



Russ
Lyon

Sotheby's
INTERNATIONAL REALTY

SELLERS' WORKBOOK

Presented by Kurt M. Boyd
Russ Lyon Sotheby's International Realty

SELLER & PROPERTY INFORMATION

SELLER INFORMATION

Owner _____ Co-Owner _____
Phone _____ Phone _____
Email _____ Email _____
Address _____
Preferred Method of Communication ☐ Call ☐ Text ☐ Email

PROPERTY INFORMATION

Address _____
(If different from above) Subdivision _____
☐ Single Family ☐ Multi-Family ☐ Townhouse/Condo ☐ Manufactured
Square Footage _____ Lot Size _____ Year Built _____
Bedrooms _____ Bathrooms _____ Floors _____ Garage Spaces _____
Type of Home ☐ Primary ☐ 2nd Home ☐ Investment Property
Is the home currently rented? ☐ Yes ☐ No
If yes, when is the lease expiring? _____ Rent Amount \$ _____
Overall Condition of the Home ☐ Move In Ready/Renovated
☐ Needs Minor Improvements ☐ In Need of Renovation/Repairs
Reason for Selling _____
Urgency to Sell? ☐ Yes ☐ No Ideal Sale Price \$ _____
Do you owe anything on the property? ☐ Yes: \$ _____ ☐ No
If yes, are you current on your mortgage payment? ☐ Yes ☐ No
Will the home be occupied during the sales process? ☐ Yes ☐ No
Will you be purchasing a new home? ☐ Yes ☐ No

FAVORITE FEATURES OF THE HOME

An important part of our marketing strategy is to showcase what you love about your home and neighborhood. The information you provide in this packet will enable us to highlight your home's best features, and tell a story that will help buyers fall in love with the house just as you did.

TOP 3 THINGS YOU LOVE MOST ABOUT YOUR HOME

1

2

3

UNIQUE FEATURES OF YOUR HOME

BEST MEMORIES IN YOUR HOME

FAVORITE SPOT TO HANG OUT IN YOUR HOME AND WHY

ADDITIONAL FEATURES

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Fenced in Yard | <input type="checkbox"/> Sprinkler System |
| <input type="checkbox"/> In-Law Suite | <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Unfinished Basement | |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Security System | <input type="checkbox"/> Shed | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Solar Panels: | <input type="checkbox"/> Owned | <input type="checkbox"/> Leased, Expires: | _____ |
| <input type="checkbox"/> Other | _____ | | |

INTERIOR RENOVATIONS & UPGRADES

Check off any applicable upgrades to the interior of the house, note what year each one was completed and include a brief description.

UPGRADED?	YEAR	DESCRIPTION & APPROXIMATE COST
<input type="checkbox"/> Flooring	_____	_____
<input type="checkbox"/> Paint	_____	_____
<input type="checkbox"/> Kitchen	_____	_____
<input type="checkbox"/> Appliances	_____	_____
<input type="checkbox"/> Water Heater*	_____	_____
<input type="checkbox"/> A/C* or Heating	_____	_____
<input type="checkbox"/> Plumbing	_____	_____
<input type="checkbox"/> Electrical	_____	_____
<input type="checkbox"/> Master Bath	_____	_____
<input type="checkbox"/> Other Baths	_____	_____
<input type="checkbox"/> Windows	_____	_____
<input type="checkbox"/> Doors	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

*Age of water heater if it has not been replaced _____

*Age of A/C if it has not been replaced _____

EXTERIOR RENOVATIONS & UPGRADES

Check off any applicable upgrades to the outside of the house, note what year each one was completed and include a brief description.

UPGRADED?	YEAR	DESCRIPTION & APPROXIMATE COST
<input type="checkbox"/> Roof *	_____	_____
<input type="checkbox"/> Paint	_____	_____
<input type="checkbox"/> Garage	_____	_____
<input type="checkbox"/> Patio/Deck	_____	_____
<input type="checkbox"/> Landscaping	_____	_____
<input type="checkbox"/> Sprinklers	_____	_____
<input type="checkbox"/> Pool	_____	_____
<input type="checkbox"/> Fencing	_____	_____
<input type="checkbox"/> Shed	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Other	_____	_____

*Age of roof if it has not been replaced _____

HOME REPAIRS THAT HAVE NOT YET BEEN COMPLETED

ROOM DESCRIPTIONS

Room descriptions will help us highlight key attributes and unique features of your home.

KITCHEN _____

LIVING ROOM _____

DINING ROOM _____

MASTER BEDROOM _____

MASTER BATHROOM _____

KIDS ROOMS _____

GUEST BEDROOMS _____

OFFICE _____

GAME ROOM OR BASEMENT _____

OTHER _____

WHAT STAYS & WHAT GOES

In order to be clear about what you would like to take with you when you sell the house, please check off the items that will be included in the sale and which are excluded that you plan on taking with you. Fixtures (anything permanently attached) are not included on the list as it is customary that they stay in the home unless otherwise noted.

ITEM	INCLUDED	EXCLUDED	NEGOTIABLE	N/A
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Curtains	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Cameras	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Patio Awning	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Yard Decor	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>

VALUABLE FIXTURES INCLUDED IN THE SALE

ANY OTHER INFORMATION THAT YOU WOULD LIKE TO ADD

SHOWINGS & OPEN HOUSE INFO

Please fill in the time frames that you can have your home available for showings and open houses. It's important to keep in mind that having flexibility with availability is vital in selling your home.

AVAILABLE TIME FRAMES

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

INSTRUCTIONS FOR AGENTS SHOWING YOUR HOME

Advanced notice before showings? ☐ No ☐ Yes, _____ min/hr minimum

Require guests to ☐ Remove Shoes ☐ Wear Shoe Covers

☐ Wear Face Masks ☐ Use Hand Sanitizer

Special instructions regarding pets _____

Any additional information you would like for us to know

INFO FOR THE NEW OWNERS

Help the new owners feel right at home by providing information you would find helpful when you first moved in. Be sure to leave the new owners any warranty paperwork that goes with the house as well.

UTILITY SERVICE PROVIDERS	AVG COST/MONTH
Electric _____	_____
Water _____	_____
Gas _____	_____
Internet _____	_____
Phone _____	_____
Cable _____	_____
Trash/Recycle _____	_____
Security System _____	_____

OTHER HELPFUL INFORMATION

Trash Day _____	Recycle Day _____	
Alarm Code _____	Garage Code _____	Pool Code _____
Mailbox # _____	Mail Delivery/Pickup Time of Day _____	

Any additional tips or information you would like to give the future owners

COMMUNITY AMENITIES

Wow potential buyers with a list of all the amenities your community has to offer. You can add additional items if they are not on the list.

AMENITIES

- | | | |
|--|---|---|
| <input type="checkbox"/> Gated Community | <input type="checkbox"/> Security | <input type="checkbox"/> Fitness Center |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Community Kitchen | <input type="checkbox"/> Movie Room |
| <input type="checkbox"/> Picnic Area | <input type="checkbox"/> Lake Access | <input type="checkbox"/> Dog Park |
| <input type="checkbox"/> Walking Path | <input type="checkbox"/> Hiking Trails | <input type="checkbox"/> Bike Path |
| <input type="checkbox"/> Golf Course | <input type="checkbox"/> Sports Courts: _____ | |
| <input type="checkbox"/> Scheduled Community Activities: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

HOME OWNERS ASSOCIATION

Does the neighborhood have a Home Owners Association? ☐ Yes ☐ No

If yes, what is the amount due? \$ _____

Paid ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

HOA Name _____ Phone/Email _____

YOUR NEIGHBORHOOD FAVORITES

Everyone loves getting a local's recommendations!
What are your favorites?

TOP 3 THINGS YOU LOVE MOST ABOUT YOUR NEIGHBORHOOD

1

2

3

FAVORITE LOCAL HOT SPOTS

Coffee Shop _____ Bakery _____

Brunch _____ Happy Hour _____

Parks _____ Gym/Fitness Studio _____

Farmer's Market (when & where) _____

Restaurants _____

Date Night _____

Brewery &/or Wine Bar _____

Places to Take the Kids _____

Places to Take Out of Town Guests _____

FAVORITE FRIENDLY NEIGHBORS

Name _____ House # _____ Phone _____

Name _____ House # _____ Phone _____

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