

SELLER'S PROPERTY DISCLOSURE STATEMENT

SPD

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 **PROPERTY** _____
2 **SELLER** _____

3 INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW

4 The Real Estate Seller Disclosure Law (68 P.S. §7301, et seq.) requires that before an agreement of sale is signed, the seller in a residential
5 real estate transfer must disclose all known **material defects** about the property being sold that are not readily observable. A **material defect**
6 is a problem with a residential real property or any portion of it that would have a significant adverse impact on the value of the property or
7 that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end
8 of its normal useful life is not by itself a material defect.

9 This property disclosure statement ("Statement") includes disclosures beyond the basic requirements of the Law and is designed to assist
10 Seller in complying with disclosure requirements and to assist Buyer in evaluating the property being considered. Sellers who wish to see
11 or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statement
12 nor the basic disclosure form limits Seller's obligation to disclose a material defect.

13 This Statement discloses Seller's knowledge of the condition of the Property as of the date signed by Seller and **is not a substitute for any**
14 **inspections or warranties** that Buyer may wish to obtain. **This Statement is not a warranty of any kind by Seller or a warranty or rep-**
15 **resentation by any listing real estate broker, any selling real estate broker, or their licensees.** Buyer is encouraged to address concerns
16 about the condition of the Property that may not be included in this Statement.

17 **The Law provides exceptions (listed below) where a property disclosure statement does not have to be completed. All other sellers**
18 **are obligated to complete a property disclosure statement, even if they do not occupy or have never occupied the Property.**

- 19 1. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.
- 20 2. Transfers as a result of a court order.
- 21 3. Transfers to a mortgage lender that results from a buyer's default and subsequent foreclosure sales that result from default.
- 22 4. Transfers from a co-owner to one or more other co-owners.
- 23 5. Transfers made to a spouse or direct descendant.
- 24 6. Transfers between spouses as a result of divorce, legal separation or property settlement.
- 25 7. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of
26 liquidation.
- 27 8. Transfers of a property to be demolished or converted to non-residential use.
- 28 9. Transfers of unimproved real property.
- 29 10. Transfers of new construction that has never been occupied and:
 - 30 a. The buyer has received a one-year warranty covering the construction;
 - 31 b. The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized model
32 building code; and
 - 33 c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.

34 COMMON LAW DUTY TO DISCLOSE

35 Although the provisions of the Real Estate Seller Disclosure Law exclude some transfers from the requirement of completing a disclo-
36 sure statement, the Law does not excuse the seller's common law duty to disclose any known material defect(s) of the Property in order
37 to avoid fraud, misrepresentation or deceit in the transaction. **This duty continues until the date of settlement.**

38 EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK

39 According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not required
40 to fill out a Seller's Property Disclosure Statement. **The executor, administrator or trustee, must, however, disclose any known**
41 **material defect(s) of the Property.**

42 _____ DATE _____

43 Seller's Initials Date _____

SPD Page 1 of 11

Buyer's Initials Date _____



44 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 45 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

46 **1. SELLER'S EXPERTISE**

| | Yes | No | Unk | N/A |
|---|--------------------------|--------------------------|-----|-----|
| A | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C | <input type="checkbox"/> | <input type="checkbox"/> | | |

- 47 (A) Does Seller possess expertise in contracting, engineering, architecture, environmental assessment or
 48 other areas related to the construction and conditions of the Property and its improvements?
 49 (B) Is Seller the landlord for the Property?
 50 (C) Is Seller a real estate licensee?

51 **Explain any "yes" answers in Section 1:** _____
 52 _____

53 **2. OWNERSHIP/OCCUPANCY**

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|-----|
| A1 | | | <input type="checkbox"/> | |
| A2 | | | <input type="checkbox"/> | |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| A4 | | | <input type="checkbox"/> | |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C | | | <input type="checkbox"/> | |

- 54 (A) **Occupancy**
 55 1. When was the Property most recently occupied? _____
 56 2. By how many people? _____
 57 3. Was Seller the most recent occupant?
 58 4. If "no," when did Seller most recently occupy the Property? _____
 59 (B) **Role of Individual Completing This Disclosure.** Is the individual completing this form:
 60 1. The owner
 61 2. The executor or administrator
 62 3. The trustee
 63 4. An individual holding power of attorney
 64 (C) When was the Property acquired? _____
 65 (D) List any animals that have lived in the residence(s) or other structures during your ownership: _____
 66 _____

67 **Explain Section 2 (if needed):** _____
 68 _____

69 **3. CONDOMINIUMS/PLANNED COMMUNITIES/HOMEOWNERS ASSOCIATIONS**

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E1 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| E2 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| E3 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| E4 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| F | | | <input type="checkbox"/> | <input type="checkbox"/> |

- 70 (A) Disclosures for condominiums and cooperatives are limited to Seller's particular unit(s). Disclosures
 71 regarding common areas or facilities are not required by the Real Estate Seller Disclosure Law.
 72 (B) **Type.** Is the Property part of a(n):
 73 1. Condominium
 74 2. Homeowners association or planned community
 75 3. Cooperative
 76 4. Other type of association or community
 77 (C) If "yes," how much are the fees? \$ _____, paid (Monthly) (Quarterly) (Yearly)
 78 (D) If "yes," are there any community services or systems that the association or community is responsi-
 79 ble for supporting or maintaining? Explain: _____
 80 (E) If "yes," provide the following information:
 81 1. Community Name _____
 82 2. Contact _____
 83 3. Mailing Address _____
 84 4. Telephone Number _____
 85 (F) How much is the capital contribution/initiation fee(s)? \$ _____

86 **Notice to Buyer:** A buyer of a resale unit in a condominium, cooperative, or planned community must receive a copy of the declaration
 87 (other than the plats and plans), the by-laws, the rules or regulations, and a certificate of resale issued by the association, condominium,
 88 cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition
 89 to regular maintenance fees. The buyer will have the option of canceling the agreement with the return of all deposit monies until the cer-
 90 tificate has been provided to the **buyer** and for five days thereafter or until conveyance, whichever occurs first.

91 **4. ROOFS AND ATTIC**

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | | | <input type="checkbox"/> | |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 | <input type="checkbox"/> | <input type="checkbox"/> | | |

- 92 (A) **Installation**
 93 1. When was or were the roof or roofs installed? _____
 94 2. Do you have documentation (invoice, work order, warranty, etc.)?
 95 (B) **Repair**
 96 1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership?
 97 2. If it or they were replaced or repaired, were any existing roofing materials removed?
 98 (C) **Issues**
 99 1. Has the roof or roofs ever leaked during your ownership?
 100 2. Have there been any other leaks or moisture problems in the attic?
 101 3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or down-
 102 spouts?

103 Seller's Initials Date _____

Buyer's Initials Date _____

104 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 105 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

106 **Explain any "yes" answers in Section 4. Include the location and extent of any problem(s) and any repair or remediation efforts,**
 107 **the name of the person or company who did the repairs and the date they were done:** _____
 108 _____

109 **5. BASEMENTS AND CRAWL SPACES**

110 **(A) Sump Pump**

- 111 1. Does the Property have a sump pit? If "yes," how many? _____
 112 2. Does the Property have a sump pump? If "yes," how many? _____
 113 3. If it has a sump pump, has it ever run?
 114 4. If it has a sump pump, is the sump pump in working order?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

115 **(B) Water Infiltration**

- 116 1. Are you aware of any past or present water leakage, accumulation, or dampness within the base-
 117 ment or crawl space?
 118 2. Do you know of any repairs or other attempts to control any water or dampness problem in the
 119 basement or crawl space?
 120 3. Are the downspouts or gutters connected to a public sewer system?

121 **Explain any "yes" answers in Section 5. Include the location and extent of any problem(s) and any repair or remediation efforts,**
 122 **the name of the person or company who did the repairs and the date they were done:** _____
 123 _____
 124 _____

125 **6. TERMITES/WOOD-DESTROYING INSECTS, DRYROT, PESTS**

126 **(A) Status**

- 127 1. Are you aware of past or present dryrot, termites/wood-destroying insects or other pests on the
 128 Property?
 129 2. Are you aware of any damage caused by dryrot, termites/wood-destroying insects or other pests?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

130 **(B) Treatment**

- 131 1. Is the Property currently under contract by a licensed pest control company?
 132 2. Are you aware of any termite/pest control reports or treatments for the Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

133 **Explain any "yes" answers in Section 6. Include the name of any service/treatment provider, if applicable:** _____
 134 _____
 135 _____

136 **7. STRUCTURAL ITEMS**

- 137 **(A)** Are you aware of any past or present movement, shifting, deterioration, or other problems with walls,
 138 foundations or other structural components?
 139 **(B)** Are you aware of any past or present problems with driveways, walkways, patios or retaining walls on
 140 the Property?
 141 **(C)** Are you aware of any past or present water infiltration in the house or other structures, other than the
 142 roof(s), basement or crawl space(s)?
 143 **(D) Stucco and Exterior Synthetic Finishing Systems**
 144 1. Is any part of the Property constructed with stucco or an Exterior Insulating Finishing System
 145 (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stone?
 146 2. If "yes," indicate type(s) and location(s) _____
 147 3. If "yes," provide date(s) installed _____
 148 **(E)** Are you aware of any fire, storm/weather-related, water, hail or ice damage to the Property?
 149 **(F)** Are you aware of any defects (including stains) in flooring or floor coverings?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

150 **Explain any "yes" answers in Section 7. Include the location and extent of any problem(s) and any repair or remediation efforts,**
 151 **the name of the person or company who did the repairs and the date the work was done:** _____
 152 _____

153 **8. ADDITIONS/ALTERATIONS**

- 154 **(A)** Have any additions, structural changes or other alterations (including remodeling) been made to the
 155 Property during your ownership? Itemize and date all additions/alterations below.

| | Yes | No | Unk | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Addition, structural change or alteration (continued on following page) | Approximate date of work | Were permits obtained? (Yes/No/Unk/NA) | Final inspections/ approvals obtained? (Yes/No/Unk/NA) |
|--|-----------------------------|--|--|
| | | | |
| | | | |

162 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 163 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

| 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 |
|---|-----|--------------------------|--|--|-----|-----|-----|-----|
| Addition, structural change or alteration | | Approximate date of work | Were permits obtained? (Yes/No/Unk/NA) | Final inspections/ approvals obtained? (Yes/No/Unk/NA) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

173 A sheet describing other additions and alterations is attached.

| Yes | No | Unk | N/A |
|--------------------------|--------------------------|-----|-----|
| <input type="checkbox"/> | <input type="checkbox"/> | | |

174 (B) Are you aware of any private or public architectural review control of the Property other than zoning
 175 codes? If "yes," explain: _____

176 **Note to Buyer:** The PA Construction Code Act, 35 P.S. §7210 et seq. (effective 2004), and local codes establish standards for building and
 177 altering properties. Buyers should check with the municipality to determine if permits and/or approvals were necessary for disclosed work
 178 and if so, whether they were obtained. Where required permits were not obtained, the municipality might require the current owner to up-
 179 grade or remove changes made by the prior owners. Buyers can have the Property inspected by an expert in codes compliance to determine
 180 if issues exist. Expanded title insurance policies may be available for Buyers to cover the risk of work done to the Property by previous
 181 owners without a permit or approval.

182 **Note to Buyer:** According to the PA Stormwater Management Act, each municipality must enact a Storm Water Management Plan for
 183 drainage control and flood reduction. The municipality where the Property is located may impose restrictions on impervious or semi-per-
 184 vious surfaces added to the Property. Buyers should contact the local office charged with overseeing the Stormwater Management Plan
 185 to determine if the prior addition of impervious or semi-pervious areas, such as walkways, decks, and swimming pools, might affect your
 186 ability to make future changes.

187 **9. WATER SUPPLY**

188 (A) **Source.** Is the source of your drinking water (check all that apply):

- 189 1. Public
- 190 2. A well on the Property
- 191 3. Community water
- 192 4. A holding tank
- 193 5. A cistern
- 194 6. A spring
- 195 7. Other _____
- 196 8. If no water service, explain: _____

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| B1 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D3 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| D5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

197 (B) **General**
 198 1. When was the water supply last tested? _____
 199 Test results: _____

- 200 2. Is the water system shared? _____
- 201 3. If "yes," is there a written agreement? _____
- 202 4. Do you have a softener, filter or other conditioning system? _____
- 203 5. Is the softener, filter or other treatment system leased? From whom? _____
- 204 6. If your drinking water source is not public, is the pumping system in working order? If "no,"
 205 explain: _____

206 (C) **Bypass Valve** (for properties with multiple sources of water)

- 207 1. Does your water source have a bypass valve?
- 208 2. If "yes," is the bypass valve working?

209 (D) **Well**

- 210 1. Has your well ever run dry?
- 211 2. Depth of well _____
- 212 3. Gallons per minute: _____, measured on (date) _____
- 213 4. Is there a well that is used for something other than the primary source of drinking water?
 214 If "yes," explain _____
- 215 5. If there is an unused well, is it capped?

217 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 218 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

219 (E) **Issues**

- 220 1. Are you aware of any leaks or other problems, past or present, relating to the water supply,
 221 pumping system and related items?
 222 2. Have you ever had a problem with your water supply?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|-------------------------------------|--------------------------|
| E1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

223 **Explain any problem(s) with your water supply. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** _____
 224 _____
 225 _____

226 **10. SEWAGE SYSTEM**

227 (A) **General**

- 228 1. Is the Property served by a sewage system (public, private or community)?
 229 2. If "no," is it due to unavailability or permit limitations?
 230 3. When was the sewage system installed (or date of connection, if public)? _____
 231 4. Name of current service provider, if any: _____

| | Yes | No | Unk | N/A |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

232 (B) **Type** Is your Property served by:

- 233 1. Public
 234 2. Community (non-public)
 235 3. An individual on-lot sewage disposal system
 236 4. Other, explain: _____

| | | | | |
|----|--------------------------|--------------------------|--------------------------|-------------------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

237 (C) **Individual On-lot Sewage Disposal System.** (check all that apply):

- 238 1. Is your sewage system within 100 feet of a well?
 239 2. Is your sewage system subject to a ten-acre permit exemption?
 240 3. Does your sewage system include a holding tank?
 241 4. Does your sewage system include a septic tank?
 242 5. Does your sewage system include a drainfield?
 243 6. Does your sewage system include a sandmound?
 244 7. Does your sewage system include a cesspool?
 245 8. Is your sewage system shared?
 246 9. Is your sewage system any other type? Explain: _____
 247 10. Is your sewage system supported by a backup or alternate system?

| | | | | |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

248 (D) **Tanks and Service**

- 249 1. Are there any metal/steel septic tanks on the Property?
 250 2. Are there any cement/concrete septic tanks on the Property?
 251 3. Are there any fiberglass septic tanks on the Property?
 252 4. Are there any other types of septic tanks on the Property? Explain _____
 253 5. Where are the septic tanks located? _____
 254 6. When were the tanks last pumped and by whom? _____
 255 _____

| | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D6 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

256 (E) **Abandoned Individual On-lot Sewage Disposal Systems and Septic**

- 257 1. Are you aware of any abandoned septic systems or cesspools on the Property?
 258 2. If "yes," have these systems, tanks or cesspools been closed in accordance with the municipality's
 259 ordinance?

| | | | | |
|----|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| E1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| E2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

260 (F) **Sewage Pumps**

- 261 1. Are there any sewage pumps located on the Property?
 262 2. If "yes," where are they located? _____
 263 3. What type(s) of pump(s)? _____
 264 4. Are pump(s) in working order?
 265 5. Who is responsible for maintenance of sewage pumps? _____
 266 _____

| | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| F1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

267 (G) **Issues**

- 268 1. How often is the on-lot sewage disposal system serviced? _____
 269 2. When was the on-lot sewage disposal system last serviced and by whom? _____
 270 _____
 271 3. Is any waste water piping not connected to the septic/sewer system?
 272 4. Are you aware of any past or present leaks, backups, or other problems relating to the sewage
 273 system and related items?

| | | | | |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| G1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

275 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 276 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

277 **Explain any "yes" answers in Section 10. Include the location and extent of any problem(s) and any repair or remediation ef-**
 278 **forts, the name of the person or company who did the repairs and the date the work was done:** _____
 279 _____

280 **11. PLUMBING SYSTEM**

281 (A) **Material(s).** Are the plumbing materials (check all that apply):

- 282 1. Copper
- 283 2. Galvanized
- 284 3. Lead
- 285 4. PVC
- 286 5. Polybutylene pipe (PB)
- 287 6. Cross-linked polyethylene (PEX)
- 288 7. Other _____

289 (B) Are you aware of any past or present problems with any of your plumbing fixtures (e.g., including but
 290 not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?
 291 If "yes," explain: _____
 292 _____

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

293 **12. DOMESTIC WATER HEATING**

294 (A) **Type(s).** Is your water heating (check all that apply):

- 295 1. Electric
- 296 2. Natural gas
- 297 3. Fuel oil
- 298 4. Propane
- 299 If "yes," is the tank owned by Seller?
- 300 5. Solar
- 301 If "yes," is the system owned by Seller?
- 302 6. Geothermal
- 303 7. Other _____

304 (B) **System(s)**
 305 1. How many water heaters are there? _____
 306 Tanks _____ Tankless _____
 307 2. When were they installed? _____
 308 3. Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)?

309 (C) Are you aware of any problems with any water heater or related equipment?
 310 If "yes," explain: _____
 311 _____

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

312 **13. HEATING SYSTEM**

313 (A) **Fuel Type(s).** Is your heating source (check all that apply):

- 314 1. Electric
- 315 2. Natural gas
- 316 3. Fuel oil
- 317 4. Propane
- 318 If "yes," is the tank owned by Seller?
- 319 5. Geothermal
- 320 6. Coal
- 321 7. Wood
- 322 8. Solar shingles or panels
- 323 If "yes," is the system owned by Seller?
- 324 9. Other: _____

325 (B) **System Type(s)** (check all that apply):
 326 1. Forced hot air
 327 2. Hot water
 328 3. Heat pump
 329 4. Electric baseboard
 330 5. Steam
 331 6. Radiant flooring
 332 7. Radiant ceiling

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

333 Seller's Initials Date _____

Buyer's Initials Date _____

334 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 335 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

| | | Yes | No | Unk | N/A |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 336 | 8. Pellet stove(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 337 | How many and location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 338 | 9. Wood stove(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 339 | How many and location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 340 | 10. Coal stove(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 341 | How many and location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 342 | 11. Wall-mounted split system(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 343 | How many and location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 344 | 12. Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 345 | 13. If multiple systems, provide locations _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 346 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 347 | (C) Status | | | | |
| 348 | 1. Are there any areas of the house that are not heated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 349 | If "yes," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 350 | 2. How many heating zones are in the Property? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 351 | 3. When was each heating system(s) or zone installed? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 352 | 4. When was the heating system(s) last serviced? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 353 | 5. Is there an additional and/or backup heating system? If "yes," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 354 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 355 | 6. Is any part of the heating system subject to a lease, financing or other agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 356 | If "yes," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 357 | (D) Fireplaces and Chimneys | | | | |
| 358 | 1. Are there any fireplaces? How many? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 359 | 2. Are all fireplaces working? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 360 | 3. Fireplace types (wood, gas, electric, etc.): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 361 | 4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 362 | 5. Are there any chimneys (from a fireplace, water heater or any other heating system)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 363 | 6. How many chimneys? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 364 | 7. When were they last cleaned? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 365 | 8. Are the chimneys working? If "no," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 366 | (E) Fuel Tanks | | | | |
| 367 | 1. Are you aware of any heating fuel tank(s) on the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 368 | 2. Location(s), including underground tank(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 369 | 3. If you do not own the tank(s), explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 370 | (F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes," | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 371 | explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 372 | 14. AIR CONDITIONING SYSTEM | | | | |
| 373 | (A) Type(s). Is the air conditioning (check all that apply): | | | | |
| 374 | 1. Central air | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 375 | a. How many air conditioning zones are in the Property? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 376 | b. When was each system or zone installed? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 377 | c. When was each system last serviced? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 378 | 2. Wall units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 379 | How many and the location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 380 | 3. Window units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 381 | How many? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 382 | 4. Wall-mounted split units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 383 | How many and the location? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 384 | 5. Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 385 | 6. None _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 386 | (B) Are there any areas of the house that are not air conditioned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 387 | If "yes," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 388 | (C) Are you aware of any problems with any item in Section 14? If "yes," explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 389 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

391 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 392 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

393 **15. ELECTRICAL SYSTEM**

394 (A) **Type(s)**

- 395 1. Does the electrical system have fuses?
 396 2. Does the electrical system have circuit breakers?
 397 3. Is the electrical system solar powered?
 398 a. If "yes," is it entirely or partially solar powered? _____
 399 b. If "yes," is any part of the system subject to a lease, financing or other agreement? If "yes,"
 400 explain: _____
 401 (B) What is the system amperage? _____
 402 (C) Are you aware of any knob and tube wiring in the Property?
 403 (D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: _____
 404 _____

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

405 **16. OTHER EQUIPMENT AND APPLIANCES**

406 (A) **THIS SECTION IS INTENDED TO IDENTIFY PROBLEMS OR REPAIRS** and must be completed for each item that
 407 will, or may, be included with the Property. The terms of the Agreement of Sale negotiated between Buyer and Seller will deter-
 408 mine which items, if any, are included in the purchase of the Property. **THE FACT THAT AN ITEM IS LISTED DOES NOT**
 409 **MEAN IT IS INCLUDED IN THE AGREEMENT OF SALE.**

410 (B) Are you aware of any problems or repairs needed to any of the following:

| Item | Yes | No | N/A | Item | Yes | No | N/A |
|-----------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| A/C window units | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool/spa heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attic fan(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Range/oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Awnings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon monoxide detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Satellite dish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling fans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Security alarm system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deck(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler automatic timer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stand-alone freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric animal fence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric garage door opener | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash compactor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garage transmitters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garbage disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whirlpool/tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-ground lawn sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intercom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior fire sprinklers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Keyless entry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool/spa accessories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool/spa cover | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

431 (C) Explain any "yes" answers in Section 16: _____
 432 _____

433 **17. POOLS, SPAS AND HOT TUBS**

- 434 (A) Is there a swimming pool on the Property? If "yes,"
 435 1. Above-ground or in-ground? _____
 436 2. Saltwater or chlorine? _____
 437 3. If heated, what is the heat source? _____
 438 4. Vinyl-lined, fiberglass or concrete-lined? _____
 439 5. What is the depth of the swimming pool? _____
 440 6. Are you aware of any problems with the swimming pool?
 441 7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder,
 442 lighting, pump, etc.)?
 443 (B) Is there a spa or hot tub on the Property?
 444 1. Are you aware of any problems with the spa or hot tub?
 445 2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets,
 446 cover, etc.)?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

447 (C) Explain any problems in Section 17: _____
 448 _____

450 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 451 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

452 **18. WINDOWS**

| | Yes | No | Unk | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 453 (A) Have any windows or skylights been replaced during your ownership of the Property?
 454 (B) Are you aware of any problems with the windows or skylights?

455 **Explain any "yes" answers in Section 18. Include the location and extent of any problem(s) and any repair, replacement or
 456 remediation efforts, the name of the person or company who did the repairs and the date the work was done:** _____
 457 _____

458 **19. LAND/SOILS**

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

459 **(A) Property**

- 460 1. Are you aware of any fill or expansive soil on the Property?
 461 2. Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth
 462 stability problems that have occurred on or affect the Property?
 463 3. Are you aware of sewage sludge (other than commercially available fertilizer products) being
 464 spread on the Property?
 465 4. Have you received written notice of sewage sludge being spread on an adjacent property?
 466 5. Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations on
 467 the Property?

468 **Note to Buyer:** The Property may be subject to mine subsidence damage. Maps of the counties and mines where mine subsidence
 469 damage may occur and further information on mine subsidence insurance are available through Department of Environmental
 470 Protection Mine Subsidence Insurance Fund, (800) 922-1678 or ra-epmsi@pa.gov.

471 **(B) Preferential Assessment and Development Rights**

472 Is the Property, or a portion of it, preferentially assessed for tax purposes, or subject to limited devel-
 473 opment rights under the:

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 474 1. Farmland and Forest Land Assessment Act - 72 P.S. §5490.1, et seq. (Clean and Green Program)
 475 2. Open Space Act - 16 P.S. §11941, et seq.
 476 3. Agricultural Area Security Law - 3 P.S. §901, et seq. (Development Rights)
 477 4. Any other law/program: _____

478 **Note to Buyer:** Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort to limit the circumstances under
 479 which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged to investigate whether any
 480 agricultural operations covered by the Act operate in the vicinity of the Property.

481 **(C) Property Rights**

482 Are you aware of the transfer, sale and/or lease of any of the following property rights (by you or a
 483 previous owner of the Property):

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 484 1. Timber
 485 2. Coal
 486 3. Oil
 487 4. Natural gas
 488 5. Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain:
 489 _____

490 **Note to Buyer:** Before entering into an agreement of sale, Buyer can investigate the status of these rights by, among other means,
 491 engaging legal counsel, obtaining a title examination of unlimited years and searching the official records in the county Office of
 492 the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing leases, as Buyer may be subject
 493 to terms of those leases.

494 **Explain any "yes" answers in Section 19:** _____
 495 _____

496 **20. FLOODING, DRAINAGE AND BOUNDARIES**

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

497 **(A) Flooding/Drainage**

- 498 1. Is any part of this Property located in a wetlands area?
 499 2. Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?
 500 3. Do you maintain flood insurance on this Property?
 501 4. Are you aware of any past or present drainage or flooding problems affecting the Property?
 502 5. Are you aware of any drainage or flooding mitigation on the Property?
 503 6. Are you aware of the presence on the Property of any man-made feature that temporarily or per-
 504 manently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert,
 505 pipe or other feature?
 506 7. If "yes," are you responsible for maintaining or repairing that feature which conveys or manages
 507 storm water for the Property?

509 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 510 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

511 **Explain any "yes" answers in Section 20(A). Include dates, the location and extent of flooding and the condition of any man-**
 512 **made storm water management features:** _____
 513

514 **(B) Boundaries**

- 515 1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property?
 516 2. Is the Property accessed directly (without crossing any other property) by or from a public road?
 517 3. Can the Property be accessed from a private road or lane?
 518 a. If "yes," is there a written right of way, easement or maintenance agreement?
 519 b. If "yes," has the right of way, easement or maintenance agreement been recorded?
 520 4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or mainte-
 521 nance agreements?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

522 *Note to Buyer: Most properties have easements running across them for utility services and other reasons. In many cases, the ease-*
 523 *ments do not restrict the ordinary use of the property, and Seller may not be readily aware of them. Buyers may wish to determine*
 524 *the existence of easements and restrictions by examining the property and ordering an Abstract of Title or searching the records in*
 525 *the Office of the Recorder of Deeds for the county before entering into an agreement of sale.*

526 **Explain any "yes" answers in Section 20(B):** _____
 527

528 **21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES**

529 **(A) Mold and Indoor Air Quality (other than radon)**

- 530 1. Are you aware of any tests for mold, fungi, or indoor air quality in the Property?
 531 2. Other than general household cleaning, have you taken any efforts to control or remediate mold or
 532 mold-like substances in the Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

533 *Note to Buyer: Individuals may be affected differently, or not at all, by mold contamination. If mold contamination or indoor air*
 534 *quality is a concern, buyers are encouraged to engage the services of a qualified professional to do testing. Information on this*
 535 *issue is available from the United States Environmental Protection Agency and may be obtained by contacting IAQ INFO, P.O. Box*
 536 *37133, Washington, D.C. 20013-7133, 1-800-438-4318.*

537 **(B) Radon**

- 538 1. Are you aware of any tests for radon gas that have been performed in any buildings on the Property?
 539 2. If "yes," provide test date and results _____
 540 3. Are you aware of any radon removal system on the Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

541 **(C) Lead Paint**

542 If the Property was constructed, or if construction began, before 1978, you must disclose any knowl-
 543 edge of, and records and reports about, lead-based paint on the Property on a separate disclosure form.

- 544 1. Are you aware of any lead-based paint or lead-based paint hazards on the Property?
 545 2. Are you aware of any reports or records regarding lead-based paint or lead-based paint hazards on
 546 the Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

547 **(D) Tanks**

- 548 1. Are you aware of any existing underground tanks?
 549 2. Are you aware of any underground tanks that have been removed or filled?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| D1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

550 **(E) Dumping.** Has any portion of the Property been used for waste or refuse disposal or storage?

551 If "yes," location: _____

| | Yes | No | Unk | N/A |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

552 **(F) Other**

- 553 1. Are you aware of any past or present hazardous substances on the Property (structure or soil)
 554 such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
 555 2. Are you aware of any other hazardous substances or environmental concerns that may affect the
 556 Property?
 557 3. If "yes," have you received written notice regarding such concerns?
 558 4. Are you aware of testing on the Property for any other hazardous substances or environmental
 559 concerns?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| F1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

560 **Explain any "yes" answers in Section 21. Include test results and the location of the hazardous substance(s) or environmental**
 561 **issue(s):** _____

562 **22. MISCELLANEOUS**

563 **(A) Deeds, Restrictions and Title**

- 564 1. Are there any deed restrictions or restrictive covenants that apply to the Property?
 565 2. Are you aware of any historic preservation restriction or ordinance or archeological designation
 566 associated with the Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

567 Seller's Initials Date _____

Buyer's Initials Date _____

568 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the
 569 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

570 3. Are you aware of any reason, including a defect in title or contractual obligation such as an option
 571 or right of first refusal, that would prevent you from giving a warranty deed or conveying title to the
 572 Property?

| | Yes | No | Unk | N/A |
|----|--------------------------|--------------------------|-----|-----|
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | | |
| D1 | <input type="checkbox"/> | <input type="checkbox"/> | | |

573 **(B) Financial**

574 1. Are you aware of any public improvement, condominium or homeowner association assessments
 575 against the Property that remain unpaid or of any violations of zoning, housing, building, safety or
 576 fire ordinances or other use restriction ordinances that remain uncorrected?

577 2. Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support
 578 obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of
 579 this sale?

580 3. Are you aware of any insurance claims filed relating to the Property during your ownership?

581 **(C) Legal**

582 1. Are you aware of any violations of federal, state, or local laws or regulations relating to this Prop-
 583 erty?

584 2. Are you aware of any existing or threatened legal action affecting the Property?

585 **(D) Additional Material Defects**

586 1. Are you aware of any material defects to the Property, dwelling, or fixtures which are not dis-
 587 closed elsewhere on this form?

588 *Note to Buyer: A material defect is a problem with a residential real property or any portion of it that would have a significant*
 589 *adverse impact on the value of the property or that involves an unreasonable risk to people on the property. The fact that a*
 590 *structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or*
 591 *subsystem is not by itself a material defect.*

592 2. **After completing this form, if Seller becomes aware of additional information about the Property, including through**
 593 **inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the**
 594 **inspection report(s).** These inspection reports are for informational purposes only.

595 **Explain any "yes" answers in Section 22:** _____
 596 _____

597 **23. ATTACHMENTS**

598 **(A) The following are part of this Disclosure if checked:**

599 Seller's Property Disclosure Statement Addendum (PAR Form SDA)
 600 _____
 601 _____
 602 _____

603 **The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to the best**
 604 **of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers of the prop-**
 605 **erty and to other real estate licensees. SELLER ALONE IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMA-**
 606 **TION CONTAINED IN THIS STATEMENT. If any information supplied on this form becomes inaccurate following comple-**
 607 **tion of this form, Seller shall notify Buyer in writing.**

| | | | |
|------------|-------|------|-------|
| 608 SELLER | _____ | DATE | _____ |
| 609 SELLER | _____ | DATE | _____ |
| 610 SELLER | _____ | DATE | _____ |
| 611 SELLER | _____ | DATE | _____ |
| 612 SELLER | _____ | DATE | _____ |
| 613 SELLER | _____ | DATE | _____ |

614 **RECEIPT AND ACKNOWLEDGEMENT BY BUYER**

615 **The undersigned Buyer acknowledges receipt of this Statement. Buyer acknowledges that this Statement is not a warranty and**
 616 **that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present condition. It is Buyer's re-**
 617 **sponsibility to satisfy himself or herself as to the condition of the property. Buyer may request that the property be inspected, at**
 618 **Buyer's expense and by qualified professionals, to determine the condition of the structure or its components.**

| | | | |
|-----------|-------|------|-------|
| 619 BUYER | _____ | DATE | _____ |
| 620 BUYER | _____ | DATE | _____ |
| 621 BUYER | _____ | DATE | _____ |