

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 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

Explain any "yes" answers in Section 4. 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 they were done: 2nd story gutter is bent slightly

**5. BASEMENTS AND CRAWL SPACES**

**(A) Sump Pump**

- Does the Property have a sump pit? If "yes," how many? N/A
- Does the Property have a sump pump? If "yes," how many? 1
- If it has a sump pump, has it ever run?
- If it has a sump pump, is the sump pump in working order?

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

**(B) Water Infiltration**

- Are you aware of any past or present water leakage, accumulation, or dampness within the basement or crawl space?
- Do you know of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?
- Are the downspouts or gutters connected to a public sewer system?

Explain any "yes" answers in Section 5. 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 they were done: in basement some dampness

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

**(A) Status**

- Are you aware of past or present dryrot, termites/wood-destroying insects or other pests on the Property?
- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(B) Treatment**

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

Explain any "yes" answers in Section 6. Include the name of any service/treatment provider, if applicable: N/A

**7. STRUCTURAL ITEMS**

- Are you aware of any past or present movement, shifting, deterioration, or other problems with walls, foundations or other structural components?
- Are you aware of any past or present problems with driveways, walkways, patios or retaining walls on the Property?
- Are you aware of any past or present water infiltration in the house or other structures, other than the roof(s), basement or crawl space(s)?
- Stucco and Exterior Synthetic Finishing Systems**
  - Is any part of the Property constructed with stucco or an Exterior Insulating Finishing System (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stone?
  - If "yes," indicate type(s) and location(s)
  - If "yes," provide date(s) installed
- Are you aware of any fire, storm/weather-related, water, hail or ice damage to the Property?
- Are you aware of any defects (including stains) in flooring or floor coverings?

	Yes	No	Unk	N/A
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answers in Section 7. 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: The black addition is concrete shingles

**8. ADDITIONS/ALTERATIONS**

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

Yes	No	Unk	N/A
<input checked="" 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)
* See other paper (JF)			

Seller's Initials JF JF Date 3/10/25 SPD Page 3 of 11 Buyer's Initials           Date

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**1. SELLER'S EXPERTISE**

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

Explain any "yes" answers in Section 1: \* See other paper for questions 1-3 (JF)

	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"/>		

**2. OWNERSHIP/OCCUPANCY**

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

Explain Section 2 (if needed): \_\_\_\_\_

	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"/>	

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

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

	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"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1			<input type="checkbox"/>	
E2			<input type="checkbox"/>	
E3			<input type="checkbox"/>	
E4			<input type="checkbox"/>	
F			<input checked="" type="checkbox"/>	

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

**4. ROOFS AND ATTIC**

- (A) **Installation** 7/17 (Replaced 2021 (2nd fl. balcony rubber roof replaced) 5/23 (Kitchen nook & old sun room))
  - 1. When was or were the roof or roofs installed? \_\_\_\_\_
  - 2. Do you have documentation (invoice, work order, warranty, etc.)? SUN ROOM
- (B) **Repair**
  - 1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership?
  - 2. If it or they were replaced or repaired, were any existing roofing materials removed?
- (C) **Issues**
  - 1. Has the roof or roofs ever leaked during your ownership?
  - 2. Have there been any other leaks or moisture problems in the attic?
  - 3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or downspouts?

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