

...continued

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3 - Family Room/Study				
<input type="checkbox"/>	SOFA(s)		<input type="radio"/>	<input type="radio"/>
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<input type="checkbox"/>	TABLE(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	RUG(s) & CARPET(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	CURTAINS & BLINDS		<input type="radio"/>	<input type="radio"/>
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4 - Kitchen				
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<input type="checkbox"/>	LINEN		<input type="radio"/>	<input type="radio"/>
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5 - Chinaware				
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12 - Bedroom (Main)				
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<input type="checkbox"/>	MIRROR(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	RUG(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	LAMP(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	CURTAINS & BLINDS		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	BOOKCASE(s)		<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/>	WARDROBE(s)		<input type="radio"/>	<input type="radio"/>
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13 - Bedroom(s) (Others)				
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<input type="checkbox"/>	CHEST OF DRAWERS		<input type="radio"/>	<input type="radio"/>
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<input type="checkbox"/>	RUG(s)		<input type="radio"/>	<input type="radio"/>
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17 - Any Other Items				
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18 - Automobile				
Make	<input type="text"/>			
Model	<input type="text"/>			
Year	<input type="text"/>			
Reg. No.	<input type="text"/>			
Chassis No.	<input type="text"/>			
Insurance Value	<input type="text"/>			
INSURED VALUE				
	Owner Packed	Professionally Packed		
Household Goods	<input type="text"/>	<input type="text"/>		
Automobile		<input type="text"/>		
GRAND TOTAL	<input type="text"/>	<input type="text"/>		

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