

SELLER'S PROPERTY DISCLOSURE

In Florida a seller of residential property is obligated to disclose to a buyer all facts known to a seller that materially and adversely affect the value of the Property being sold which are not readily observable by a buyer. This Disclosure is designed to assist a seller in complying with the disclosure requirements under Florida law and to assist a buyer in evaluating the Property described below ("the Property"). All parties, including the listing real estate Broker(s) and cooperating Broker(s), may wish to refer to this information when they evaluate, market or present the Property to prospective buyers.

NOTICE TO BUYER

This Disclosure is not a warranty by SELLER or a representation of any kind by any licensed agent to this transaction and is not considered a substitute for inspections or warranties a buyer may wish to obtain. This Disclosure is based only upon SELLER's knowledge of the Property's condition as of the date signed by SELLER.

SELLER: KENYA SOLOMON AND KENNETH SOLOMON

Street Address: 6820 & 6822 NE 5TH AVE

City: MIAMI State: FL Zip:33138 Year Built: 1952

Date SELLER purchased Property: 2/12/2021

Is each individual named above a U.S. Citizen or resident alien?

Yes No

Do you currently occupy the Property?

Yes No

If not, when did you vacate the Property? N/A

Yes No

Is the Property tenant occupied?

Yes No

If yes, is there a written lease?

Yes No

Date lease began 11/23/25

Deposit amount \$ 3385

Date lease ends 11/22/2026

Monthly payment due under lease \$ 3385

Date payable 1st day of the month

1. PROPERTY INFORMATION: The Property has the items checked below, which are installed and, to SELLER's actual knowledge, are in working condition unless otherwise indicated:

| | |
|---|-----------------------------------|
| <input type="checkbox"/> Range | Brand: _____ |
| <input checked="" type="checkbox"/> Oven | Brand: <u>Samsung Kitchen Aid</u> |
| <input type="checkbox"/> Dishwasher | Brand: _____ |
| <input type="checkbox"/> Disposal | Brand: _____ |
| <input type="checkbox"/> Trash Compactor | Brand: _____ |
| <input type="checkbox"/> Ceiling Fans - Number of fans: | _____ |
| <input type="checkbox"/> Intercom | _____ |
| <input type="checkbox"/> Audio Visual System Wiring | _____ |
| <input checked="" type="checkbox"/> Light Fixtures | _____ |
| <input checked="" type="checkbox"/> Bathroom Mirrors | _____ |
| <input type="checkbox"/> Drapery Hardware | _____ |
| <input checked="" type="checkbox"/> All Window Treatments | _____ |

| | |
|--|---|
| <input type="checkbox"/> Garage Door Opener(s) and Number of Control(s): | _____ |
| <input type="checkbox"/> Security Gate and other Access Devices | _____ |
| <input type="checkbox"/> Pool Heater | _____ |
| <input checked="" type="checkbox"/> Storage Shed | _____ |
| <input type="checkbox"/> Mounted/Installed Speakers | _____ |
| <input type="checkbox"/> TV Antennae/Satellite Dish | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |
| <input type="checkbox"/> Water Softener/Treatment System | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |
| <input type="checkbox"/> Storm Shutters and Panels | _____ |
| <input type="checkbox"/> Spa or Hot Tub with Heater | _____ |
| <input type="checkbox"/> Sauna | _____ |
| <input type="checkbox"/> Built In Grill | <input type="checkbox"/> Gas Supply: <input type="checkbox"/> Utility <input type="checkbox"/> Bottled/Tank |
| <input checked="" type="checkbox"/> Irrigation System | <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| <input checked="" type="checkbox"/> Water Heater: | <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar |

| | |
|--|---|
| <input checked="" type="checkbox"/> Refrigerator | Brand: _____ |
| <input checked="" type="checkbox"/> Microwave Oven | Brand: <u>LG</u> |
| <input checked="" type="checkbox"/> Washer | Brand: <u>LG/Whirlpool</u> |
| <input checked="" type="checkbox"/> Dryer | Brand: <u>LG/Whirlpool</u> |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Gas Logs <input type="checkbox"/> Wood burning <input type="checkbox"/> Electric |
| <input type="checkbox"/> Smoke Detectors | _____ |
| <input checked="" type="checkbox"/> Security System | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |
| <input type="checkbox"/> Window/Wall a/c(s) - Number of units: | _____ |
| <input type="checkbox"/> Built In Generator | _____ |
| <input type="checkbox"/> Wine Cooler | <input type="checkbox"/> Built-in <input type="checkbox"/> Free Standing |
| <input type="checkbox"/> In-ground Pool | _____ |
| <input type="checkbox"/> Above Ground Pool | _____ |

| | |
|--|-------|
| <input type="checkbox"/> Pool Fence/Barrier | _____ |
| <input type="checkbox"/> Pool Sweep | _____ |
| <input type="checkbox"/> Solar Panels | _____ |
| <input checked="" type="checkbox"/> Individual Mail Box | _____ |
| <input type="checkbox"/> Cluster Mail Box and Key - Box Number | _____ |
| <input type="checkbox"/> Smart Home System(s) consisting of: | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |

2. CLAIMS AND ASSESSMENTS:

a. Are you aware of any existing, pending or proposed legal or administrative action affecting the Property? Yes No

b. Are you aware of any existing or proposed municipal or county special assessments affecting the Property? Yes No

c. Have any local, state or federal authorities notified you that repairs, alterations or corrections to the Property are required? Yes No

d. Are you aware of any existing, pending or proposed legal action or administrative action affecting homeowners'/condominium association common areas (such as clubhouse, pools, tennis courts, walkways or other areas)? Yes No

If yes to any of these items, please explain: _____

3. DEED/HOMEOWNERS' CONDOMINIUM ASSOCIATION RESTRICTIONS:

a. Are there any deed, homeowners' or condominium restrictions? Yes No

b. Are there any mandatory homeowners' or condominium associations? Yes No

If yes, how many? N/A

If yes, please see Homeowners' Association/Community Disclosure Addendum or Condominium Rider

Fees are payable to: N/A

Payee's address: N/A

Payee's phone number: N/A

Homeowners' Association fees and assessments are payable in the amount of \$ N/A per _____

Master Association fees and assessments are payable in the amount of \$ N/A per _____

Condominium Association maintenance fees are payable in the amount of \$ N/A per _____

Condominium Association special assessment fees are payable in the amount of \$ N/A per _____

N/A fees or assessments are payable in the amount of \$ N/A per _____

N/A fees or assessments are payable in the amount of \$ N/A per _____

N/A Association transfer/access fees payable by BUYER \$ N/A

N/A Association Capital Contribution fee payable by BUYER \$ N/A

c. Are you aware of any pending special assessment(s)? If yes please explain: Yes No

d. Are any of your Association fees delinquent? Yes No

e. Are you aware of any proposed changes to any of the restrictions? Yes No

f. Are there any resale restrictions? Yes No

g. Are there any restrictions to leasing the Property? Yes No

h. Are you aware of any violations of the restrictive covenants affecting the Property including failure to obtain Association approval for improvements or changes to the Property? Yes No

i. Is the Property part of a Community Development District (CDD)? Yes No

If yes, please see Community Development District Acknowledgment.

4. ENVIRONMENT:

a. Was the Property built before 1978? Yes No

If yes, complete the Lead-Based Paint Disclosure.

b. Are there or have there been any substances, materials or products which may be an environmental hazard such as, but not limited to, asbestos, urea formaldehyde, methamphetamine, radon gas, mold, lead-based paint, defective drywall, defective flooring, fuel oil, propane or chemical storage tanks (active or abandoned), or contaminated soil or water on the Property? Yes No Unknown

c. Has there been any clean up, repair or remediation of the Property due to any of the substances, materials or products listed in subsection (b) above? Yes No Unknown

d. Are there any wetlands, conservation easements/buffers, archeological sites or other environmentally sensitive areas located on the Property active or abandoned? Yes No Unknown

If yes to any of these items, please explain: _____

5. ROADS/LAND USE

a. Are access roads Public Private? If private, is there a recorded road maintenance agreement? Yes No Unknown

b. Is the Property zoned for its current use? Yes No Unknown

c. Are there any restrictions governing reconstruction of the Property following casualty loss or damage (e.g. for oceanfront or historic district properties)? Yes No Unknown

If yes to any of these items, please explain: Property exterior appearance regulated by Miami-Dade Historic & Environmental Preservation Board as set forth for Palm Grove Historic District

6. ADDITIONS/REMODELING/INSURANCE CLAIMS

a. Has there been any structural damage or damage to personal property which may have resulted from casualties including, but not limited to, fire, wind, water, flood, hail or sinkholes?
b. If yes, are you aware if any insurance claims were filed?
c. Have you made any additions, structural changes or other alterations to the Property?

Yes No Unknown
 Yes No
 Yes No

If yes, did you obtain all necessary permits?

Was/Were the permit(s) closed out (finalized)?

d. Was any of the work in violation of any building codes?
e. Were there any additions, structural changes or other alterations made to the Property by any previous owner?
f. Please provide the name of any contractor or individual who constructed any addition or made any structural change to the Property. A Bob's Glass, Pioneer Roofing, Blueprint Plumbing, LLC
g. Are you aware of any active or open permits on the Property which have not been closed by a final inspection?

Yes No Unknown

If yes to any of these items, please explain: _____

Yes No

7. ROOF-RELATED ITEMS

a. What is the approximate age of the roof? 1 year
b. Has the roof leaked during your ownership of the Property?

Unknown Yes No

If yes, what was done to correct the leak(s)? Roof replacement

Yes No

c. Has the roof been replaced or repaired during your ownership of the Property?

If replaced or repaired, please provide the date and name of contractor

Yes No

Pioneer Roofing is there a transferable warranty?

If yes, please provide a copy of the warranty.

8. POOL/SPA OR HOT TUB

a. Does the Property have any of the following?
Pool/Spa Heater Yes No Type: Gas Electric Solar

Yes No Unknown

Pool Sweep Yes No

Spa/Hot Tub Yes No Type: Gas Electric

What is the approximate age of the Pool _____ Spa _____ Hot Tub _____?

b. Have repairs/replacements ever been made to any item mentioned above?

If yes, please explain: N/A

Yes No Unknown

c. What type of pool/spa or hot tub chlorination system do you have? (salt or chlorine) N/A

d. The pool/spa has the following safety features (as defined by Section 515, Florida Statutes):

Enclosure that meets the pool barrier requirements Approved safety pool cover
 Required door and window exit alarms Required door locks

9. HEATING AND AIR CONDITIONING

Please indicate existing equipment:

a. Air Conditioning: Central Electric Brand Name: Rheem / Goodman Age 3 yrs / 8 years

b. Heating: N/A Central Electric Gas Fuel Oil Brand Name: _____ Age _____

c. If heat pump, type: _____

d. Air condenser age 5 yrs / 7 yrs Air handler age 5 years / 8 years

e. Window/Wall Unit (s) _____ Number and location of units included in sale: _____

f. Solar Heating: Owned Leased

g. Do you have any fuel storage tanks? Yes No

If yes, Underground Above ground Both

h. Are you aware of any malfunction, condensation problem or defect regarding these items or ductwork since you have owned the Property?

Yes No

If yes, explain: _____

10. WATER INTRUSION

a. Are you aware of any past or present water intrusion, accumulation of water or dampness affecting the Property, including any crawl spaces?

Yes No

If yes, please explain: _____

b. Are you aware of any attempts to control any water or dampness problems, including in any crawl spaces?

Yes No

c. Are you aware of any insurance claims filed for water intrusion? Yes No
If yes, please indicate when _____

If yes, has the claim been completely settled with your insurance company? Yes No

If yes, was the full amount of the claim proceeds used to repair the water intrusion? Yes No

11. SINKHOLES, SETTLING AND SOIL MOVEMENT

a. Are you aware of any past or present settling, soil movement or sinkhole(s) affecting the Property? Yes No

If yes, please explain: _____

b. Are you aware of any insurance claims filed for a sinkhole with an insurance company? Yes No

If yes, has the claim has been completely settled with your homeowner's insurance company? Yes No

If yes, was the full amount of the claim proceeds used to repair the sinkhole damage? Yes No

12. WINDOWS/DOORS/LOCKS

a. Are the windows insulated glass? Yes No Unknown

b. Are any windows low "e" filtered windows? Yes No Unknown

c. Are there any fogged windows? Yes No

d. Are any windows broken or cracked? Yes No

e. Do all operable windows open, stay open, close and lock properly? Yes No

f. Are any screens missing or damaged? Yes No

g. Do all doors operate properly? Yes No

13. PLUMBING

a. Are you aware of any problems with the plumbing system/fixtures? Yes No

b. Are you aware of any polybutylene pipes on the Property? Yes No

c. Are you aware of any leaks, back-ups, water or sewer/septic tank problems? Yes No

d. What is your drinking water supply source? Public Private Well on Property Shared well

e. If your water is from a well, have there ever been repairs/replacements to the well or pump? Yes No Unknown

f. Has the well water ever been tested? Yes No Unknown

g. Do you have a separate water supply source for irrigation? Yes No

h. If yes, Irrigation Meter Shallow Well

i. What type of sewage system do you have? Public Private Septic Tank(s)

If septic, how many? N/A Locations: N/A

When was septic tank last pumped? N/A Age of septic tank if known: N/A

Age of drain field if known: N/A

j. Number of water heaters? Electric Gas Solar Tankless

If yes to any of these items, please explain: _____

14. ELECTRICAL SYSTEM

a. Are you aware of any damaged or malfunctioning switches, receptacles, wiring or any problem with the electrical system/fixtures? Yes No

If yes, please explain: _____

b. Does the Property have any aluminum wiring? Yes No Unknown

15. EXCLUSIONS/LEASED SYSTEMS

a. Are there any items that are affixed to the Property that are excluded from the sale? Yes No

If yes, please itemize: _____

b. Is there any leased equipment included in the sale? Yes No

If yes, please itemize: _____

16. WOOD-DESTROYING ORGANISMS

a. Are you aware of any past or present infestation or damage to the Property caused by any wood-destroying organisms, including fungi? Yes No

If yes, please explain: See attachment

b. Is the Property currently under service agreement or bond for wood-destroying organisms with a licensed pest control company? Yes No

If yes, with what company and renewal date? _____

Is the service agreement or bond transferable? Yes No

If yes, please attach a copy of the service agreement or bond.

c. Do you know of any wood-destroying organism reports on the Property issued in the past five years? Yes No

If yes, please explain and attached a copy if available: See attachment

17. FLOOD ZONE/DRAINAGE/BOUNDARIES

a. Is any portion of the Property in a special flood hazard area for which a lender may require flood insurance?

Yes No

If yes, please attach a copy of the flood elevation certificate if available.

b. Are you aware of any past or present drainage/flood problems affecting the Property?

Yes No

c. Are you aware of any encroachments or boundary line disputes affecting the Property?

Yes No

d. Are you aware of any shared access/driveway, dock, well or other joint use agreements?

Yes No

If yes, oral written. If written, please attach a copy.

e. Are you aware of any easements affecting the Property other than utility easements?

Yes No

If yes, please explain:

f. Do you have a survey map of the Property?

Yes No

If yes, please attach a copy.

18. OTHER MATTERS

a. Does anyone, including any owner's association, have a right of first refusal or an option to buy the Property?

Yes No

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

Yes No

c. Does the Property have homestead tax exemption for the current year?

Yes No

d. Water/Sewer Provider: Miami Water & Sewer Dept.

Garbage Pick-up Provider: City of Miami Gas/Fuel oil Provider: Teco

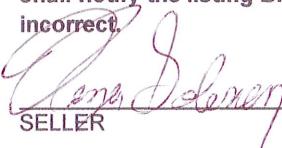
Electricity Provider: Florida Power & Light

e. Is there anything else you feel you should disclose to a prospective buyer that may materially adversely affect the value or desirability of the Property?

Yes No

If yes to any of these items, please explain: _____

SELLER represents that the information set forth in this Property Disclosure is accurate and complete to the best of SELLER's knowledge. SELLER does not intend this Disclosure to be a warranty or guaranty of any kind. SELLER hereby authorizes the listing Broker to provide a copy of this Disclosure to prospective buyers of the Property and to real estate brokers and licensees. SELLER shall notify the listing Broker in writing immediately if any information set forth in this Disclosure becomes inaccurate or incorrect.



SELLER

12/22/25
DATE



SELLER

12/22/25
DATE

RECEIPT AND ACKNOWLEDGMENT BY BUYER

BUYER hereby acknowledges receipt of a copy of this Property Disclosure. BUYER is strongly advised to obtain Property inspection(s) as provided for in the Purchase and Sale Agreement. BUYER should select professionals with appropriate qualifications to conduct inspections. BUYER acknowledges that this Property Disclosure is not intended as a warranty or guaranty of any kind by SELLER.

BUYER hereby acknowledges that SELLER's representations are made to BUYER based on SELLER's knowledge and, further, that it is BUYER's responsibility to have the Property inspected. The statements in this Disclosure are those of SELLER only. The Brokers and their licensees do not warrant or guarantee the statements contained in this Property Disclosure or the condition of the Property and are not responsible for the condition of the Property. BUYER understands that the Property is being sold in its present condition unless otherwise agreed upon in the Purchase and Sale Agreement and Deposit Receipt.

BUYER

DATE

BUYER

DATE

FL Seller's Property Disclosure

Kenneth and Kenya Solomon

6820 & 6822 NE 5th Avenue

Miami, FL 33138

Section 16(a) – Explanation

Seller is aware of **prior drywood termite activity** limited to the attic area. A licensed wood-destroying organism inspection conducted on December 24, 2025 by BPM Environmental Solutions found **no active infestation**, with only **visible evidence of prior activity and prior treatment** observed. The inspector noted evidence consistent with previous professional treatment and no live termites at the time of inspection.

Section 16(c) – Explanation

A Florida Wood-Destroying Organism Inspection Report dated December 24, 2025 is available. The report documents **no live wood-destroying organisms**, identifies **visible evidence of previous drywood termite activity and treatment in the attic**, and notes that the condition is consistent with a property that has been previously treated. No active infestation was observed during the inspection.



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

Rule 5E-14.142, F.A.C., Florida Administrative Code

WILTON SIMPSON
COMMISSIONER

SECTION 1 - GENERAL INFORMATION

Inspection Company:

BPM Environmental Solutions

Inspection Company Name

9066 SW 73rd CT Unit 2204

Company Address

Miami, Florida 33156

Company City, State and Zip Code

Inspector's Name and Identification Card Number:

Jay Bell

Print Name

JF132968

ID Card No.

Address of Property Inspected: **6820 Northeast 5th Avenue, Miami, FL 33138**

Structure(s) on Property Inspected: **Duplex**

Inspection and Report requested by:

Kenny Solomon

Name and Contact Information

Report Sent to Requestor and to:

Name and Contact Information if different from above

SECTION 2 - INSPECTION FINDINGS - CONSUMERS SHOULD READ THIS SECTION CAREFULLY

THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.

This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.

This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report. Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and qualified to render such opinions. **A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.**

NOTE: This is NOT a structural damage report. It should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.

Based on a visual inspection of accessible areas, the following findings were observed:

(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. NO visible signs of WDO(s) (live, evidence or damage) observed.

B. VISIBLE evidence of WDO(s) was observed as follows:

1. LIVE WDO(s):

(Common Name of Organism and Location - use additional page, if needed)

2. EVIDENCE of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence):

Visible evidence of Drywood termite droppings and exposed galleries in attic trusses.

(Common Name, Description and Location - Describe evidence -- use additional page, if needed)

3. DAMAGE caused by WDO(s) was observed and noted as follows:

Visible evidence of Drywood termite exposed galleries in attic trusses.

(Common Name, Description and Location of all visible damage - Describe damage -- use additional page, if needed)

CONTINUED ON PAGE TWO

SECTION 3 - OBSTRUCTIONS AND INACCESSIBLE AREAS: The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible for inspection. The descriptions and reasons for inaccessibility are stated below:

Attic

SPECIFIC AREAS: Areas under insulation and out of site for inspection.

REASON: Cannot see under insulation or areas out of site for inspection

Interior

SPECIFIC AREAS: Behind coverings

REASON: Cannot inspect behind wall coverings, customer belongings and cabinets.

Exterior

SPECIFIC AREAS: _____

REASON: _____

Crawlspace

SPECIFIC AREAS: _____

REASON: _____

Other:

SPECIFIC AREAS: _____

REASON: _____

SECTION 4 - NOTICE OF INSPECTION AND TREATMENT INFORMATION

EVIDENCE of previous treatment observed: Yes No If Yes, the structure exhibits evidence of previous treatment.

List what was observed: Treatment sticker on A/C handler from Intex (2021) for tent fumigation for resolution of Drywood termites.

(State what visible evidence was observed to suggest possible previous treatment - use additional page, if needed)

NOTE: The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: A/C Handler

(State the location)

This Company has treated the structure(s) at the time of inspection Yes No

If Yes: Common name of organism treated: _____ (Common name of organism)

Name of Pesticide Used: _____ Terms and Conditions of Treatment: _____

Method of treatment: Whole structure Spot treatment: _____

Specify Treatment Notice Location: _____

SECTION 5 - COMMENTS AND FINANCIAL DISCLOSURE

Comments: No live termites were found during inspection only evidence and prior treatment sticker present.

(Use additional pages, if necessary)

Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: _____ Date: 12/26/25

Address of Property Inspected: 6820 Northeast 5th Avenue, Miami, FL 33138 Inspection Date: 12/24/25