Declutter Checklist

Work one area at a time. Sort as you go into four piles. **Date** _____

☐ **Keep** ☐ **Donate** ☐ **Toss** ☐ **Put away elsewhere**

Tick each pile once it's out of the house or put away.

Kitchen

- ☐ Expired food and spices
- ☐ Chipped mugs, plates and glasses
- ☐ Containers without lids
- ☐ Duplicate utensils and gadgets
- ☐ Appliances unused for a year

Bathroom

- ☐ Expired makeup and sunscreen
- ☐ Almost empty bottles
- ☐ Old towels and washcloths
- ☐ Medicine past its date (use a take-back site)

Closets

- ☐ Clothes that don't fit
- ☐ Shoes that hurt
- ☐ Stained or stretched pieces
- ☐ Extra hangers and bags

Living room

- ☐ Old magazines and catalogs
- ☐ Broken or faded decor
- ☐ Games and movies no one uses
- ☐ Cords for devices you no longer own

Kids' rooms

- ☐ Outgrown clothes and shoes
- ☐ Toys and puzzles with missing pieces
- ☐ Worn-out books
- ☐ Dried-out markers and glue

Paper and desk

- ☐ Old receipts and junk mail
- ☐ Manuals you can find online
- ☐ Pens that don't write
- ☐ Expired coupons and warranties

Garage and storage

- ☐ Broken tools and duplicates
- ☐ Sports gear no one uses
- ☐ Boxes you never unpacked
- ☐ Old paint (check local disposal rules)

Your own list

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Free for personal and classroom use