



## SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

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

Seller's Name(s):

Earle F. Williams and Priscilla C. Williams

Property Address:

3376 Mountain Road  
Street

Stowe

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.**

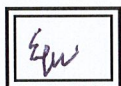
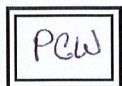
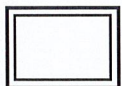
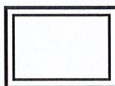
**INSTRUCTIONS TO SELLER:** (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS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

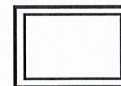
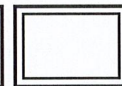
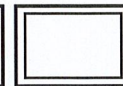
### 1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

|     |                                                                                                                                                                                                                                                                                                 |                                         |                                        |                                     |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (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 checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (f) | If the answer to (e) above is "No," how is the road serving the property maintained?<br><input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Private (by owner)<br>Annual Cost(s): _____<br>Other (explain): _____ |                                         |                                        |                                     |
| (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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|     |                                                                                                                                                                        |                                                              |                                                                       |                                                                            |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| (h) | Are there currently any underground fuel storage tanks on the Property?<br>If "Yes," Fuel Type: _____                                                                  | <input type="checkbox"/> YES                                 | <input checked="" type="checkbox"/> NO                                | <input type="checkbox"/> DON'T KNOW                                        |
| (i) | Have there been any underground fuel storage tanks on the Property in the past?<br>If "Yes," have they been removed?<br>When? _____ By whom? _____                     | <input type="checkbox"/> YES<br><input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW<br><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?<br>If "Yes," how are they marked? _____                                                                      | <input checked="" type="checkbox"/> YES                      | <input type="checkbox"/> NO                                           | <input type="checkbox"/> DON'T KNOW                                        |
| (l) | Has the Property been surveyed?<br>If "Yes," when? _____ By whom? _____                                                                                                | <input checked="" type="checkbox"/> YES                      | <input type="checkbox"/> NO                                           | <input type="checkbox"/> DON'T KNOW                                        |
| (m) | Is a copy of the survey available?                                                                                                                                     | <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?                                                                                                       | <input type="checkbox"/> YES                                 | <input checked="" 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 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 type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct Vent<br><input type="checkbox"/> Other (explain): _____ Age of Furnace/Boiler: _____ <input type="checkbox"/> Don't Know<br>Fuel Type: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar<br><input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____<br>Annual Fuel Usage: _____ Gallons (or other measure) Provider: <u>Bourne</u><br>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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," describe (central, heat pump, window, etc.):<br><u>Window in several rooms</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (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 checked="" type="checkbox"/> Heat Pump Water Heater<br>Age of Hot Water System: <u>16 years</u> <input type="checkbox"/> Don't Know<br>Fuel Type: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____<br>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<br>Energy returned to grid: <input type="checkbox"/> YES <input type="checkbox"/> NO Owned _____ or Leased _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (e) | <b>Electrical System:</b> Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____<br>Annual electricity usage: \$ _____ Electric utility provider: <u>Stowe Electric</u><br>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.<br>Main Breaker Amperes: _____ Amps <input checked="" type="checkbox"/> Don't Know                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (f) | 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:<br><div style="border: 1px solid black; height: 30px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

### TELEPHONE / INTERNET / TELEVISION

|     |                                                                                                                                                                                                                                                                                                                                                  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (g) | Is landline telephone service present at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____                                                                                                                                                                                     |
| (h) | Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: _____                                                                                                                                                                           |
| (i) | Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____<br>If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL |
| (j) | Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Direct TV</u><br>If "Yes," source is: <input type="checkbox"/> Antenna <input type="checkbox"/> Cable <input checked="" type="checkbox"/> Satellite <input type="checkbox"/> DSL             |

Seller's Initials

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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  
☐ On-site ☒ Off-site ☐ Drilled Well ☐ Dug Well ☐ Spring ☐ Lake/Pond ☐ Lake Well ☐ None ☐ Don't Know  
 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  
 If Drilled Well: Drilled by: \_\_\_\_\_ Tag #: \_\_\_\_\_ Depth: \_\_\_\_\_  
 Gallons Per Minute (at time of driller's report): \_\_\_\_\_ Date of driller's report: \_\_\_\_\_

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**CONDITION OF WATER AND WATER SYSTEM**  
 Has the water been tested for coliform bacteria? ☒ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," when? \_\_\_\_\_ By whom? \_\_\_\_\_ Results: \_\_\_\_\_  
 Has any other water quality or water chemistry testing been done? ☐ YES ☐ NO ☒ DON'T KNOW  
 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: \_\_\_\_\_

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Describe in detail any other problems you have had with your water system, including water quality or quantity:  
*None to our knowledge*

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Does the water have any odor, bad taste, cloudiness or discoloration? ☐ YES ☒ NO If "Yes," describe in detail: \_\_\_\_\_

## 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.***

**TYPE OF SYSTEM** The Property is connected to and serviced by (check appropriate boxes):  
☒ Public or Municipal Sewer System ☐ On-site septic/wastewater system ☐ Off-site septic/wastewater system ☐ Septic Tank  
☐ New or Alternate Technology (explain technology) \_\_\_\_\_ ☐ Holding Tanks  
☐ Cesspool ☐ Sewage Pump ☐ Dry Well ☐ Conventional disposal area ☐ Mound System disposal area ☐ At Grade  
☐ Other ☐ Don't Know If other, please explain: \_\_\_\_\_

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**CONDITION OF SYSTEM** If other than public or municipal sewer/wastewater system, answer the following:  
 Date system installed: approx 2005 Is the system entirely on your Property? ☐ YES ☒ NO ☐ DON'T KNOW  
 If "No," where is it? \_\_\_\_\_

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Has the system been repaired since you have owned the Property? ☐ YES ☒ NO If "Yes," when? \_\_\_\_\_  
 What was done? \_\_\_\_\_ By whom? \_\_\_\_\_

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Type of septic tank: ☐ Concrete ☐ Metal ☐ Fiberglass ☐ Other (describe) \_\_\_\_\_ ☐ Don't Know  
 Septic tank capacity (in gallons) \_\_\_\_\_ ☐ Don't Know  
 Date Septic Tank Last Inspected? \_\_\_\_\_ ☐ Don't Know Reports of last inspection/pumping attached: ☐ YES ☐ NO  
 Date Septic Tank Last Pumped? \_\_\_\_\_ ☐ Don't Know By whom? \_\_\_\_\_

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To your knowledge, is any portion of the system in need of repair or replacement? ☐ YES ☒ NO If "Yes," describe in detail:  
 \_\_\_\_\_

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*Ejw* *PCW*

Purchaser's Initials

## 6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

|     |                                                                                                                                                                                                                                                                                                                           |                                         |                                        |                                     |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (a) | Age of Building(s): Main Bldg. <u>195</u> Additions to Main Bldg. _____<br>Additional Building(s): (a) _____ (b) _____                                                                                                                                                                                                    |                                         |                                        |                                     |
| (b) | 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            |                                     |
| (c) | 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?<br>If "Yes," please explain: _____                                                                                                         | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |                                     |
| (d) | If "yes," did you obtain all necessary permits and approvals for such work?                                                                                                                                                                                                                                               | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            |                                     |
| (e) | 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 |                                     |
| (f) | 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 |                                     |
| (g) | Are there any property tax abatements, 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 |
| (h) | 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 |                                     |
| (i) | Does the property have Urea-Formaldehyde Foam Insulation?                                                                                                                                                                                                                                                                 | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (j) | Does the Property have Asbestos and/or Asbestos Materials in the siding-walls-plaster-flooring-insulation-heating system?                                                                                                                                                                                                 | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (k) | Has the Property been tested for Radon Gas?                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (l) | If "Yes," when? <u>2001</u> By whom? <u>?</u> Results: <u>615</u>                                                                                                                                                                                                                                                         |                                         |                                        |                                     |
| (m) | Does the Property have evidence of mold?                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (n) | If "Yes," what has been done about the mold?<br>_____                                                                                                                                                                                                                                                                     |                                         |                                        |                                     |
| (o) | Are you aware of any off-site conditions in your neighborhood/community that could adversely 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:<br>_____ | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            |                                     |
| (p) | Is there any infestation by pests that affect the property? If "Yes," explain:<br>_____                                                                                                                                                                                                                                   | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (q) | 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 |
| (r) | Is the Property currently under warranty or other coverage by a licensed pest control company?                                                                                                                                                                                                                            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (s) | 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 |
| (t) | Does the Property have any audio and/or video surveillance or recording equipment?<br>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 |
| (u) | Has the Property received a home energy audit/assessment/rating/profile?<br>If yes, when? _____ by whom? _____                                                                                                                                                                                                            | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (v) | <b>Further explanation of answers to any of the above:</b><br>_____                                                                                                                                                                                                                                                       |                                         |                                        |                                     |

## 7. CONDOMINIUMS SUBDIVISIONS/ HOMEOWNERS' ASSOCIATIONS/ROAD MAINTENANCE AGREEMENTS/ROAD MAINTENANCE ASSOCIATIONS

|     |                                                                                                                                                                                               |                              |                             |                                     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| (a) | Is the Property part of a condominium or other common interest ownership regime or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached? | <input 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 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 type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (d) | Are any required storm water permits current?                                                                                                                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

Seller's Initials

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(k) **OTHER EQUIPMENT AND APPLIANCES INCLUDED IN SALE**  
 Check the items that will be included in the sale of the Property:  
☐ Electric Garage Door Opener - Number of Transmitters \_\_\_\_\_ ☐ Security Alarm System ☐ Owned ☐ Leased ☐ Humidifier  
☐ Dehumidifier ☐ Lawn Sprinklers ☐ Automatic Timer ☐ Smoke Detectors - How Many? \_\_\_\_\_ ☐ Whirlpool Bath  
☐ Swimming Pool ☐ Pool Heater ☐ Spa/Hot Tub ☐ Pool/Spa Equipment (list): \_\_\_\_\_  
☐ Refrigerator ☐ Stove ☐ Hood/Fan ☐ Microwave Oven ☐ Dishwasher ☐ Garbage Disposal ☐ Trash Compactor  
☐ Washer ☐ Dryer ☐ Central Vacuum ☐ Freezer ☐ Intercom ☐ Ceiling Fans ☐ Woodstove ☐ Sump Pump ☐ Well Pump  
☐ Satellite Dish ☐ Indoor/Outdoor Grill ☐ Attic Fan(s) ☐ Window A/C  
☐ Wood/Gas/Pellet/Other Stove (describe): \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 Are any of the items that will be included in the sale of the Property in need of repair or replacement? ☐ YES ☐ NO  
 If "yes", explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 List equipment and appliances, including any AC units, that will be excluded from the sale of the Property:  
 \_\_\_\_\_  
 \_\_\_\_\_

### 3. STRUCTURAL COMPONENTS

Check any of the following items that have significant defects or malfunctions or that need significant repair:  
☐ Foundation ☐ Slab ☐ Chimney ☐ Fireplace ☐ Interior Walls ☐ Ceilings ☐ Floors  
☐ Windows ☐ Doors ☐ Storms/Screens ☐ Exterior Walls ☐ Driveway ☐ Sidewalks ☐ Pool ☐ Roof  
☐ Outside Retaining Walls ☐ Other Structures/Components: \_\_\_\_\_  
 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?  
☐ YES ☐ NO ☐ DON'T KNOW If "Yes," explain in detail, including any repairs: \_\_\_\_\_  
 \_\_\_\_\_  
**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: \_\_\_\_\_  
 \_\_\_\_\_  
 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Are any of the above recurring problems? ☐ YES ☐ NO If "Yes," what are the problems and how often have they recurred?  
 \_\_\_\_\_  
 Has paint containing lead been used on the Property? ☐ YES ☐ NO ☐ DON'T KNOW  
**ROOF:** ☐ Shingle ☐ Slate ☐ Metal ☐ Tile ☐ Other (describe) \_\_\_\_\_ ☐ Don't Know  
 Approximate age of roof? \_\_\_\_\_  
 Has the roof ever leaked since you have owned the Property? ☐ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," explain: \_\_\_\_\_  
 Has the roof been replaced or repaired since you have owned the Property? ☐ YES ☐ NO ☐ DON'T KNOW  
 If "Yes," when? \_\_\_\_\_  
 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

Seller's Initials Egw PCW   Purchaser's Initials



|                                                                                                                            |                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                     |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (e)                                                                                                                        | Are there any homeowners' association or "common area" expenses or assessments affecting the Property?                                                                                                                                                                                                                      | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (f)                                                                                                                        | Are there presently any outstanding special assessment(s) on the Property? If "Yes," amount: \$ _____                                                                                                                                                                                                                       | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |                                     |
| (g)                                                                                                                        | Are there any anticipated special assessments on the Property? If "Yes," anticipated amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly<br>Purpose of special assessments: _____<br>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: _____<br>Phone number/e-mail: _____                                                                                                                                                                                                                     |                              |                                        |                                     |
| <b>Further explanation of any of the above:</b><br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                     |

**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:

**SELLER'S STATEMENT:** Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. IN DELIVERING THIS REPORT TO A BUYER OR PROSPECTIVE BUYER, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY, THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY OR ANY OF THE INFORMATION PROVIDED IN THIS REPORT BY SELLER OR THAT THEY HAVE VERIFIED THE INFORMATION PROVIDED IN THIS REPORT BY THE SELLER. Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

**BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION. HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.**

Seller: 

Early F. Williams 4/25/18

  
(Signature) Date

Purchaser:   
(Signature) Date

Seller: 

Priscilla C. Williams 4/25/18

  
(Signature) Date

Purchaser:   
(Signature) Date

Seller:   
(Signature) Date

Purchaser:   
(Signature) Date

Seller:   
(Signature) Date

Purchaser:   
(Signature) Date