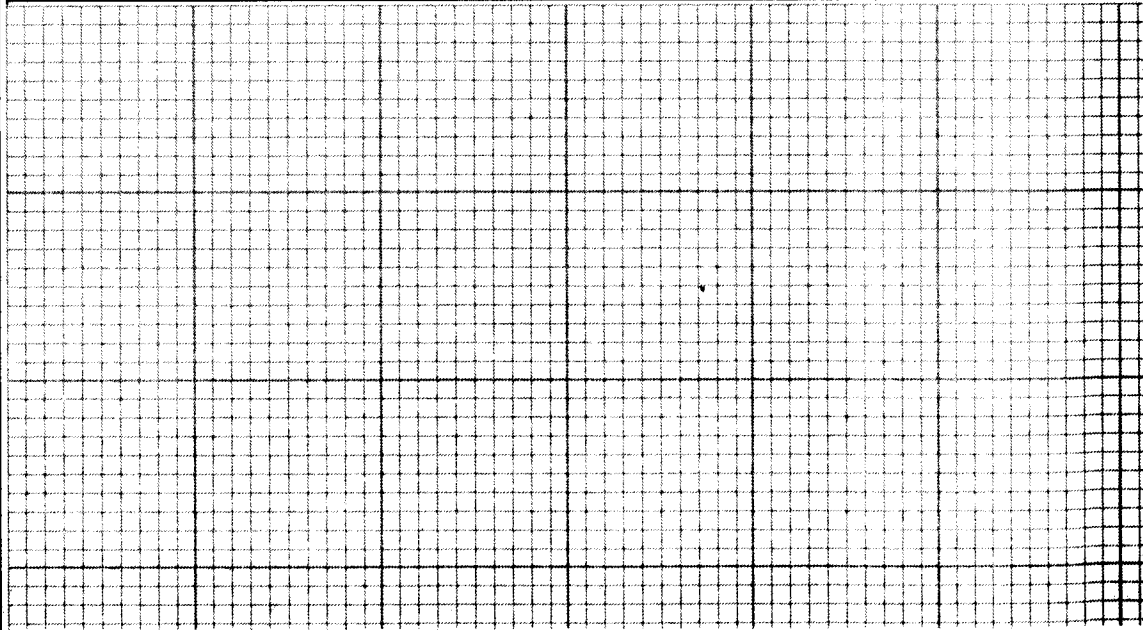


Boyd, Michael	DATE RECORDED	4-25-97
P.O. Box 1440	DEED OR WILL BOOK	325-507
CLINTWOOD, VA 24028	CONSIDERATION	1500
Rt 1 Box 631 Clinched in 24226	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSIDERATION	
	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSIDERATION	
	DATE RECORDED	
	DEED OR WILL BOOK	
	CONSIDERATION	

CLASS	2	LEGAL DESCRIPTION		
ZONING		MILL CREEK		
DISTRICT	2	3 AL		
1992				
1993				
1994				
1995				
1996				
1997				
1998		900		900
1999				
2000				
2001				
2002				
2003				



NOTES: FROM FRANCES BAKIR CARD # 2361

Dwelling	Comp. Sh.	Wood Siding	Yr. Built	Remod.	Bemt. () 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	Aeb. 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"/>	Piers <input type="checkbox"/> Cin. Blk. <input type="checkbox"/>				
Steel Frame	Shakee	Storm Doors <input type="checkbox"/> Storm Win. <input type="checkbox"/>	Slab <input type="checkbox"/> Brick <input type="checkbox"/>	Disappearing Stairs		Gd. <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> VP <input type="checkbox"/>	Number

Basement	Bemt. Finish	Attic	Fireplace(s)	Heating	Bath(s)	Total	Factor	Replacement

M & L	M & L	Owner	Market Value All Improvements	
DATE	DATE	Make Year	Market Value All Land	900
APRP.	APRP.	Size Cond.		
DATE	DATE	Not Home <input type="checkbox"/> Time		
		AM <input type="checkbox"/> PM <input type="checkbox"/>		
CLASSIFICATION	ZONING			

Public Water	Paved	Public Sewer	Gravel	Well	Dirt	Spring	No Road	Septic System	Curb & Gutter	U. G. Utilities	Sidewalk

General Remarks:	
LEVEL <input type="checkbox"/> SLOPES UP <input type="checkbox"/> SLOPES DOWN <input type="checkbox"/>	
LOW <input type="checkbox"/> STEEP UP <input type="checkbox"/> STEEP DOWN <input type="checkbox"/>	

Land Cost	
Bldg. Cost	
Sale Price	
Rent	
Expenses	
Net Rent	

BOARD REVIEW NOTES