

# SELLER'S PROPERTY DISCLOSURE STATEMENT

SPD

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 **PROPERTY** 1160 Old Bernville Rd., Reading, PA 19605  
2 **SELLER** Carriage House, LLC (By: Andrea Frank)

## 3 INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW

4 The Real Estate Seller Disclosure Law (68 P.S. §7301, et seq.) requires that before an agreement of sale is signed, the seller in a residential  
5 real estate transfer must disclose all known **material defects** about the property being sold that are not readily observable. A **material defect**  
6 is a problem with a residential real property or any portion of it that would have a significant adverse impact on the value of the property or  
7 that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end  
8 of its normal useful life is not by itself a material defect.

9 This property disclosure statement ("Statement") includes disclosures beyond the basic requirements of the Law and is designed to assist  
10 Seller in complying with disclosure requirements and to assist Buyer in evaluating the property being considered. Sellers who wish to see  
11 or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statement  
12 nor the basic disclosure form limits Seller's obligation to disclose a material defect.

13 This Statement discloses Seller's knowledge of the condition of the Property as of the date signed by Seller and is **not a substitute for any**  
14 **inspections or warranties** that Buyer may wish to obtain. **This Statement is not a warranty of any kind by Seller or a warranty or rep-**  
15 **resentation by any listing real estate broker, any selling real estate broker, or their licensees.** Buyer is encouraged to address concerns  
16 about the condition of the Property that may not be included in this Statement.

17 **The Law provides exceptions (listed below) where a property disclosure statement does not have to be completed. All other sellers**  
18 **are obligated to complete a property disclosure statement, even if they do not occupy or have never occupied the Property.**

- 19 1. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.
- 20 2. Transfers as a result of a court order.
- 21 3. Transfers to a mortgage lender that results from a buyer's default and subsequent foreclosure sales that result from default.
- 22 4. Transfers from a co-owner to one or more other co-owners.
- 23 5. Transfers made to a spouse or direct descendant.
- 24 6. Transfers between spouses as a result of divorce, legal separation or property settlement.
- 25 7. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of  
26 liquidation.
- 27 8. Transfers of a property to be demolished or converted to non-residential use.
- 28 9. Transfers of unimproved real property.
- 29 10. Transfers of new construction that has never been occupied and:
  - 30 a. The buyer has received a one-year warranty covering the construction;
  - 31 b. The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized model  
32 building code; and
  - 33 c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.

### 34 COMMON LAW DUTY TO DISCLOSE

35 Although the provisions of the Real Estate Seller Disclosure Law exclude some transfers from the requirement of completing a disclo-  
36 sure statement, the Law does not excuse the seller's common law duty to disclose any known material defect(s) of the Property in order  
37 to avoid fraud, misrepresentation or deceit in the transaction. **This duty continues until the date of settlement.**

### 38 EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK

39 According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not required  
40 to fill out a Seller's Property Disclosure Statement. **The executor, administrator or trustee, must, however, disclose any known**  
41 **material defect(s) of the Property.**

42  DATE

43 Seller's Initials   Date 12/05/2023 SPD Page 1 of 11 Buyer's Initials   Date





**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**Explain any "yes" answers in Section 4. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date they were done:** \_\_\_\_\_

**5. BASEMENTS AND CRAWL SPACES**

**(A) Sump Pump**

1. Does the Property have a sump pit? If "yes," how many? \_\_\_\_\_
2. Does the Property have a sump pump? If "yes," how many? \_\_\_\_\_
3. If it has a sump pump, has it ever run?
4. If it has a sump pump, is the sump pump in working order?

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

**(B) Water Infiltration**

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

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

**Explain any "yes" answers in Section 5. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date they were done:** \_\_\_\_\_

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

**(A) Status**

1. Are you aware of past or present dryrot, termites/wood-destroying insects or other pests on the Property?
2. Are you aware of any damage caused by dryrot, termites/wood-destroying insects or other pests?

	Yes	No	Unk	N/A
A1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(B) Treatment**

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

	Yes	No	Unk	N/A
B1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**7. STRUCTURAL ITEMS**

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

	Yes	No	Unk	N/A
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


**Explain any "yes" answers in Section 7. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** hail damage 2014 all repaired

**8. ADDITIONS/ALTERATIONS**


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

	Yes	No	Unk	N/A
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addition, structural change or alteration (continued on following page)	Approximate date of work	Were permits obtained? (Yes/No/Unk/NA)	Final inspections/ approvals obtained? (Yes/No/Unk/NA)

Seller's Initials 

Date 12/05/2023

Buyer's Initials 

Date \_\_\_\_\_

Check yes, no, unknown (unk) or not applicable (N/A) for each question. Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

Addition, structural change or alteration	Approximate date of work	Were permits obtained? (Yes/No/Unk/NA)	Final inspections/ approvals obtained? (Yes/No/Unk/NA)

A sheet describing other additions and alterations is attached.

Yes	No	Unk	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B) Are you aware of any private or public architectural review control of the Property other than zoning codes? If "yes," explain: \_\_\_\_\_

**Note to Buyer:** The PA Construction Code Act, 35 P.S. §7210 et seq. (effective 2004), and local codes establish standards for building and altering properties. Buyers should check with the municipality to determine if permits and/or approvals were necessary for disclosed work and if so, whether they were obtained. Where required permits were not obtained, the municipality might require the current owner to upgrade or remove changes made by the prior owners. Buyers can have the Property inspected by an expert in codes compliance to determine if issues exist. Expanded title insurance policies may be available for Buyers to cover the risk of work done to the Property by previous owners without a permit or approval.

**Note to Buyer:** According to the PA Stormwater Management Act, each municipality must enact a Storm Water Management Plan for drainage control and flood reduction. The municipality where the Property is located may impose restrictions on impervious or semi-pervious surfaces added to the Property. Buyers should contact the local office charged with overseeing the Stormwater Management Plan to determine if the prior addition of impervious or semi-pervious areas, such as walkways, decks, and swimming pools, might affect your ability to make future changes.

**9. WATER SUPPLY**

(A) Source. Is the source of your drinking water (check all that apply):

- Public
- A well on the Property
- Community water
- A holding tank
- A cistern
- A spring
- Other \_\_\_\_\_
- If no water service, explain: \_\_\_\_\_

(B) General

- When was the water supply last tested? 2023  
Test results: passed
- Is the water system shared?
- If "yes," is there a written agreement?
- Do you have a softener, filter or other conditioning system?
- Is the softener, filter or other treatment system leased? From whom? \_\_\_\_\_
- If your drinking water source is not public, is the pumping system in working order? If "no," explain: \_\_\_\_\_

(C) Bypass Valve (for properties with multiple sources of water)

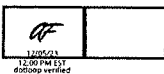
- Does your water source have a bypass valve?
- If "yes," is the bypass valve working?

(D) Well

- Has your well ever run dry?
- Depth of well \_\_\_\_\_
- Gallons per minute: \_\_\_\_\_, measured on (date) \_\_\_\_\_
- Is there a well that is used for something other than the primary source of drinking water? If "yes," explain \_\_\_\_\_
- If there is an unused well, is it capped?

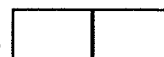
	Yes	No	Unk	N/A
A1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Seller's Initials



Date 12/05/2023

Buyer's Initials



Date \_\_\_\_\_

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**(E) Issues**

1. Are you aware of any leaks or other problems, past or present, relating to the water supply, pumping system and related items?
2. Have you ever had a problem with your water supply?

	Yes	No	Unk	N/A
E1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any problem(s) with your water supply. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** \_\_\_\_\_

**10. SEWAGE SYSTEM**

**(A) General**

1. Is the Property served by a sewage system (public, private or community)?
2. If "no," is it due to unavailability or permit limitations?
3. When was the sewage system installed (or date of connection, if public)? \_\_\_\_\_
4. Name of current service provider, if any: \_\_\_\_\_

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

**(B) Type Is your Property served by:**

1. Public
2. Community (non-public)
3. An individual on-lot sewage disposal system
4. Other, explain: \_\_\_\_\_

	Yes	No	Unk	N/A
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(C) Individual On-lot Sewage Disposal System. (check all that apply):**

1. Is your sewage system within 100 feet of a well?
2. Is your sewage system subject to a ten-acre permit exemption?
3. Does your sewage system include a holding tank?
4. Does your sewage system include a septic tank?
5. Does your sewage system include a drainfield?
6. Does your sewage system include a sandmound?
7. Does your sewage system include a cesspool?
8. Is your sewage system shared?
9. Is your sewage system any other type? Explain: \_\_\_\_\_
10. Is your sewage system supported by a backup or alternate system?

	Yes	No	Unk	N/A
C1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(D) Tanks and Service**

1. Are there any metal/steel septic tanks on the Property?
2. Are there any cement/concrete septic tanks on the Property?
3. Are there any fiberglass septic tanks on the Property?
4. Are there any other types of septic tanks on the Property? Explain \_\_\_\_\_
5. Where are the septic tanks located? \_\_\_\_\_ **back yard**
6. When were the tanks last pumped and by whom? \_\_\_\_\_ **2022 Bailey's Septic**

	Yes	No	Unk	N/A
D1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(E) Abandoned Individual On-lot Sewage Disposal Systems and Septic**

1. Are you aware of any abandoned septic systems or cesspools on the Property?
2. If "yes," have these systems, tanks or cesspools been closed in accordance with the municipality's ordinance?

	Yes	No	Unk	N/A
E1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(F) Sewage Pumps**

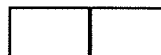
1. Are there any sewage pumps located on the Property?
2. If "yes," where are they located? \_\_\_\_\_
3. What type(s) of pump(s)? \_\_\_\_\_
4. Are pump(s) in working order?
5. Who is responsible for maintenance of sewage pumps? \_\_\_\_\_

	Yes	No	Unk	N/A
F1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(G) Issues**

1. How often is the on-lot sewage disposal system serviced? \_\_\_\_\_ **yearly**
2. When was the on-lot sewage disposal system last serviced and by whom? \_\_\_\_\_ **2022 Bailey's Septic**
3. Is any waste water piping not connected to the septic/sewer system?
4. Are you aware of any past or present leaks, backups, or other problems relating to the sewage system and related items?

	Yes	No	Unk	N/A
G1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**Explain any "yes" answers in Section 10. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** \_\_\_\_\_

**11. PLUMBING SYSTEM**

(A) **Material(s).** Are the plumbing materials (check all that apply):

- 1. Copper
- 2. Galvanized
- 3. Lead
- 4. PVC
- 5. Polybutylene pipe (PB)
- 6. Cross-linked polyethylene (PEX)
- 7. Other \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

(B) Are you aware of any past or present problems with any of your plumbing fixtures (e.g., including but not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?  
If "yes," explain: \_\_\_\_\_

**12. DOMESTIC WATER HEATING**

(A) **Type(s).** Is your water heating (check all that apply):

- 1. Electric
- 2. Natural gas
- 3. Fuel oil
- 4. Propane
- If "yes," is the tank owned by Seller?
- 5. Solar
- If "yes," is the system owned by Seller?
- 6. Geothermal
- 7. Other \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B1			<input type="checkbox"/>	<input type="checkbox"/>
B2			<input type="checkbox"/>	<input checked="" type="checkbox"/>
B3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

(B) **System(s)**

- 1. How many water heaters are there? 1  
Tanks 1 Tankless \_\_\_\_\_
- 2. When were they installed? \_\_\_\_\_
- 3. Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)?

(C) Are you aware of any problems with any water heater or related equipment?  
If "yes," explain: \_\_\_\_\_

**13. HEATING SYSTEM**

(A) **Fuel Type(s).** Is your heating source (check all that apply):

- 1. Electric
- 2. Natural gas
- 3. Fuel oil
- 4. Propane
- If "yes," is the tank owned by Seller?
- 5. Geothermal
- 6. Coal
- 7. Wood
- 8. Solar shingles or panels
- If "yes," is the system owned by Seller?
- 9. Other: \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
B3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

(B) **System Type(s)** (check all that apply):

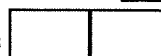
- 1. Forced hot air
- 2. Hot water
- 3. Heat pump
- 4. Electric baseboard
- 5. Steam
- 6. Radiant flooring
- 7. Radiant ceiling

Seller's Initials



Date 12/05/2023

Buyer's Initials



Date \_\_\_\_\_

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

	Yes	No	Unk	N/A
8. Pellet stove(s) How many and location? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Wood stove(s) How many and location? _____ <b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Coal stove(s) How many and location? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Wall-mounted split system(s) How many and location? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If multiple systems, provide locations _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(C) Status</b>				
1. Are there any areas of the house that are not heated? If "yes," explain: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many heating zones are in the Property? _____ <b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. When was each heating system(s) or zone installed? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. When was the heating system(s) last serviced? _____ <b>2023</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there an additional and/or backup heating system? If "yes," explain: _____ <b>fire place</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is any part of the heating system subject to a lease, financing or other agreement? If "yes," explain: _____ <b>no</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(D) Fireplaces and Chimneys</b>				
1. Are there any fireplaces? How many? _____ <b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all fireplaces working?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fireplace types (wood, gas, electric, etc.): _____ <b>wood</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are there any chimneys (from a fireplace, water heater or any other heating system)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. How many chimneys? _____ <b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When were they last cleaned? _____ <b>2019</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the chimneys working? If "no," explain: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(E) Fuel Tanks</b>				
1. Are you aware of any heating fuel tank(s) on the Property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Location(s), including underground tank(s): _____ <b>by house</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you do not own the tank(s), explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes," explain: _____</b>				
<b>14. AIR CONDITIONING SYSTEM</b>				
<b>(A) Type(s). Is the air conditioning (check all that apply):</b>				
1. Central air	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. How many air conditioning zones are in the Property? _____ <b>2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. When was each system or zone installed? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. When was each system last serviced? _____ <b>2023</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wall units How many and the location? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Window units How many? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Wall-mounted split units How many and the location? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>(B) Are there any areas of the house that are not air conditioned?</b> If "yes," explain: _____				
<b>(C) Are you aware of any problems with any item in Section 14? If "yes," explain: _____</b>				

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**15. ELECTRICAL SYSTEM**

**(A) Type(s)**

1. Does the electrical system have fuses?
2. Does the electrical system have circuit breakers?
3. Is the electrical system solar powered?
  - a. If "yes," is it entirely or partially solar powered? \_\_\_\_\_
  - b. If "yes," is any part of the system subject to a lease, financing or other agreement? If "yes," explain: \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (B) What is the system amperage? \_\_\_\_\_
- (C) Are you aware of any knob and tube wiring in the Property? \_\_\_\_\_
- (D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: \_\_\_\_\_

**16. OTHER EQUIPMENT AND APPLIANCES**

**(A) THIS SECTION IS INTENDED TO IDENTIFY PROBLEMS OR REPAIRS** and must be completed for each item that will, or may, be included with the Property. The terms of the Agreement of Sale negotiated between Buyer and Seller will determine which items, if any, are included in the purchase of the Property. **THE FACT THAT AN ITEM IS LISTED DOES NOT MEAN IT IS INCLUDED IN THE AGREEMENT OF SALE.**

**(B) Are you aware of any problems or repairs needed to any of the following:**

Item	Yes	No	N/A	Item	Yes	No	N/A
A/C window units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool/spa heater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attic fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range/oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Awnings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerator(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon monoxide detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Satellite dish	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling fans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security alarm system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deck(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprinkler automatic timer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dryer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stand-alone freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electric animal fence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Storage shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electric garage door opener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage transmitters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garbage disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Whirlpool/tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In-ground lawn sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior fire sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyless entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool/spa accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool/spa cover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(C) Explain any "yes" answers in Section 16:** \_\_\_\_\_

**17. POOLS, SPAS AND HOT TUBS**

- (A) Is there a swimming pool on the Property? If "yes,"**
1. Above-ground or in-ground? \_\_\_\_\_
  2. Saltwater or chlorine? \_\_\_\_\_
  3. If heated, what is the heat source? \_\_\_\_\_
  4. Vinyl-lined, fiberglass or concrete-lined? \_\_\_\_\_
  5. What is the depth of the swimming pool? \_\_\_\_\_
  6. Are you aware of any problems with the swimming pool?
  7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder, lighting, pump, etc.)?
- (B) Is there a spa or hot tub on the Property?**
1. Are you aware of any problems with the spa or hot tub?
  2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets, cover, etc.)?

	Yes	No	Unk	N/A
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(C) Explain any problems in Section 17:** \_\_\_\_\_



**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**18. WINDOWS**

- (A) Have any windows or skylights been replaced during your ownership of the Property?
- (B) Are you aware of any problems with the windows or skylights?

	Yes	No	Unk	N/A
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain any "yes" answers in Section 18. Include the location and extent of any problem(s) and any repair, replacement or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** \_\_\_\_\_

**19. LAND/SOILS**

**(A) Property**

1. Are you aware of any fill or expansive soil on the Property?
2. Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth stability problems that have occurred on or affect the Property?
3. Are you aware of sewage sludge (other than commercially available fertilizer products) being spread on the Property?
4. Have you received written notice of sewage sludge being spread on an adjacent property?
5. Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations on the Property?

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note to Buyer: The Property may be subject to mine subsidence damage. Maps of the counties and mines where mine subsidence damage may occur and further information on mine subsidence insurance are available through Department of Environmental Protection Mine Subsidence Insurance Fund, (800) 922-1678 or ra-epmsi@pa.gov.*

**(B) Preferential Assessment and Development Rights**

Is the Property, or a portion of it, preferentially assessed for tax purposes, or subject to limited development rights under the:

1. Farmland and Forest Land Assessment Act - 72 P.S. §5490.1, et seq. (Clean and Green Program)
2. Open Space Act - 16 P.S. §11941, et seq.
3. Agricultural Area Security Law - 3 P.S. §901, et seq. (Development Rights)
4. Any other law/program: \_\_\_\_\_

	Yes	No	Unk	N/A
B1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note to Buyer: Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort to limit the circumstances under which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged to investigate whether any agricultural operations covered by the Act operate in the vicinity of the Property.*

**(C) Property Rights**

Are you aware of the transfer, sale and/or lease of any of the following property rights (by you or a previous owner of the Property):

1. Timber
2. Coal
3. Oil
4. Natural gas
5. Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain: \_\_\_\_\_

	Yes	No	Unk	N/A
C1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note to Buyer: Before entering into an agreement of sale, Buyer can investigate the status of these rights by, among other means, engaging legal counsel, obtaining a title examination of unlimited years and searching the official records in the county Office of the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing leases, as Buyer may be subject to terms of those leases.*

**Explain any "yes" answers in Section 19:** \_\_\_\_\_

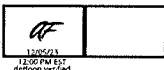
**20. FLOODING, DRAINAGE AND BOUNDARIES**

**(A) Flooding/Drainage**

1. Is any part of this Property located in a wetlands area?
2. Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?
3. Do you maintain flood insurance on this Property?
4. Are you aware of any past or present drainage or flooding problems affecting the Property?
5. Are you aware of any drainage or flooding mitigation on the Property?
6. Are you aware of the presence on the Property of any man-made feature that temporarily or permanently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert, pipe or other feature?
7. If "yes," are you responsible for maintaining or repairing that feature which conveys or manages storm water for the Property?

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller's Initials



Date 12/05/2023

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Buyer's Initials



Date \_\_\_\_\_

Check yes, no, unknown (unk) or not applicable (N/A) for each question. Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

Explain any "yes" answers in Section 20(A). Include dates, the location and extent of flooding and the condition of any man-made storm water management features:

(B) Boundaries

- 1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property?
2. Is the Property accessed directly (without crossing any other property) by or from a public road?
3. Can the Property be accessed from a private road or lane?
a. If "yes," is there a written right of way, easement or maintenance agreement?
b. If "yes," has the right of way, easement or maintenance agreement been recorded?
4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or maintenance agreements?

Table with 4 columns: Yes, No, Unk, N/A. Rows B1-B4 corresponding to questions 1-4.

Note to Buyer: Most properties have easements running across them for utility services and other reasons. In many cases, the easements do not restrict the ordinary use of the property, and Seller may not be readily aware of them.

Explain any "yes" answers in Section 20(B):

21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

(A) Mold and Indoor Air Quality (other than radon)

- 1. Are you aware of any tests for mold, fungi, or indoor air quality in the Property?
2. Other than general household cleaning, have you taken any efforts to control or remediate mold or mold-like substances in the Property?

Table with 4 columns: Yes, No, Unk, N/A. Rows A1-A2 corresponding to questions 1-2.

Note to Buyer: Individuals may be affected differently, or not at all, by mold contamination. If mold contamination or indoor air quality is a concern, buyers are encouraged to engage the services of a qualified professional to do testing.

(B) Radon

- 1. Are you aware of any tests for radon gas that have been performed in any buildings on the Property?
2. If "yes," provide test date and results
3. Are you aware of any radon removal system on the Property?

Table with 4 columns: Yes, No, Unk, N/A. Rows B1-B3 corresponding to questions 1-3.

(C) Lead Paint

If the Property was constructed, or if construction began, before 1978, you must disclose any knowledge of, and records and reports about, lead-based paint on the Property on a separate disclosure form.

- 1. Are you aware of any lead-based paint or lead-based paint hazards on the Property?
2. Are you aware of any reports or records regarding lead-based paint or lead-based paint hazards on the Property?

Table with 4 columns: Yes, No, Unk, N/A. Rows C1-C2 corresponding to questions 1-2.

(D) Tanks

- 1. Are you aware of any existing underground tanks?
2. Are you aware of any underground tanks that have been removed or filled?

Table with 4 columns: Yes, No, Unk, N/A. Rows D1-D2 corresponding to questions 1-2.

(E) Dumping. Has any portion of the Property been used for waste or refuse disposal or storage?

If "yes," location:

Table with 4 columns: Yes, No, Unk, N/A. Row E corresponding to question 1.

(F) Other

- 1. Are you aware of any past or present hazardous substances on the Property (structure or soil) such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
2. Are you aware of any other hazardous substances or environmental concerns that may affect the Property?
3. If "yes," have you received written notice regarding such concerns?
4. Are you aware of testing on the Property for any other hazardous substances or environmental concerns?

Table with 4 columns: Yes, No, Unk, N/A. Rows F1-F4 corresponding to questions 1-4.

Explain any "yes" answers in Section 21. Include test results and the location of the hazardous substance(s) or environmental issue(s):

22. MISCELLANEOUS

(A) Deeds, Restrictions and Title

- 1. Are there any deed restrictions or restrictive covenants that apply to the Property?
2. Are you aware of any historic preservation restriction or ordinance or archeological designation associated with the Property?

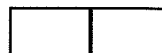
Table with 4 columns: Yes, No, Unk, N/A. Rows A1-A2 corresponding to questions 1-2.

Seller's Initials



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Buyer's Initials



Date

Check yes, no, unknown (unk) or not applicable (N/A) for each question. Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

3. Are you aware of any reason, including a defect in title or contractual obligation such as an option or right of first refusal, that would prevent you from giving a warranty deed or conveying title to the Property?

	Yes	No	Unk	N/A
A3	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
B1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
B2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
B3	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
C1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
C2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
D1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

**(B) Financial**

- Are you aware of any public improvement, condominium or homeowner association assessments against the Property that remain unpaid or of any violations of zoning, housing, building, safety or fire ordinances or other use restriction ordinances that remain uncorrected?
- Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of this sale?
- Are you aware of any insurance claims filed relating to the Property during your ownership?

**(C) Legal**

- Are you aware of any violations of federal, state, or local laws or regulations relating to this Property?
- Are you aware of any existing or threatened legal action affecting the Property?

**(D) Additional Material Defects**

- Are you aware of any material defects to the Property, dwelling, or fixtures which are not disclosed elsewhere on this form?

*Note to Buyer: A material defect is a problem with a residential real property or any portion of it that would have a significant adverse impact on the value of the property or that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or subsystem is not by itself a material defect.*

- After completing this form, if Seller becomes aware of additional information about the Property, including through inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the inspection report(s). These inspection reports are for informational purposes only.

Explain any "yes" answers in Section 22: \_\_\_\_\_

**23. ATTACHMENTS**

(A) The following are part of this Disclosure if checked:

- Seller's Property Disclosure Statement Addendum (PAR Form SDA)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to the best of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers of the property and to other real estate licensees. **SELLER ALONE IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED IN THIS STATEMENT.** If any information supplied on this form becomes inaccurate following completion of this form, Seller shall notify Buyer in writing.

SELLER <i>Andrea Frank</i>	DATE _____
SELLER	DATE <u>12/05/2023</u>
SELLER	DATE _____
SELLER	DATE _____
SELLER	DATE _____

**RECEIPT AND ACKNOWLEDGEMENT BY BUYER**

The undersigned Buyer acknowledges receipt of this Statement. Buyer acknowledges that this Statement is not a warranty and that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present condition. It is Buyer's responsibility to satisfy himself or herself as to the condition of the property. Buyer may request that the property be inspected, at Buyer's expense and by qualified professionals, to determine the condition of the structure or its components.

BUYER _____	DATE _____
BUYER _____	DATE _____
BUYER _____	DATE _____