RE Property: Professiona	Il Office	PID:	<u>Situs:</u>	
Prope	rty Configuration:			
otal # of Leasable Units:		acant Units, if any: _		
ease Information: ypical Lease Duration:	YEAR(s) Typical Le	ease Rate Terms:	Gross NN	N
Rental Rate Trends:	Increasing	Decreasing	Stable	
Recent Leases (disregard if r Please indicate lease(s) that I		year, if any.		
ize of suite:	Length:	Rental Rate:	Ba	se or NNN
iize of suite:	Length:	Rental Rate:	Ba	se or NNN
NCOME: Gross Rental Reve	enue @ 100% Occupancy:	\$		-
Actual Rental Rev	enue:	\$		_
Other Income Sou	urces (taxes, insurance, CA	.M, etc) \$		_
	Total Actual Revenu	e: \$		_
XPENSES:				
Management:		\$		_
insurance (proper	ty insurance only)	\$		-
Administrative		\$		-
Repairs and Main	tenance	\$		-
Contract Services		\$		-
Utilities		\$		-
Other		\$		-
	ng debt services, interest, depreciat			
Allowance for rep				-
datas	Total Exp			-
dditional comments/inform	ation:			<del></del>
further clarification is need	ed, may we contact you?	YES	NO	Method of contact: Email Phone
Oate:	Contact I	nformation:		
rinted Name:		l respe	ctfully decline	e to participate at this t
anaturo:				

RE Property: Industrial PI Operating Statement	ID: Situs:
ccupancy:	Property Configuration:
wner: Tenant(s):	Total # of Leasable Unites# Vacant Units
ease Information: Check Box if property is owner	r occupied and skip to expenses section below
ypical Lease Duration: Year(s) Typical Lease	Rate Terns: Gross NNN
ental Rate Trends: Increasing De	ecreasing Stable
NCOME:	
Gross Rental Revenue @ 100% Occupancy:	\$
Actual Rental Revenue:	\$
Other Income Sources (taxes, insurance, CAM,	etc) \$
Total Actual Revenue:	\$
XPENSES:	
Management:	\$
Insurance (property insurance only)	\$
Administrative	\$
Repairs and Maintenance	\$
Contract Services	\$
Utilities	\$
Other	\$
*Excluding debt services, interest, depreciation,	and property taxes*
Allowance for replacements, if any	\$
Total Expense	es: \$
dditional comments/information:	
further clarification is needed, may we contact you?	YES NO Method of contact: Email Phone
ate: Contact Inform	mation:
rinted Name:	I respectfully decline to participate at this time.
gnature:	

<b>CRE Propert</b>	ty: Mobile Hom	e Park or RV Park	PID:		<u>Situs:</u>			
		Operating Statement						
Property Co	onfiguration:							
Total # of F	Pad Sites:	Total # of V	acant (at time	of survey	):			
RV Park Spe	refie:							
	•	d Sites:						
			-					
Total # of 50	O AMP Serviced Pa	d Sites:	_					
Lease Inform		-6	0)/-	/204440\-	DI	//COANAD\.		
Pad Site Ker	ntai Kates ( <i>at time</i>	of survey): Mobile Home:	KV	(SUAMP):_	K	V (SUAIVIP):		
Rental Rate	Trends (Please Circ	cle one ): Increasing	Decreasing	Stable				
INCOME:								
(	Gross Rental Rever	nue @ 100% Occupancy:		\$		-		
,	Actual Rental Reve	nue:		\$		-		
(	Other Income Sour	ces (taxes, insurance, CAM	), ect.)	\$		-		
		Total Actual Revenue:		\$		-		
EXPENSES:								
ENFEINDED.								
(	Management:			\$				
I	Insurance (propert	y insurance only)		\$	<del></del>	-		
,	Administrative			<				
f	Repairs and Mainte	enance		\$				
,	Contract Services				_			
	Contract Services			\$		-		
Į	Utilities			\$		_		
(	Other			\$		-		
	*Excluding	debt services, interest, depreciation	, and property tax	es*				
	Allowance for repla	scements, if any		\$				
	•	•				-		
		Total Exper	ises:	\$	· -	-		
Additional c	omments/informa	tion:						
Additional	onanents/anorma					•		
If further cla	rification is neede	d, may we contact you?		YES	NO	Method of contact:	Phone	Email
Date:		Contact Info	ormation:					
Printed Nam	ne:			I respect	fully decline	to participate at this til	ne.	
Signature								

RE Property	: Retail Center		PID:	Situs:	757
	• -	Statement			
roperty Conf		T_4_1 # 14-	anne I Inies Manii		
otal # of Lea:	sable Units:	ı otal # Va	cant Units, if any: _		
ease Informa	ation:				
		YEAR(s) Typical Le	ase Rate Terms:	Gross NNN	
Rental Rate Tr	rends:	Increasing	Decreasing	Stable	
lecent Leases	s (disregard if rent i	roll provided):			
		n during the calendar	year, if any.		
ize of suite: _		Length:	Rental Rate:	Base	or NNN
ize of suite: _	· · · · · · · · · · · · · · · · · · ·	Length:	Rental Rate:	Base	or NNN
NCOME:					
Gr	oss Rental Revenue	e @ 100% Occupancy:	\$		
Ac	tual Rental Revenu	e:	\$		
Ot	her Income Source	s (taxes, insurance, CA	M, etc) \$	<del></del>	
		Total Actual Revenue	e: \$		
XPENSES:					
Ma	anagement:		\$		
Ins	surance (property in	nsurance only)	\$		
Ad	lministrative		\$		
Re	pairs and Maintena	nce	\$		
Со	ntract Services		\$		
Uti	ilities		\$		
Ot	her		\$		
		bt services, interest, depreciati			
All	owance for replace	ments, if any	\$		
		Total Expe	enses: \$		
dditional con	nments/informatio	n:	- <del>-</del>		<del></del>
further clari	fication is needed, I	may we contact you?	YES	NO	Method of contact: Email Phone
ate:		Contact In	formation:		<del></del>
rinted Name	:		l respe	ectfully decline t	o participate at this
ignaturo:					

CRE Propert	ty: Medical office		PID:	Situs:	
	Operatin	g Statement			
Total # of Le	easable Units:	Total #	Vacant Units, if an	y:	
Lease Inforr	mation:				
		YEAR(s) Typical	Lease Rate Terms:	Gross NN	J
Rental Rate	Trends:	Increasing	Decreasing	Stable	
Recent Leas	ses (disregard if rent	roll provided):			
Please indic	ate lease(s) that beg	an during the calend	ar year, if any.		
Size of suite	::	Length:	_ Rental Rate: _	Bas	se or NNN
Size of suite	:	Length:	_ Rental Rate: _	Bas	se or NNN
NCOME:					
	Gross Rental Revenu	e @ 100% Occupanc	y: \$_		-
,	Actual Rental Reven	ue:	\$_		<u>-</u>
(	Other Income Sourc	es (taxes, insurance, (	CAM, etc) \$_		-
		Total Actual Rever	nue: \$_		-
EXPENSES:					
ı	Management:		\$_		_
ı	Insurance (property	insurance only)			
	Administrative		_		
			· <del>-</del>		-
,	Repairs and Mainter	ance	<b>&gt;</b> _	<del></del>	-
(	Contract Services		\$_		
t	Utilities		\$_	<del></del>	
(	Other		\$_		
	*Excluding d	ebt services, interest, depre	iation, and property taxe	ss*	
,	Allowance for replac	ements, if any	\$_		
		Total E	kpenses: \$_		-
Additional c	omments/informati	on:			<del></del>
f further cla	arification is needed,	may we contact you	? YES	S NO	Method of contact: Email Phone
)ate:		Contact	: Information:	<del></del>	
rinted Nam	ne:	····	l re	spectfully decline	to participate at this t
iignature:					

CRE Property: Lodging Facility	PID:	<u>Situs:</u>	
Operating Statement			
operty Configuration:			
otal # of Rooms: Average [	Daily Room Rate:_		
COME:			
Gross Rental Revenue @ 100% Occupancy:	\$		
Actual Rental Revenue:	\$		_
Other Income Sources (Laundry, Vending, E	itc. \$		_
Total Actual Revenu	e: \$		_
XPENSES:			
Managamant			
Management:	\$		_
Function Food (including Decomption and			
Franchise Fees (including Reservation syste	m) \$		_
Insurance (property insurance only)	ė		
insurance (property insurance only)	٠		_
Administrative	ė		
	٠		
Contract Services	¢		
	<b>~</b>		<del>_</del>
Utilities	Ś		
	· —		<del></del>
Other	\$		_
*Excluding debt services, interest, deprecia	ation, and property taxes	•	
Allowance for replacements, if any	\$		_
Total Exp	enses: \$		_
dditional comments/information:			
further clarification is needed, may we contact you?	NEC.	410	
further clarification is needed, may we contact your	YES	NO	Method of contact:
			Email Phone
ate: Contact Ir	nformation:		
contact ii	normation.		
rinted Name:	i rosna	ctfully decli	ne to participate at this t
miles mailles	rrespe	egany accin	ie to participate at tills t
ignature:			

CRE Prop	<u>erty: Multi-Family</u> <u>£</u>	<u>'ID:</u>	<u>Situs:</u>	
	Operating Statement			
roperty	Configuration:			
		ly Room Rate:		<u> </u>
NCOME:				
	Gross Rental Revenue @ 100% Occupancy:	\$		
	Actual Rental Revenue:	\$		_
	Other Income Sources (Laundry, Vending, Etc.	\$		_
	Total Actual Revenue:	\$		_
<u>XPENSES</u>	<u>5:</u>			
	Management:	\$		<u> </u>
	Franchise Fees (including Reservation system)	\$		_
		•		
	Insurance (property insurance only)	\$		_
	Administrative	•		
	Auminstrative	\$		_
	Contract Services	<b>ć</b>		
	Contract Services	\$		<del>_</del>
	Utilities	ć		
		¥		<del></del>
	Other	Ś		
	*Excluding debt services, interest, depreciation			_
		,, and property contact		
	Allowance for replacements, if any	Ś		
	, , ,	•		_
	Total Expens	ses: \$		_
dditiona	l comments/information:			<del></del>
further	clarification is needed, may we contact you?	YES	NO	Method of contact:
				Email Phone
ate:	Contact Info	rmation:		<del></del>
		_	د دد س	
rinted Na	ame:	I respec	tfully declir	ne to participate at this tir

CRE Property	: Self-Storage Facility	PID:		Situs:			
	Operating Statemen	t					
Property Con							
Total # of Sto	rage Units - Non- Climate controlled	(NCC):					
Total # of Sto	rage Units - Clime Controlled (CC), if	any:					
Total # of Par	king Spaces:						
Lease Tate In	formation - NCC/CC (at time of surve	y):					
5X5 \$/	Per Month 5X10	\$	Per mon	th	10X10 \$	_/	_ Per Month
10X15 \$		0\$/_	Per Mon	th	10X30 \$		Per Month
Other Unit Siz	ze (Please specify size, type, and rate	):		NCC/CC:	\$	Per M	onth
Parking Space	es (Please specify, size, type, and rate	):		Opened/C	losed: \$	Pe	Month
INCOME: (I	anuary 1 thru December 31)						
	nnual Gross Rental Revenue @ 100%	Occupancy	\$				
Ar	nnual Occupancy	%	\$				
Ac	ctual Rental Revenue		\$	<del>-                                    </del>			
Ot	ther Income Sources (Example: Parki	ng)	\$				
i	Total Actual Rev EXPENSES (January 1 thru Decemb		\$				
М	anagement:		\$				
In	surance (property insurance only)		\$	<del></del>			
Re	epairs and Maintenance		\$				
Co	ontract Services		\$				
Ut	tilities		\$				
01	ther		\$				
	*Excluding debt services, interest, dep	oreciation, and prop					
Al	lowance for replacements, if any		\$				
	Total	Expenses:	\$				
Additional co	mments/information:						
If further clar	ification is needed, may we contact y	ou?	YES	NO	Method of Email	contact: Phone	
Date:	Cont	act Information	n:				
Printed Name	9:		l respectful	y decline t	o participat	e at this tir	ne.
		·	-				