



4. **STRUCTURAL ITEMS, ADDITIONS AND ALTERATIONS:**

- (a) What year was the main residential dwelling constructed? 2006
- (b) Is there now or has there been any movement, shifting, settling (other than normal settling), cracking, or structural problems with any dwelling or garage on the Property?
- (c) Has any additional bracing, underpinning, or other structural reinforcements been added to any dwelling or garage on the Property?
- (d) Are there now or have there been any problems with driveways, walkways, patios, decks or retaining walls on the Property?
- (e) Have there been any additions, structural changes, or any other major alterations to the original improvements on the Property?
- (f) Has there been any work done on the Property where required permits and/or approvals (public or private) were not obtained?
- (g) Has any work been done to the Property that was not in compliance with the then applicable building codes or zoning regulations?
- (h) Does any part of the exterior siding or cladding of any dwelling or garage on Property consist of synthetic stucco?

Yes No Don't Know

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. **LEAD-BASED PAINT** Was any part of the residential dwelling on the Property or any painted component, fixture or material used therein constructed or manufactured prior to 1978? If you have answered "Yes" or "Don't Know" the Lead-Based Paint Exhibit F54 must be executed by the parties and the Lead-Based Paint Pamphlet F55 must be provided to the buyer.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6. **ROOF, GUTTERS AND DOWNSPOUTS:**

- (a) Approximate age of roof: 5 years.
- (b) Has the roof, or any part thereof, been repaired or replaced during Seller's ownership?
- (c) Are there now or have there been any roof leaks or other problems with the roof, roof flashing, roof underlayment, gutters, leaf guards or downspouts?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. **SEWER/PLUMBING RELATED ITEMS:**

- (a) What is the drinking water source: ☒ public ☐ private ☐ well on property
- (b) If the drinking water is from a well, has the water been tested within the past 12 (twelve) months?
- (c) What type of sewage system serves the Property: ☐ public ☐ private ☒ septic tank
- (d) If the Property is served by a septic system, how many bedrooms was the septic system approved for by local governmental authorities? 3
- (e) Is the main dwelling served by sewage pump?
- (f) Has any septic tank or cesspool on Property ever been professionally serviced? If yes, please give the date of last service: \_\_\_\_\_
- (g) Are there now or have there been any leaks, backups, tree roots in lines or other similar problems with to any portion of the plumbing, water or sewage systems?
- (h) Is there presently any polybutylene plumbing, other than the primary service line, on the Property?
- (i) Are any of the plumbing fixtures in any dwelling or garage not low water flow fixtures?
- (j) Has any water line or fixture on the Property ever froze in cold weather?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. **PLUMBING RELATED ITEMS:**

- (a) What is your drinking water source: ☒ public ☐ private ☐ well on Property
- (b) If your drinking water is from a well, has it been tested within the past 12 (twelve) months?
- (c) Do you have a water softener, filter or purifier? If yes, ☐ leased ☐ owned
- (d) What is the type of sewage system: ☐ public ☐ private ☒ septic tank
- (e) Is the main dwelling served by sewage pump or lift system?
- (f) Do you know if any septic tank or cesspool on the Property has ever been professionally serviced? If yes, please give the date of last service: \_\_\_\_\_
- (g) Do you know of any past or present leaks, backups, or other similar problems relating to any of the plumbing, water and/or sewage-related items?
- (h) Is there any polybutylene plumbing, other than primary service line, on Property?
- (i) Are any of the plumbing fixtures in the Property not low water flow fixtures?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. **SYSTEMS AND COMPONENTS:**

- (a) What is the primary heating system serving the main dwelling?  
☐ natural gas, forced air ☒ heat pump ☐ electric furnace ☐ radiant heating ☐ other
- (b) Does the primary heating system not serve any enclosed part of the main dwelling (excluding the attic, crawl space, garage or basement)?
- (c) What is the approximate age of the primary heating system serving the Property: 5 years
- (d) What is the primary air conditioning system serving the main dwelling? ☐ gas ☒ electric ☐ other
- (e) Does the primary air conditioning system not serve the entire enclosed portion of the main dwelling (excluding the attic, crawl space, garage or basement)?
- (f) What is the approximate age of the primary air conditioning system(s) 5 years
- (g) How is the hot water heated in the main dwelling? ☐ gas ☒ electric ☐ solar

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Yes		Don't Know
(h) Is any water heater tankless?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i) What is the approximate age of the primary water heater: <u>4</u> years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) Does any dwelling or garage have aluminum wiring other than in the primary service line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) Is there any system or appliance which is leased or for which the buyer must pay a transfer fee to continue to use? If yes, what is the transfer fee? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what is the current use fee to be paid by the Buyer? \$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(l) Are any fixtures or appliances included in the sale in need of repair or replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(m) Are any fireplaces presently not working, decorative only or in need of repair?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(n) When was each fireplace, wood stove or chimney/flue last cleaned? Date(s): <u>N/A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(o) Is any part of the exterior surface of any dwelling or garage on the Property presently constructed of synthetic stucco?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(p) Are there now or have there been any problems with siding or exterior building surfaces swelling, chipping, cracking, delaminating or retaining moisture? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(q) Are any windows designed to be operable, painted shut or fail to open and close?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(r) Was any of the drywall used in the Property made in China and/or have a foul smelling odor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10. ENVIRONMENTAL/HEALTH/SAFETY CONCERNS:</b>			
(a) Are there now or have there been any underground tanks or toxic or hazardous substances such as asbestos, urea-formaldehyde, methane gas, radioactive material, radon, mold, benzene or other environmental contaminants on or in the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Has the Property ever been tested for radon, lead, mold or any other potentially toxic substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Is there now or has there been any mold on interior heated and cooled portions of any dwelling on the Property other than on the walls, floors or ceilings of showers, sinks, and bathtubs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Are there any exterior doors which either do not lock or for which the key has been lost?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11. LITIGATION AND INSURANCE:</b>			
(a) Does the Property contain any building products which are or have been the subject of class action lawsuits, litigation or legal claims alleging that the product is defective?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Is there now or has there been any litigation involving the Property or any improvement therein alleging negligent or improper construction, defects, termites, and/or title problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Has there been any award or payment of money in lieu of repairs for such a defective building product?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Has any release been signed that would limit a future owner from making any claims in connection with Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Has there been any fire, flood or wind damage which required repairs to Property in excess of \$500.00?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Has there been any insurance claims filed on Property since you owned it? If yes, how many? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12. OTHER MATTERS:</b>			
(a) Have there been any inspections of the Property in the past year? If yes, by whom and of what type? <u>Termite Re-Newal &amp; Appraisal 12-10-11 235.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Was any dwelling on the Property or portion thereof (excluding mobile, modular and manufactured dwelling) moved to the site from another location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Is any portion of the main dwelling a mobile, modular or manufactured home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Has the Property been designated as historic or in a historic district where modifications and additions are limited?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Are there any other adverse, material facts pertaining to the physical condition of the Property that have not otherwise been disclosed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13. COVENANTS, FEES AND ASSESSMENTS:</b>			
Is the Property part of a condominium, community association or subject to a Declaration of Covenants, Conditions and Restrictions (CC & Rs) or other similar restrictions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>[IF YES, SELLER IS INSTRUCTED TO ADDITIONALLY FILL OUT AND PROVIDE TO BUYER A COMMUNITY ASSOCIATION DISCLOSURE EXHIBIT, GAR FORM 123].</b>			
<b>14. AGRICULTURAL DISCLOSURE:</b> Is Property within, partially within, or adjacent to any property zoned or identified on an approved county land use plan as agricultural or forestry use?			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
It is the policy of this state and this community to conserve, protect, and encourage the development and improvement of farm and forest land for the production of food, fiber, and other products, and also for its natural and environmental value. This notice is to inform prospective property owners or other persons or entities leasing or acquiring an interest in real property that property in which they are about to acquire an interest lies within, partially within, or adjacent to an area zoned, used, or identified for farm and forest activities and that farm and forest activities occur in the area. Such farm and forest activities may include intensive operations that cause discomfort and inconveniences that involve, but are not limited to, noises, odors, fumes, dust, smoke, insects, operations of machinery during any 24 hour period, storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides. One or more of these inconveniences may occur as the result of farm or forest activities which are in conformance with existing laws and regulations and accepted customs and standards.			

15. ADDITIONAL EXPLANATIONS FOR ALL QUESTIONS ANSWERED "YES" or "Other": [Explanations should reference the number of the question for which more detailed information is being provided.]

Additional Special Stipulations are ☐ or are not ☐ attached.

D. **FIXTURES/ITEMS:** (Check (x) only those fixtures/items below that are included in the sale of Property. Unless otherwise indicated, if there is more than one item (such as a second refrigerator or two chandeliers or three smoke detectors), all such fixtures/items checked are included in the sale of Property. Those fixtures/items listed below that are not checked shall not be included in the sale of Property.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Above Ground Pool  | <input type="checkbox"/> Fence (Invisible)  | <input checked="" type="checkbox"/> Microwave Oven                                  | <input type="checkbox"/> Sump Pump                                       |
| <input type="checkbox"/> Air Conditioning Window Unit                               | <input type="checkbox"/> Fence Pet Collar   | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input type="checkbox"/> Surface Unit Cook Top                           |
| <input type="checkbox"/> Air Purifier   | <input type="checkbox"/> Fireplace  | <input checked="" type="checkbox"/> Mirror (Attached)                               | <input type="checkbox"/> Gas <input type="checkbox"/> Electric           |
| <input type="checkbox"/> Alarm System (Burglar)                                     | <input checked="" type="checkbox"/> Gas Logs  | <input type="checkbox"/> Outbuilding  | <input type="checkbox"/> Swimming Pool Equipment                         |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned                      | <input type="checkbox"/> Gas Starter Key  | <input type="checkbox"/> Outdoor Bench  | (List below)   |
| <input type="checkbox"/> Alarm System (Smoke/Fire)                                  | <input type="checkbox"/> Remote Control   | <input type="checkbox"/> Outdoor Playhouse  | <input type="checkbox"/> Swing Set                                       |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned                      | <input type="checkbox"/> Screen/Door  | <input type="checkbox"/> Porch swing  | <input checked="" type="checkbox"/> Switch Plate Covers                  |
| <input type="checkbox"/> Arbor  | <input type="checkbox"/> Wood Burning Insert  | <input checked="" type="checkbox"/> Propane Gas/Fuel Oil Tanks                      | <input checked="" type="checkbox"/> Telephone/Data Jacks/Wires           |
| <input type="checkbox"/> Attic Fan (Whole House Fan)                                | <input type="checkbox"/> Fire Sprinkler System                                      | <input type="checkbox"/> Above ground <input type="checkbox"/> Buried               | <input type="checkbox"/> Television Antenna                              |
| <input type="checkbox"/> Attic Ventilator Fan                                       | <input type="checkbox"/> Flag Pole  | <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned           | <input checked="" type="checkbox"/> Television Cable/Jacks               |
| <input type="checkbox"/> Awning   | <input type="checkbox"/> Garbage Disposal   | <input checked="" type="checkbox"/> Propane/Fuel Oil in Tank                        | <input checked="" type="checkbox"/> Thermostat                           |
| <input type="checkbox"/> Basement/Crawl Space                                       | <input checked="" type="checkbox"/> Garage Door Opener (2)                          | <input checked="" type="checkbox"/> Refrigerator                                    | <input type="checkbox"/> Trash Compactor                                 |
| <input type="checkbox"/> Ventilator Fan   | <input checked="" type="checkbox"/> Remote Control                                  | <input type="checkbox"/> Safe   | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing |
| <input type="checkbox"/> Basketball Post & Goal                                     | <input type="checkbox"/> Gas Grille   | <input checked="" type="checkbox"/> Satellite Dish/Receiver                         | <input type="checkbox"/> Tree House                                      |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing            | <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing            | <input type="checkbox"/> Sauna  | <input type="checkbox"/> Trellis   |
| <input type="checkbox"/> Birdhouses servicing the                                   | <input type="checkbox"/> Gates  | <input type="checkbox"/> Sewage Pump  | <input type="checkbox"/> Vacuum System (Built-In)                        |
| Property  | <input type="checkbox"/> Remote Control   | <input checked="" type="checkbox"/> Shelving Unit & System                          | <input type="checkbox"/> Vacuum Attachments                              |
| <input type="checkbox"/> Boat Dock servicing the                                    | <input type="checkbox"/> Gazebo   | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Vent Hood                            |
| Property  | <input type="checkbox"/> Hot Tub  | <input checked="" type="checkbox"/> Shower Head/Sprayer                             | <input type="checkbox"/> Washing Machine                                 |
| <input type="checkbox"/> Carbon Monoxide Detector                                   | <input type="checkbox"/> Humidifier   | <input checked="" type="checkbox"/> Smoke Detector                                  | <input type="checkbox"/> Water Purification System                       |
| <input checked="" type="checkbox"/> Ceiling Fan                                     | <input type="checkbox"/> Ice Maker  | <input checked="" type="checkbox"/> Battery Operated                                | <input type="checkbox"/> Leased <input type="checkbox"/> Owned           |
| <input type="checkbox"/> Remote Control   | <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Hard Wired                                      | <input type="checkbox"/> Water Softener System                           |
| <input type="checkbox"/> Chandelier   | <input type="checkbox"/> Intercom System  | <input type="checkbox"/> Speakers (Built-In)  | <input type="checkbox"/> Leased <input type="checkbox"/> Owned           |
| <input type="checkbox"/> Dehumidifier   | <input type="checkbox"/> Landscape Irrigation System                                | <input type="checkbox"/> Statuary   | <input type="checkbox"/> Weather Vane                                    |
| <input type="checkbox"/> Built-In <input type="checkbox"/> Free Standing            | <input checked="" type="checkbox"/> Landscaping Lights                              | <input checked="" type="checkbox"/> Stepping Stones                                 | <input type="checkbox"/> Well Pump                                       |
| <input checked="" type="checkbox"/> Dishwasher                                      | <input checked="" type="checkbox"/> Light Bulbs                                     | <input type="checkbox"/> Storage Building   | <input checked="" type="checkbox"/> Window Screens                       |
| <input checked="" type="checkbox"/> Built-In <input type="checkbox"/> Free Standing | <input checked="" type="checkbox"/> Light Fixtures                                  | <input checked="" type="checkbox"/> Stove   | <input checked="" type="checkbox"/> Window Treatments Not                |
| <input type="checkbox"/> Dog House  | (Except Chandeliers)  | <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric           | (including Hardware) Curtaining  |
| <input type="checkbox"/> Doorbell   | <input checked="" type="checkbox"/> Mailbox   | <input type="checkbox"/> Built-In <input checked="" type="checkbox"/> Free Standing | <input type="checkbox"/> Wine Cooler                                     |
| <input checked="" type="checkbox"/> Door & Window Hardware                          |   |   |  |
| <input type="checkbox"/> Dryer  |   |   |  |
| <input type="checkbox"/> Gas <input type="checkbox"/> Electric                      |   |   |  |

Other fixtures/items included in the sale of Property shall be:

Other fixtures/items not included in the sale of Property shall be:

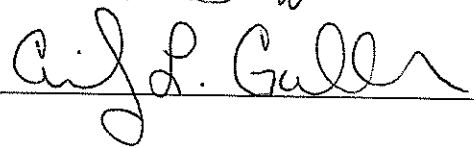
The common law of fixtures shall apply to fixtures not addressed herein. Those fixtures/items that are not included in the sale of Property shall remain Property of Seller and shall be removed prior to closing or the transfer of possession of Property to Buyer, whichever is later. Seller shall lose the right to remove any such fixtures/items not timely removed. In removing all fixtures/items, Seller shall use reasonable care to prevent damage and, if necessary, to restore Property to its original condition.

**SELLER'S REPRESENTATION REGARDING SELLER'S PROPERTY DISCLOSURE STATEMENT:**

Seller represents that Seller has followed the Instructions to Seller in Completing This Disclosure Statement set forth in Paragraph A above and will follow the same in updating this Disclosure Statement as needed from time to time.

Seller: 

Date: 10-24-11

Seller: 

Date: 10-24-11

**RECEIPT AND ACKNOWLEDGMENT BY BUYER:**

Buyer acknowledges the receipt of this Seller's Property Disclosure Statement.

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_