

INVOICE

FROM:

Advanced Appraisal TN
 Advanced Appraisal TN
 4607 Chambliss Ave
 Knoxville, TN 37919-1373

Telephone Number: (865) 588-4008

Fax Number:

TO:

Katie Morton

E-Mail:

Telephone Number:

Fax Number:

Alternate Number:

INVOICE NUMBER

K0063083

DATES

Invoice Date: 06/03/2025

Due Date: 06/03/2025

REFERENCE

Internal Order #: K0063083

Lender Case #:

Client File #:

FHA/VA Case #:

Main File # on form: K0063083

Other File # on form: K0063083

Federal Tax ID: 30-0830665

Employer ID:

DESCRIPTION

Lender: Katie Morton

Client: Katie Morton

Purchaser/Borrower:

Property Address: 119 Pointe Summit

City: Greenback

County: Loudon

State: TN

Zip: 37932

Legal Description:

FEES

AMOUNT

Measurement

75.00

SUBTOTAL

75.00

PAYMENTS

AMOUNT

Check #:

Date:

Description:

Check #:

Date:

Description:

Check #:

Date:

Description:

SUBTOTAL

0

TOTAL DUE

\$

75.00

Subject Photo Page

Borrower							
Property Address	119 Pointe Summit						
City	Greenback	County	Loudon	State	TN	Zip Code	37932
Lender/Client	Katie Morton						



Subject Front

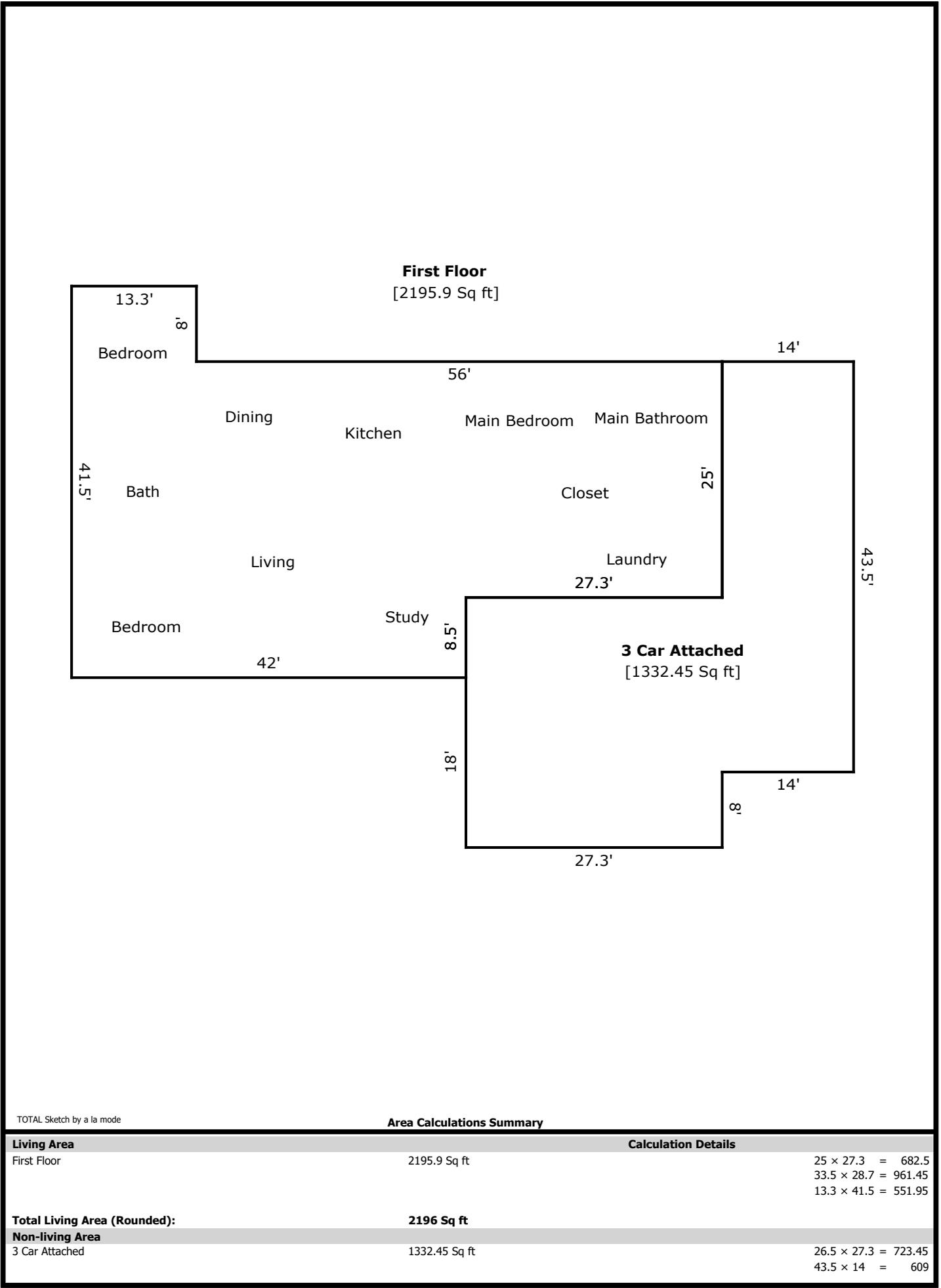
119 Pointe Summit
Sales Price
Gross Living Area
Total Rooms
Total Bedrooms
Total Bathrooms
Location
View
Site
Quality
Age



Subject Rear

Building Sketch

Borrower				
Property Address	119 Pointe Summit			
City	Greenback	County	Loudon	State TN Zip Code 37932
Lender/Client	Katie Morton			



TOTAL Sketch by a la mode

Area Calculations Summary

Living Area	Calculation Details	
First Floor	2195.9 Sq ft	25 × 27.3 = 682.5 33.5 × 28.7 = 961.45 13.3 × 41.5 = 551.95
Total Living Area (Rounded):	2196 Sq ft	
Non-living Area		
3 Car Attached	1332.45 Sq ft	26.5 × 27.3 = 723.45 43.5 × 14 = 609

Supplemental Addendum

File No. K0063083

Borrower				
Property Address	119 Pointe Summit			
City	Greenback	County	Loudon	State TN Zip Code 37932
Lender/Client	Katie Morton			

119 Pointe Summit Dr- 2196 sq ft

Garage- 1332 sq ft

Signature _____
Name Jeremy Skalet
Date Signed _____
State Certification # 3215 State TN
Or State License # _____ State _____

Signature _____
Name _____
Date Signed _____
State Certification # _____ State _____
Or State License # _____ State _____