



CALIFORNIA ASSOCIATION OF REALTORS®

MOVE IN INSPECTION (C.A.R. Form MII, Revised 6/25)

Property Address: 998 Oriole Drive, Laguna Beach, CA 92651, Unit No.
Tenant(s):
Move-In Inspection Date: 06/05/2026

NOTE TO HOUSING PROVIDER AND TENANT: When completing this form check the Premises carefully. Items listed for each room category are examples of what might exist. Some properties may not have each item listed and some may have other items that are not listed. UNLESS OTHERWISE CHECKED, ALL ITEMS ARE IN SATISFACTORY CONDITION. For tenancies that begin on or after July 1, 2025, Housing Provider shall take photographs of the UNIT immediately before, or at the inception of, the tenancy and the photographs may be, but are not legally required to be, attached to this Move In Inspection.

N/A - Not Applicable (item is not included) O - Other Condition

Checking this box will prepare a summary of all Other Condition items (O) checked below.

Move in condition (For all pages, satisfactory unless box is checked)

1. FRONT YARD/EXTERIOR: Landscaping, Fences/Gates, Sprinklers/Timers, Walks/Driveway, Porches/Stairs, Mailbox, Light Fixtures, Building Exterior.
2. BACK/SIDE/YARD: Patio/Deck/Balcony, Patio Cover(s), Landscaping, Sprinklers/Timers, Pool/Heater/Equipment, Spa/Cover/Equipment, Fences/Gates.
3. GENERAL CONDITION: Paint, Cleaning, Other.
4. ENTRY: Screen/Security Doors, Entry Door/Jamb, Knobs/Locks/Hinges/Stops, Flooring/Baseboards, Walls/Ceilings/Paint, Light Fixtures/Fans, Switches/Outlets, Other.
5. LIVING ROOM: Doors/Knobs/Locks/Hinges/Stops, Flooring/Baseboards, Walls/Ceilings/Paint, Window Coverings, Window Locks/Screens/Sills, Light Fixtures/Fans, Switches/Outlets, Fireplace Equipment, Other.



Move in condition: **N/A** **O** **Description/Comment**

6. DINING ROOM:

- Flooring/Baseboards
- Walls/Ceilings/Paint
- Window Coverings
- Window Locks/Screens/Sills *Single pane window with shatter protected tint.*
- Light Fixtures/Fans
- Switches/Outlets
- Other _____

7. KITCHEN:

- Flooring/Baseboards
- Walls/Ceiling/Paint *Two small nails at cabinet sides.*
- Window Coverings
- Windows/Locks/Screens/Sills *Single pane window. Appears original. Vented window wand does not operate.*
- Light Fixtures
- Switches/Outlets
- Range/Fan/Hood/Knobs/Filter
- Oven/Knobs
- Microwave
- Refrigerator
- Dishwasher
- Sink and disposal
- Faucets and plumbing
- Cabinets/Counters/Hardware *Screw at cabinet side (that backs to dining room). Small hole at same area.*
- Other *Cabinets, drawers and interiors appear original. Condition is consistent with age.*

8. HALL AND STAIRS:

- Flooring/Baseboards
- Walls/Ceiling/Paint
- Light Fixtures
- Switches/Outlets
- Closets/Cabinets *Dings, paint scratches inside closet. Single vented door does not latch.*
- Railings/Banisters
- Smoke/CO detectors *Smoke and carbon monoxide detector present.*
- Other *Webs and drywall staining inside furnace closet.*

9. LAUNDRY:

- Faucets/Valves
- Plumbing/Drains *Water heater is double strapped.*
- Cabinets/Counters *Paint worn in several areas including walls.*
- Appliances *Chipped paint at dryer top.*
- Other *Drywall stains, debris at overflow pan and webs inside water heater closet.*

10. BEDROOMS:

- | | |
|---|---|
| <p>BEDROOM # Primary</p> <ul style="list-style-type: none"> Doors/Knobs/Locks/Hinges/Stops <input type="checkbox"/> <input type="checkbox"/> Flooring/Baseboards <input type="checkbox"/> <input type="checkbox"/> Walls/Ceilings/Paint <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Chips at rt wall closets.</i> Window Coverings <input type="checkbox"/> <input type="checkbox"/> Windows/Locks/Screens <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Single pane windows.</i> Light Fixtures/Fans <input type="checkbox"/> <input type="checkbox"/> Switches/Outlets <input type="checkbox"/> <input type="checkbox"/> Closet/Closet Doors/Tracks <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Rt door at left closet - loose track.</i> Smoke/CO detectors <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Smoke detector present.</i> Other <i>Floor feels slightly uneven.</i> | <p>BEDROOM # 2 (Hall)</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Wear at door frame.</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Single pane windows.</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <i>Smoke detector present.</i> |
|---|---|



Move in condition: **N/A O** Description/Comment **N/A O** Description/Comment

BEDROOM # 3 (Front)

- Doors/Knobs/Locks/Hinges/Stops *Folding panel door*
- Flooring/Baseboards
- Walls/Ceilings/Paint *Chips above plate & around window.*
- Window Coverings
- Windows/Locks/Screens/Sills *Single pane windows.*
- Light Fixtures/Fans
- Switches/Outlets
- Closet/Closet Doors/Tracks *No closet.*
- Smoke/CO detectors *Smoke detector present.*
- Other *NOTE - Multi-use room can be hobby room, den, bedroom, etc.*

BEDROOM # _____

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11. BATHROOMS:

BATHROOM # Primary

- Doors/Knobs/Locks/Hinges/Stops
- Flooring/Baseboards
- Walls/Ceilings/Paint
- Windows/Locks/Screens/Sills *Dirty skylight.*
- Lights/Switches/Outlets
- Toilet/Tub/Shower
- Shower Door/Rail/Curtain
- Sink/Faucet/Drains
- Exhaust Fan/Cover
- Towel/TP Rack(s)
- Cabinets/Counters *Rust at interior cabinet panel under sink*
- Mirror/Medicine Cabinet
- Other *Minor wear at cabinet.*

BATHROOM # Hall

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- Window doesn't lock properly.*
- 2 inch crack where tub meets wall*
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- Wear at cabinet under sink platform.*

BATHROOM # _____

- Doors/Knobs/Locks/Hinges/Stops
- Flooring/Baseboards
- Walls/Ceilings/Paint
- Windows/Locks/Screens/Sills
- Lights/Switches/Outlets
- Toilet/Tub/Shower
- Shower Door/Rail/Curtain
- Sink/Faucet/Drains
- Exhaust Fan/Cover
- Towel/TP Rack(s)
- Cabinets/Counters
- Mirror/Medicine Cabinet
- Other _____

BATHROOM # _____

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12. OTHER ROOMS:

Other Room _____

- Doors/Knobs/Locks/Hinges/Stops
- Flooring/Baseboards
- Walls/Ceilings/Paint
- Window Coverings
- Windows/Locks/Screens/Sills
- Light Fixtures/Fans
- Switches/Outlets
- Closet/Closet Doors/Tracks
- Other _____
- Other _____

Other Room _____

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Additional Other Rooms: _____



Move in condition: N/A O Description/Comments

13. SYSTEMS/SAFETY/SECURITY:

- Furnace/Thermostat
Air Conditioner
Water Heater
Water Softener
Smoke/CO Detectors
Security/Video Monitoring System
Doorbell/Video Doorbell
Security Window Bars
Other

14. GARAGE/PARKING:

- Garage Door/Frame Opener
Other Doors/Knobs/Locks/Hinges
Driveway/Floor
Cabinets/Counters
Light Fixtures
Switches/Outlets
Electrical/Exposed Wiring
Window(s)
Other Storage/Shelving
Other

15. KEYS, REMOTES AND DEVICES: Provide description and number of keys/remotes/devices.
House Keys Other Keys
Remotes/Devices

16. PERSONAL PROPERTY: Items stored under the house and in the under house storage closet.

17. ADDITIONAL FEATURES OR ITEMS INCLUDED; ATTACHMENTS: NOTE: The home was built appx 1954. Several components are original or dated, and condition may be consistent with age.

MOVE IN SIGNATURES:

Housing Provider (Rental Property Owner or Agent): Joan Lee Tippie, TR Date: 06/05/2026

By signing below, Tenant identified in the lease acknowledges that they have received a copy of this Move In Inspection, and they have read and understand its terms.

Tenant Remarks for all categories above:

Tenant Date

Tenant Date

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