

## 00000000000599

|                                                                                                                                        |                          |           |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|
| <b>ELKINS CLYDE L &amp; LARNIE</b><br><b>BOX 1232</b><br><b>CLINTWOOD VA</b><br><br><div style="text-align: right;"><b>24228</b></div> | <b>DATE RECORDED</b>     |           |
|                                                                                                                                        | <b>DEED OR WILL BOOK</b> | <b>DB</b> |
|                                                                                                                                        | <b>CONSIDERATION</b>     |           |
|                                                                                                                                        | <b>DATE RECORDED</b>     |           |
|                                                                                                                                        | <b>DEED OR WILL BOOK</b> |           |
|                                                                                                                                        | <b>CONSIDERATION</b>     |           |
|                                                                                                                                        | <b>DATE RECORDED</b>     |           |
|                                                                                                                                        | <b>DEED OR WILL BOOK</b> |           |
|                                                                                                                                        | <b>CONSIDERATION</b>     |           |
|                                                                                                                                        | <b>DATE RECORDED</b>     |           |
|                                                                                                                                        | <b>DEED OR WILL BOOK</b> |           |
|                                                                                                                                        | <b>CONSIDERATION</b>     |           |
|                                                                                                                                        | <b>DATE RECORDED</b>     |           |
|                                                                                                                                        | <b>DEED OR WILL BOOK</b> |           |
|                                                                                                                                        | <b>CONSIDERATION</b>     |           |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**NOTES:**

|          |     |                                             |     |  |
|----------|-----|---------------------------------------------|-----|--|
| CLASS    | 1   | LEGAL DESCRIPTION<br>HOLLY CREEK<br>.115 AC |     |  |
| ZONING   |     |                                             |     |  |
| DISTRICT | 06  |                                             |     |  |
|          |     |                                             |     |  |
| 1992     |     |                                             |     |  |
| 1993     |     |                                             |     |  |
| 1994     | 100 |                                             | 100 |  |
| 1995     | 100 |                                             | 100 |  |
| 1996     |     |                                             |     |  |
| 1997     |     |                                             |     |  |
| 1998     | 100 |                                             | 100 |  |
| 1999     |     |                                             |     |  |
| 2000     |     |                                             |     |  |
| 2001     |     |                                             |     |  |
| 2002     |     |                                             |     |  |
| 2003     |     |                                             |     |  |

|             |             |                                                                                                                      |                                                                     |        |                                                                                                                        |                                                                                                                      |                                                                                 |
|-------------|-------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Dwelling    | Comp. Sh.   | Wood Siding                                                                                                          | Yr. Built                                                           | Remod. | Basmt. [ ] 2nd [ ]                                                                                                     | Plaster                                                                                                              | BATH(S) Full 1/2 Bath(s)                                                        |
|             | Slate       | Brick                                                                                                                | No. Stories                                                         |        | 1st [ ] 3rd [ ]                                                                                                        | Sheet rock                                                                                                           | Modern Bath <input type="checkbox"/> Modern Kitchen <input type="checkbox"/>    |
|             | Asbestos    | Asb. Wood Shg.                                                                                                       | S. Level <input type="checkbox"/> S. Foyer <input type="checkbox"/> |        | Total No. Bedrooms                                                                                                     | Ceiled                                                                                                               | Cent. Heat <input type="checkbox"/> A/C <input type="checkbox"/>                |
|             | Metal       | Cin. Block <input type="checkbox"/> Stone <input type="checkbox"/>                                                   |                                                                     |        |                                                                                                                        | Panel                                                                                                                | Fir. or Wall Furnace <input type="checkbox"/> Stove(s) <input type="checkbox"/> |
| Wood Frame  | Tar & Grav. | Stucco <input type="checkbox"/> Con. Block <input type="checkbox"/>                                                  | Crawl <input type="checkbox"/> Conc. <input type="checkbox"/>       |        | HW <input type="checkbox"/> Pine <input type="checkbox"/> Carp. <input type="checkbox"/> Tile <input type="checkbox"/> | Unfinished                                                                                                           |                                                                                 |
| Cin. Block  | Tile        | Aluminum <input type="checkbox"/> Masonite <input type="checkbox"/>                                                  | Riers <input type="checkbox"/> Cin. Blk. <input type="checkbox"/>   |        |                                                                                                                        |                                                                                                                      | Number                                                                          |
| Steel Frame | Shakes      | Storm Doors <input type="checkbox"/> Storm Win. <input type="checkbox"/>                                             | Slab <input type="checkbox"/> Brick <input type="checkbox"/>        |        | Disappearing Stairs <input type="checkbox"/>                                                                           | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input type="checkbox"/> | Number Chimneys                                                                 |
|             |             |                                                                                                                      | Basement Size                                                       |        | Attic Floor & Stairs                                                                                                   |                                                                                                                      | Brick [ ] C. Block [ ]                                                          |
|             |             | Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input type="checkbox"/> | Basmt. Finish                                                       |        | 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> Full <input type="checkbox"/>   | Attic <input type="checkbox"/> Walls <input type="checkbox"/> Fl. <input type="checkbox"/>                           | Stone <input type="checkbox"/> Metal <input type="checkbox"/>                   |

|                   |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|---------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|                   |  |  |  |  |  |  |  |  |  | YR. 94         |  |  |  |  |  |  |  |  |  | YR.    |  |  |  |  |  |  |  |  |  | YR.                                                     |  |  |  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |  |  | Dwelling       |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Porch             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Porch             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Carport           |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Garage            |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Cent. A/C         |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Basement          |  |  |  |  |  |  |  |  |  | M & L          |  |  |  |  |  |  |  |  |  | M & L  |  |  |  |  |  |  |  |  |  | Market Value All Improvements                           |  |  |  |  |  |  |  |  |  |
| Bmnt. Finish      |  |  |  |  |  |  |  |  |  | DATE           |  |  |  |  |  |  |  |  |  | DATE   |  |  |  |  |  |  |  |  |  | Owner                                                   |  |  |  |  |  |  |  |  |  |
| Attic             |  |  |  |  |  |  |  |  |  | APRP.          |  |  |  |  |  |  |  |  |  | APRP.  |  |  |  |  |  |  |  |  |  | Make                                                    |  |  |  |  |  |  |  |  |  |
| Fireplace(s)      |  |  |  |  |  |  |  |  |  | DATE           |  |  |  |  |  |  |  |  |  | DATE   |  |  |  |  |  |  |  |  |  | Year                                                    |  |  |  |  |  |  |  |  |  |
| Heating           |  |  |  |  |  |  |  |  |  | APRP.          |  |  |  |  |  |  |  |  |  | APRP.  |  |  |  |  |  |  |  |  |  | Size                                                    |  |  |  |  |  |  |  |  |  |
| Bath(s)           |  |  |  |  |  |  |  |  |  | DATE           |  |  |  |  |  |  |  |  |  | DATE   |  |  |  |  |  |  |  |  |  | Cond.                                                   |  |  |  |  |  |  |  |  |  |
| Total             |  |  |  |  |  |  |  |  |  | 3/8/94         |  |  |  |  |  |  |  |  |  | DATE   |  |  |  |  |  |  |  |  |  | Not Home <input type="checkbox"/> Time                  |  |  |  |  |  |  |  |  |  |
| Factor            |  |  |  |  |  |  |  |  |  | CLASSIFICATION |  |  |  |  |  |  |  |  |  | ZONING |  |  |  |  |  |  |  |  |  | AM <input type="checkbox"/> PM <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |
| Replacement       |  |  |  |  |  |  |  |  |  | 2              |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| PROPERTY LOCATION |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Lot               |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Frontage          |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Depth             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Rear              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Front             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Back              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Left              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |
| Right             |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |                                                         |  |  |  |  |  |  |  |  |  |