Other

**Observed**



**Unobserved**



**See Additional Pictures/Needs Further Evaluation**



**Picture #35 Floor/Stairs**



**Picture # 36 Hall Lighting/Ceiling**



If no safety issues or deficiencies observed NO COMMENTS will be Made.

**Master Bedroom**

- 33. Flooring
- 34. Walls/Paint
- 35. Light Fixture
- 36. Blinds/Drapes
- 37. Windows
- 38. Ceiling Fan
- 39. Outlet/Switch Covers
- 40. Other

**Observed**

**Unobserved**

**See Additional Pictures/Needs Further Evaluation**

**Picture #37 Master Bedroom**



**Picture # 38 Ceiling (Fan/Smoke Detector?)**



**Picture #39 Master Bedroom Floor**



**Picture # 40 Master Bedroom Wall**



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Master Bath	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
41. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #41 Master Bathroom



Picture # 42 Master Bathroom Floor



**Picture #43 Sink and Faucet**



**Picture # 44 Inside Cabinet Under Sink**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a 2<sup>nd</sup> Bedroom/This Section will go unused.**

<b>2<sup>nd</sup> Bedroom</b>	<b>Observed</b>	<b>Unobserved</b>	<b>See Additional Pictures/Needs Further Evaluation</b>
54. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #45 2<sup>nd</sup> Bedroom Full Shoot**



**Picture # 46 Ceiling (Fan/Smoke Detector)**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a 3<sup>rd</sup> Bedroom/This Section will go unused.**

3rd Bedroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
62. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #47 3<sup>rd</sup> Bedroom Full Shoot**



**Picture # 48 Ceiling (Fan/Smoke Detector)**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a 4<sup>th</sup> Bedroom /This Section will go unused.**

4th Bedroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
70. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Light Fixture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Outlet/Switch Covers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #49 4th Bedroom Full Shoot**



**Picture # 50 Ceiling (Fan/Smoke Detector)**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a 2<sup>nd</sup> Bathroom/This Section will go unused.**

2 <sup>nd</sup> Bathroom	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
78. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
87. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #51 2<sup>nd</sup> Bathroom Full Shoot**



**Picture # 52 Bathroom Floor**



**Picture #53 Sink and Faucets**



**Picture # 54 Inside Cabinet under Sink**



If no safety issues or deficiencies observed NO COMMENTS will be Made.

Not Applicable/Property does not have a 3<sup>rd</sup> or Half Bath/This Section will go unused.

3 <sup>rd</sup> Bath/Half Bath	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Ceiling/Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96. Sink/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Cabinet Under Sink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Shower/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Tub/Faucet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Commode	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Towel Racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Picture #55 3<sup>rd</sup> Bathroom Full Shoot



Picture # 56 Bathroom Floor



**Picture #57 Sink and Faucets**



**Picture # 58 Inside Cabinet under Sink**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a Utility Room/This Section will go unused.**

Utility Room	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
101. Flooring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Walls/Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Washer Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Blinds/Drapes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #59 Utility Room**



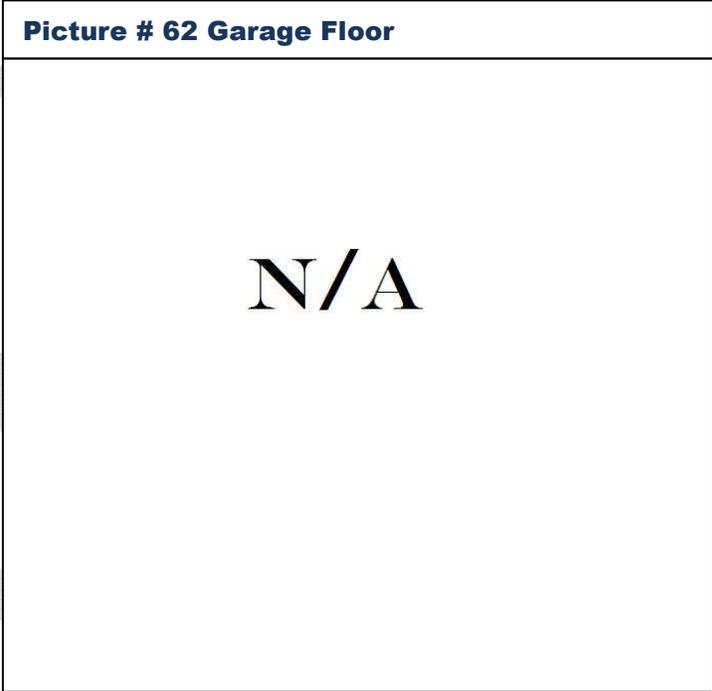
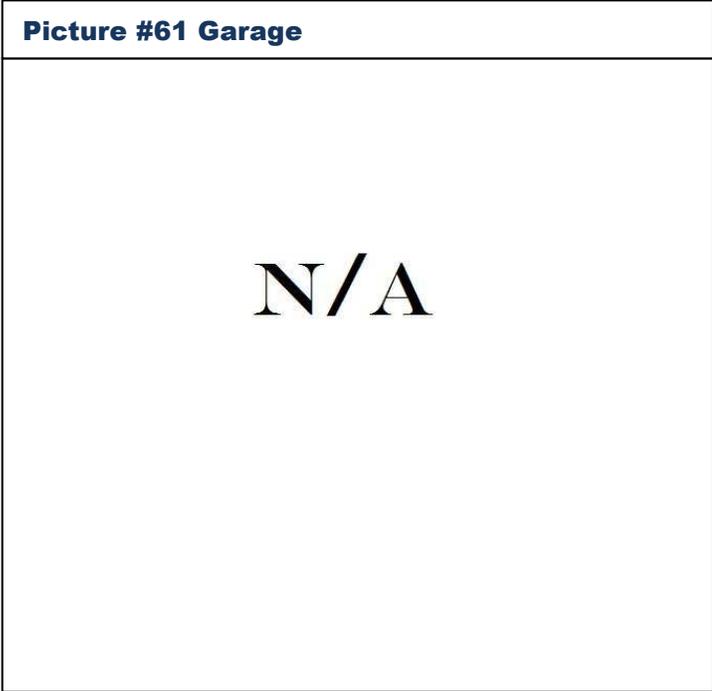
**Picture # 60 Washer Connections**



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

**Not Applicable/Property does not have a Garage or Carport/This Section will go unused.**

Garage	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
108. Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Walls/Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Blinds/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**If no safety issues or deficiencies observed NO COMMENTS will be Made.**

Miscellaneous	Observed	Unobserved	See Additional Pictures/Needs Further Evaluation
115. Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. AC Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Pets On the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
118. Missing/Torn Screens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
119. Trip Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
120. Drainage Issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
121. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Picture #63 Hot Water Heater**



**Picture # 64 A/C Filter**



**Picture #65 Satellite Dish on roof**

N/A

**Picture # 66 Missing/Torn Screen**

N/A

**Picture #67 Trip Hazards**

N/A

**Picture # 68 Drainage Issues**

N/A

**Interior Comments:** AC filter present in grate at time of inspection, a ladder is required to reach filter; photo 64.

PRO

## Additional Pictures

**Picture #69**



**Picture # 70**



**Picture #71**



**Picture # 72**

N/A

**Comments:** #69 Separation in grout of rear left wall partition brickwork of Rear Patio framing, vertical gutter system adjacent. #71-72 Separation in caulking along vertical edges of tile work to 2<sup>nd</sup> Bathroom shower/tub unit framing.