



## SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: 4/7/23

Seller's Name(s): Pauline M. Lloyd

Physical Property Address: 238 Pond Drive, Stowe, Vermont 05672  
Street City/Town

Type of Property: ☒ Single Family Residence ☐ Multi-Family Residence (duplex, triplex, etc.)  
☐ Condominium/Townhouse ☐ Land Only ☐ Commercial

Use of Property: ☒ Primary Residence ☐ Vacation Property ☐ Rental Property ☐ Other:

**INTRODUCTION:** This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

**INSTRUCTIONS TO SELLER:** (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

**THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.  
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).**

## 1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(b)	Do you know of any sliding, settling, subsidence, earth movement, upheaval or earth stability problems that have affected the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Do you know of any past or present drainage, high water table, or flood problems affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Is the Property served by a road maintained by the municipality?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	<p>If the answer to (e) above is "No," how is the road serving the property maintained?</p> <p><input type="checkbox"/> Road Maintenance Agreement <input checked="" type="checkbox"/> Homeowners/Road Association</p> <p>Other (explain): _____</p> <p>Annual Cost(s): _____</p>			
(g)	Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials

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Purchaser's Initials

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(h)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type: <u>Propane</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? When? _____ By whom? _____	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW <input type="checkbox"/> DON'T KNOW
(j)	Do you know the location of the boundary lines of the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked? <u>Survey pins</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? _____ By whom? _____	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(m)	Are copies of any of the following available? <input checked="" type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input type="checkbox"/> Tax Map <input checked="" type="checkbox"/> Subdivision Plan/Sketch	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	Are there any easements or rights of way affecting the Property? <u>6' front easement for well water pit</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Are there any boundary line disputes, claims of adverse possession, encroachments, shared driveways, party walls or zoning set back violations affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above:

## 2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

### HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	<b>Heating System (check all that apply):</b> <input checked="" type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct Vent <input type="checkbox"/> Steam <input checked="" type="checkbox"/> Other (explain): <u>Electric - 2nd floor</u> Age of Furnace/Boiler: <u>24 yrs</u> <input type="checkbox"/> Don't Know Primary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____ Primary Annual Fuel Usage: <u>approx. 1700</u> Gallons (or other measure) Date Range: <u>Annualized</u> Provider: <u>Bearmeis Energy</u> Secondary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____ Secondary Annual Fuel Usage: _____ Gallons (or other measure) Date Range: _____ Provider: <u>Stone Electric</u> If propane, who owns propane tank? <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Propane Supplier <input type="checkbox"/> Association Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally Fuel consumption may vary by user, number of occupants and weather conditions.		
(b)	<b>Air Conditioning:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe type and number of units (central, heat pump, window, etc.)		
(c)	<b>Hot Water System (check all that apply):</b> <input checked="" type="checkbox"/> Hot Water Tank <input type="checkbox"/> Domestic/Off Boiler <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: <input checked="" type="checkbox"/> Don't Know <u>(perhaps 23 yrs. or newer)</u> Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____ Hot Water Tank is: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____		
(d)	<b>Alternative Energy System(s) (check all that apply):</b> <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown Energy returned to grid: <input type="checkbox"/> YES <input type="checkbox"/> NO Owned <input type="checkbox"/> or Leased <input type="checkbox"/>		
(e)	<b>Electrical System:</b> Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____ Annual electricity usage: \$ <u>1,414.40</u> Date Range: <u>Annualized</u> Electric utility provider: <u>Stone Electric</u> Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions. Main Breaker Amperes: _____ Amps <input type="checkbox"/> Don't Know		
(f)	Has a Vermont Home Energy Profile been created? If yes, when? _____ by whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW
(g)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail: _____		

Sellers Initials

Purchaser's Initials



### TELEPHONE / INTERNET / TELEVISION

(h)	Is landline telephone service present at the Property? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," current provider:
(i)	Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: <u>Verizon</u>
(j)	Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Stowe Cable Systems LLC</u> If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic
(k)	Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Stowe Cable Systems LLC</u> If "Yes," source is: <input type="checkbox"/> Antenna <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic

### OTHER EQUIPMENT AND APPLIANCES

(l)	Check the items that will be <b>included</b> in the sale of the Property: <input checked="" type="checkbox"/> Electric Garage Door Opener - Number of Transmitters _____ <input checked="" type="checkbox"/> Security Alarm System <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Humidifier <input checked="" type="checkbox"/> Dehumidifier <input type="checkbox"/> Lawn Sprinklers <input type="checkbox"/> Automatic Timer <input checked="" type="checkbox"/> Smoke Detectors - How Many? _____ <input type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Swimming Pool <input checked="" type="checkbox"/> Pool Heater <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Pool/Spa Equipment (list): _____ <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Stove <input checked="" type="checkbox"/> Hood/Fan <input type="checkbox"/> Microwave Oven <input checked="" type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Trash Compactor <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Freezer <input type="checkbox"/> Intercom <input checked="" type="checkbox"/> Ceiling Fans <input type="checkbox"/> Woodstove <input type="checkbox"/> Sump Pump <input type="checkbox"/> Well Pump <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Indoor/Outdoor Grill <input type="checkbox"/> Attic Fan(s) <input type="checkbox"/> Window A/C <input type="checkbox"/> Mini Split <input checked="" type="checkbox"/> Compost Bin <input type="checkbox"/> Wood/Gas/Pellet/Other Stove (describe): _____ <b>OTHER:</b> List additional equipment and appliances, including any AC units, that will be <b>excluded</b> from the sale of the Property: _____ _____ Are any of the items that will be included in the sale of the Property in need of repair or replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", explain in detail: _____ _____
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### 3. STRUCTURAL COMPONENTS

Type of construction (check all that apply) <input type="checkbox"/> Manufactured <input type="checkbox"/> Modular <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> Other (describe): _____	
Age of Building(s): Main Bldg. <u>52 yrs.</u> Additions to Main Bldg. <u>36 yrs, 24 yrs</u> Additional Building(s): (a) _____ (b) _____	
Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please explain: <u>See above</u>	
If "yes," did you obtain all necessary permits and approvals for such work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check any of the following items that have significant defects or malfunctions or that need significant repair: <input type="checkbox"/> Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Chimney <input type="checkbox"/> Fireplace <input type="checkbox"/> Interior Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Floors <input type="checkbox"/> Roof <input checked="" type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Storms/Screens <input type="checkbox"/> Exterior Walls <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls <input type="checkbox"/> Other Structures/Components: <u>Garage floor</u> If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair: _____	
Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "Yes," explain in detail, including any repairs: _____ _____	

Sellers Initials

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Purchaser's Initials

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**BASEMENT/CELLAR/CRAWL SPACE:**  
 Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space?  
☒ YES ☐ NO If "Yes," explain in detail: Some indication of mold in crawlspace. All problems resolved Sept. 2022 - completely waterproofed and insulated - Matt Clark  
 Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space?  
☒ YES ☐ NO ☐ DON'T KNOW If "Yes," explain in detail, including any repairs:  
See above  
 Are any of the above recurring problems? ☐ YES ☒ NO If "Yes," what are the problems and how often have they occurred?

**ROOF:** ☐ Shingle ☐ Slate ☒ Metal ☐ Tile ☐ Other (describe) ☐ Don't Know  
 Approximate age of roof? 25-37 years  
 Has the roof ever leaked since you have owned the Property? ☒ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," explain: Leakage occurred before metal roof installed w/ two additions.  
 Has the roof been replaced or repaired since you have owned the Property? ☒ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," when? 1987 and 1999  
 Are there any current problems with the roof? ☐ YES ☒ NO ☐ DON'T KNOW  
 If "Yes," explain:

#### 4. WATER SUPPLY

**Special Notice:** Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any seller with a potable water supply that is not served by a public water system shall provide the Purchaser with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.

**TYPE OF WATER SYSTEM** The Property is connected to and serviced by (check all applicable boxes):  
☒ Public or Municipal ☐ Community ☐ Private ☒ Shared ☐ Driven Point Well ☐ On-site ☐ Off-site  
☐ Drilled Well ☐ Dug Well ☐ Spring ☐ Lake/Pond ☐ None ☒ Don't Know ☐ Other  
 Water System Features: ☒ Cistern/Reservoir/Holding Tank ☐ Water Softener/Conditioner ☐ Reverse Osmosis ☐ Infrared Light  
☐ Ultraviolet ☐ Other: ☐ None ☒ Don't Know  
 Water Pipes are: ☐ Copper ☐ Galvanized Metal ☐ Lead ☐ PVC (Plastic) ☐ Combination ☒ Don't Know  
 Age of Water System: 52 years  
 If Drilled Well: Drilled by: Don't know Tag #: \_\_\_\_\_ Depth: \_\_\_\_\_  
 Gallons Per Minute (at time of driller's report): \_\_\_\_\_ Date of driller's report: \_\_\_\_\_  
 What is the annual cost for municipal water \$ N/A Date Range: \_\_\_\_\_ Metered ☐ YES ☐ NO

**CONDITION OF WATER AND WATER SYSTEM**  
 Has the water been tested for coliform bacteria? ☒ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," when? 2022 By whom? Manosh (Stone) Results: Annual testing in party  
 Has any other water quality or water chemistry testing been done? ☐ YES ☐ NO ☒ DON'T KNOW (Joseph Thomas well Sugar House Hill)  
 If "Yes," when? \_\_\_\_\_ By whom? \_\_\_\_\_ Results: \_\_\_\_\_  
 Water softener ☐ YES ☒ NO If "Yes," ☐ Own ☐ Rent If rented, from whom: \_\_\_\_\_ Monthly Rental Fee: \_\_\_\_\_  
 Are you aware of low pressure in your water system? ☐ YES ☒ NO  
 Has your water supply ever run out or run low? ☐ YES ☒ NO If "Yes," describe: \_\_\_\_\_  
 Does the water have any odor, bad taste, cloudiness or discoloration? ☒ YES ☐ NO If "Yes," describe in detail: Some manganese  
 Describe in detail any other problems you have had with your water system, including water quality or quantity:

Seller's Initials

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Purchaser's Initials

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## 5. SEWER/SEPTIC/WASTEWATER SYSTEM

**Special Notice:** Sewer septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have any ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. *Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.*

<b>TYPE OF SYSTEM</b> The Property is connected to and serviced by (check appropriate boxes):	
<input type="checkbox"/> Public or Municipal Sewer System	<input type="checkbox"/> Shared <input checked="" type="checkbox"/> On-site septic/wastewater system <input type="checkbox"/> Off-site septic/wastewater system
<input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> New or Alternate Technology (explain technology) _____	
<input type="checkbox"/> Holding Tanks <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage Pump <input type="checkbox"/> Dry Well <input type="checkbox"/> Conventional disposal area <input checked="" type="checkbox"/> Mound System disposal area	
<input checked="" type="checkbox"/> At Grade <input type="checkbox"/> Other <input type="checkbox"/> Don't Know If other, please explain: _____	
What is the annual cost of municipal/shared sewer? \$ <u>N.A.</u> Date Range: _____	
<b>CONDITION OF SYSTEM</b> If other than public or municipal sewer/wastewater system, answer the following:	
Date system installed: <u>10/28/29 2009</u> Is the system entirely on your Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
If "No," where is it? _____	
Has the system been repaired since you have owned the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," when? <u>2021</u>	
What was done? <u>Replacement of worn part</u> By whom? <u>Camp Precast</u>	
Type of septic tank: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Don't Know	
Septic tank capacity (in gallons) _____ <input checked="" type="checkbox"/> Don't Know	
Date Septic Tank Last Inspected? <u>9/11/2022</u> <input type="checkbox"/> Don't Know Reports of last inspection/pumping attached: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Date Septic Tank Last Pumped? <u>2022</u> <input type="checkbox"/> Don't Know By whom? <u>Handosh</u>	
If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so, date of most recent service <u>11/22</u> Cost: \$ <u>325/yr</u> By whom: <u>Camp Precast</u>	
To your knowledge, is any portion of the system in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe in detail: _____	
Has the property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	

## 6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a) Is Seller currently occupying the Property? If "No," how long has it been since Seller occupied?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(b) Are any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(c) Is property enrolled in Vermont's Current Use program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d) Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(e) Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f) If the house was built after December 31, 1997, is a Residential Building Energy Standard (RBES) certification available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>N.A.</u>
(g) Has Seller received notice that the Property will be reassessed by any taxing authority during the next 12 months?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(h) Does the property have Urea-Formaldehyde Foam Insulation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(i) Does the Property have Asbestos and/or Asbestos Materials in the siding, walls, plaster, flooring, insulation, heating system?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(j) Has the Property been tested for Radon Gas? If "Yes," when? By whom? Results:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k) Has paint containing lead been used on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l) Does the Property have evidence of mold? If "Yes," what has been done about the mold?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Seller's Initials ml

Purchaser's Initials MH




(m)	Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(n)	Is there any infestation by pests that affect the property? If "Yes," explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Do you have any knowledge of any damage to the Property caused by pests? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(p)	Is the Property currently under warranty or other coverage by a pest control company? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(q)	Do you know of any termite/pest control reports or treatments for the Property in the last five years? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(r)	Does the Property have any audio and/or video surveillance or recording equipment? If Yes, will said equipment be active during showings? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(s)	<b>Further explanation of answers to any of the above:</b> _____			

## 7. CONDOMINIUMS/ SUBDIVISIONS/ HOMEOWNERS' ASSOCIATIONS

(a)	Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached? <i>Contact SHHPOA for copies</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(b)	Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Are pets allowed? If yes, what is allowed? <i>dogs, cats, etc.</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Are there any rental restrictions? <i>per protective covenants, By-laws</i>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(f)	Are there any homeowners' association dues affecting the Property? If "Yes," amount: \$ <i>360.-</i> <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Are there any special assessments on the Property? If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessments: _____ Years or term remaining on any outstanding special assessments: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(h)	Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: <i>(President) Tim Dwyer</i> Phone number/e-mail: <i>TDwyer39@yahoo.com</i>			
Further explanation of any of the above:				

Seller's Initials

			
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Purchaser's Initials

**IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY?** (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

☐ YES ☐ NO ☒ **DON'T KNOW OF ANYTHING ELSE.** If "Yes," explain: *except for below:*

*Some minor electrical repairs due to ceilings  
and replacement of some sockets and switches.*

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Seller: *Audine M. Gays* 4/7/23  
(Signature) Date

Purchaser: *Marie Haugel*  
(Signature) Date  
dotloop verified  
05/07/23 6:07 PM EDT  
KBSM-WEVS-PJNE-PCDG

Seller:   
(Signature) Date

Purchaser:   
(Signature) Date

Seller:   
(Signature) Date

Purchaser:   
(Signature) Date

Seller:   
(Signature) Date

Purchaser:   
(Signature) Date