



RHODE ISLAND REAL ESTATE SALES DISCLOSURE FORM
Rhode Island Association of REALTORS®



SELLER

DATE 11/24/2024 PROPERTY ADDRESS 420 Social Street, Woonsocket 02895

Seller: Pacific Realty LLC Current Address:

Seller has occupied subject property? [ ] Yes [X] No If yes, number of years and when:

Pursuant to R.I.G.L. Section 5-20.8-2 "Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." It is recommended that a separate sales disclosure form be completed for each unit of a multi-unit property.

STATEMENT

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the following property information is accurate, true and complete to the best of his/her knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all related transactions may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Listing Licensee(s) for such advice. Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.

GENERAL DISCLAIMER

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

STRUCTURE

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built 1940 Addition(s): Year(s):

2. Roof (Shingles) Age: # of Layers: Previous Repairs: Known Defects:

3. Fireplaces # 0 # Working: Maintenance History:

4. Wood/Coal/Gas/Pellet Stove(s) [ ] Yes [X] No If yes, Type When installed? Permit received? [ ] Yes [ ] No Copy attached? [ ] Yes [ ] No

5. Heating System System Type: Hanging gas Heater/ Forced air Age: 1/ Unknown Fuel Type: Gas Number of zones: 2 Size of onsite storage tank: Owned by: [ ] Fuel Provider [ ] Seller Supplemental heating? [ ] Yes [X] No [ ] Unknown If yes, type? Do any defects/malfunctions exist? [ ] Yes (Explain) [X] No [ ] Unknown Modifications? [ ] Yes (Explain) [X] No [ ] Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other] Underground tank on property? [ ] Yes [X] No [ ] Unknown a. Tank in use? [ ] Yes [ ] No [ ] Unknown Tested? [ ] Yes [ ] No [ ] Unknown Size of tank: Fuel type: Owned Leased Terms of Lease (\$ per month or year) Duration of Lease Copy of lease available? [ ] Yes [ ] No Copy attached? [ ] Yes [ ] No b. Tank closed? [ ] Yes [ ] No [ ] Unknown Size of tank: Fuel type: Tank filled? [ ] Yes [ ] No [ ] Unknown If yes, documentation available. Tank removed? [ ] Yes [ ] No [ ] Unknown If yes, documentation available.

7. Domestic Hot Water Heating Source: If a separate tank, capacity: gal. Age Rented? [ ] Yes [X] No If yes, Company rented from Known Defects:



**8. Plumbing**

Type: Copper \_\_\_\_\_ Galvanized \_\_\_\_\_ PVC \_\_\_\_\_ Mixed  None \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_  
 Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown  
 Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**9. Electrical Service**

Fuses \_\_\_\_\_ Circuit Breakers  Amps \_\_\_\_\_ Unknown \_\_\_\_\_  
 Type: Aluminum Wiring \_\_\_\_\_ Knob & Tube \_\_\_\_\_ BX Cable \_\_\_\_\_ Romex \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_  
 Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown  
 Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**10. Solar Equipment/System**

Yes  No  Unknown Age: \_\_\_\_\_ Type of System:  Space Heating  Electrical  Water Heating  Unknown  
 Other (please specify) \_\_\_\_\_  
 Owned \_\_\_\_\_ Leased \_\_\_\_\_ Terms of lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_  
 Copy of lease available?  Yes  No Copy attached?  Yes  No Operational?  Yes  No  Unknown

**11. Air Conditioning**

Yes  No  Unknown Age: Unknown  
 Type of System:  Central Air: Number of Zones <sup>1</sup> \_\_\_\_\_  Ductless  Window Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_  
 Built in Wall Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_  
 Location \_\_\_\_\_ Maintenance History \_\_\_\_\_  
 Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown  
 Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**12. Insulation**

Wall:  Yes  No  Unknown Type \_\_\_\_\_; Ceiling:  Yes  No  Unknown Type \_\_\_\_\_;  
 Floor:  Yes  No  Unknown Type \_\_\_\_\_ Ureaformaldehyde Insulation:  Yes  No  Unknown

**Additional Structural Information (Attach additional sheets if necessary.)**

**UTILITIES**

**13. Sewer, Septic and Other Wastewater Disposal Systems**

Type:  Private  Public  Both  
**Public System:** Is it connected?  Yes  No Outstanding Assessment?  Yes  No  
 Minimum Annual Fee: \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_  
 Is Seller aware of any sewer backup or failure?  Yes  No  Unknown If yes, please explain. \_\_\_\_\_  
 Sewer line maintenance and repair history (i.e. snaking, scoping): \_\_\_\_\_

**Private System:** (check all that apply),  Cesspool  Septic:  Leach field  Galleys  Denitrification System  Unknown  
 Other  
 OWTS Design (DEM approved # of Bedrooms): \_\_\_\_\_ Copy Available?  Yes  No Copy attached?  Yes  No  
 Location: \_\_\_\_\_ Date installed: \_\_\_\_\_  
 Maintenance Requirements (State/Local): \_\_\_\_\_  
 Sanitation Company used: \_\_\_\_\_  
 Last pumped: \_\_\_\_\_ Other Connections (Drywell, etc.): \_\_\_\_\_  
 Is Seller aware of any backup or failure?  Yes  No  Unknown If yes, please explain. \_\_\_\_\_  
 OWTS maintenance and repair history: \_\_\_\_\_

**Sewage Pumps?**  Yes  No  Unknown If yes, Type:  Macerator/Grinder Pump  Ejector Pump  Both  Unknown  
 Location: \_\_\_\_\_  
 Maintenance History (Any Failure): \_\_\_\_\_

"Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

**14. Water System**

Public Filtration System?  Yes  No  
 Private If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health." "The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."  
 "If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3."  
 Dug Well or  Drilled Well? Depth: \_\_\_\_\_ Location: \_\_\_\_\_  
 Well water inspection certificate available?  Yes  No Copy attached?  Yes  No  
 Water Quality Problems?  Yes  No If yes, explain \_\_\_\_\_  
 Whole House Filtration System?  Yes  No Rented?  Yes  No Terms of lease (\$ per month or year) \_\_\_\_\_  
 Duration of Lease \_\_\_\_\_  
 Treatment System?  Yes  No Rented?  Yes  No Terms of lease (\$ per month or year) \_\_\_\_\_  
 Duration of Lease \_\_\_\_\_

**Additional Utilities Information (Attach additional sheets if necessary.)**

**MUNICIPAL INFORMATION**

**15. Real Estate Property Tax**

\$ 5,058.75 for fiscal/calendar year ending 2024 Tax Rate: 20.26 Current Exemptions: None

**16. Municipal Fire District Tax**

Name of Fire District None  
 \$ \_\_\_\_\_ for fiscal/calendar year ending \_\_\_\_\_ Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

**17. Easements/Encroachments**

Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.  
 Does Seller have a copy of any surveys in his/her possession?  Yes  No  Unknown Copy attached?  Yes  No  
 Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property?  Yes  No  Unknown  
 If yes, describe See Deed in Book 2643 Page 304, 305 Copy attached  
 Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?  
 Yes  No  Unknown Copy attached?  Yes  No  
 Does Seller have any knowledge of Encroachments?  Yes  No  Unknown If yes, describe \_\_\_\_\_

**18. Deed**

Type of deed to be conveyed:  Warranty  Quitclaim  Trustee's  Foreclosure  Collector's  Executor's  
 Other \_\_\_\_\_ Number of parcels conveying: \_\_\_\_\_

**19. Zoning/Historical**

"Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."  
 Classification: \_\_\_\_\_  
 Have you applied for or been granted a special use permit for this property?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Is the current use a permitted use under the current zoning regulations?  Yes  No  Unknown  
 If no, explain: \_\_\_\_\_  
 Is the current use non-conforming in any other way?  Yes  No  Unknown  
 If yes, explain: \_\_\_\_\_  
 Is this property located in a historic district?  Yes  No  Unknown Historic restrictions?  Yes  No  Unknown

**20. Property Restrictions**

Are there any recorded Property restrictions?  Yes (Explain) \_\_\_\_\_  No  Unknown  
 Type of Restriction:  Deed  Subdivision Copy attached?  Yes  No

**21. Building Permits**

Have building permits been obtained for all required construction and/or renovation while you have owned the property?  Yes  No  
 If no, explain: \_\_\_\_\_  
 If yes, has final approval been obtained?  Yes  No

**22. Building Code/or Minimum Housing**

Outstanding Violations for which you have been cited while you have owned this property (attach copy): \_\_\_\_\_

**23. Flood Plain**

Is the property located in a flood plain?  Yes  No  Unknown Is there flood insurance on the property?  Yes  No

Is there an Elevation Certificate?  Yes  No Copy attached?  Yes  No

Is there a Letter of Map Amendment (LOMA)?  Yes  No Copy attached?  Yes  No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

**24. Wetlands**

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.

Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp?

Yes (Explain) \_\_\_\_\_

No  Unknown Copy attached?  Yes  No

**25. Farms**

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

**Additional Municipal Information (Attach additional sheets if necessary.)**

**CONDO/MULTI UNIT**

**26. Condo/Association Fees**

Monthly Condo/Association Fee: \$ \_\_\_\_\_ Included in Condo Fee? (check all that apply)  Heat  Electric  Water  Sewer

Other \_\_\_\_\_

Working Capital Deposit?  Yes  No If yes, Amount: \$ \_\_\_\_\_ Buyer to pay?  Yes  No

Current Outstanding Assessments: \$ \_\_\_\_\_

Fire Alarm System up to date?  Yes  No  Unknown

Approved Future Assessments:  Yes If yes, describe \_\_\_\_\_  No  Unknown

**27. Multi-Family or Other Rental Property**

Are income and expense figures available?  Yes  No Copy attached?  Yes  No

Lease(s) period: \_\_\_\_\_ Copies available?  Yes  No Copy attached?  Yes  No

Number of Legal Units: \_\_\_\_\_ Seller shall provide a copy of Confirmation of Rental Terms. Copy attached?  Yes  No

Security Deposits \_\_\_\_\_ Rental Income \_\_\_\_\_

**Additional Condo/Multi Unit Information (Attach additional sheets if necessary.)**

**NOTICES/DISCLOSURES**

**28. Pools & Equipment**

Age of pool: \_\_\_\_\_ Maintenance History (Any Defects): \_\_\_\_\_

Was a permit obtained for the pool?  Yes  No  Unknown

**29. Lead Contamination**

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted?  Yes  No Copy attached?  Yes  No

Lead compliance certificate(s) available?  Yes  No Copy attached?  Yes  No

**30. Smoke/Carbon Monoxide Detectors**

Installed and functioning?  Yes  No R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. **Contact the local Fire Marshal to determine the requirements for this Property.**

**31. Radon**

"Radon has been determined to exist in the State of Rhode Island. Testing for the presence of radon in residential real estate prior to purchase is advisable."

Has property been tested for radon?  Yes  No If yes, # of Pico curies/liter: \_\_\_\_\_

Copy of test available?  Yes  No Copy attached?  Yes  No Any action taken? \_\_\_\_\_

Is a Radon Mitigation System in use?  Yes  No

**32. Mold**

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any mold conditions, including moisture penetration and/or damage?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_

Has the property previously been tested for mold?  Yes  No  Unknown Copy attached?  Yes  No

Any previous mold mitigation action taken, including modifications to any ventilation system?  Yes  No  Unknown If yes, please describe: \_\_\_\_\_

**33. Homeowners Insurance Claims History**

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?

Yes  No If yes, please list all claims. \_\_\_\_\_

**Additional Notices/Disclosures Information (Attach additional sheets if necessary.)**

**STRUCTURE**

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA		Y	N	UK	NA	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Basement	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway(s)	45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bulkhead/Hatchway	41	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Walls	46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls/Fences
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceilings	42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floors	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney(s)	43	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foundation/Slab(s)					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	44	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Walls					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Structural Components (Describe) _____										

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)

The side door lock is broken. Parking lot needs to repair. One of the kitchen window is broken.

**EQUIPMENT/SYSTEMS/APPLIANCES**

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
48 Alarm/Security System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
49 Ceiling/Whole House Fan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> UK
50 Central Vac/Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51 Dehumidifier	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52 Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> UK
53 Dryer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54 Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55 Garage Door Opener(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56 Garbage Disposal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57 Generator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58 Hot Tub/Sauna	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59 Intercom System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60 Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
61 Kitchen Stove/Oven	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62 Lawn Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63 Microwave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input checked="" type="checkbox"/> UK

BUYER'S INITIALS \_\_\_\_\_ SELLER'S INITIALS JVL



- 64 Refrigerator  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 65 Satellite Dish  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 66 Sump Pump  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 67 Trash Compactor  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 68 Washer  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 69 Commercial Hood  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 70 Commercial Grill  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
- 71 Restaurant equipment  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

**CONDITIONS**

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | <table border="0"> <tr> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">UK</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td>72</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Asbestos</td> </tr> <tr> <td>73</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cemetery or Burial Ground on Property</td> </tr> <tr> <td>74</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Diseased Tree(s) within 100' of Dwelling/Outbuilding</td> </tr> <tr> <td>75</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Endangered Species/Habitat on Property</td> </tr> <tr> <td>76</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hazardous or Toxic Waste</td> </tr> <tr> <td>77</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hazardous or Toxic Waste Site Within 1 Mile</td> </tr> <tr> <td>78</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Improper Drainage</td> </tr> <tr> <td>79</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Landfill</td> </tr> <tr> <td>80</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Previous Fire/Smoke Damage</td> </tr> <tr> <td>81</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Settling</td> </tr> <tr> <td>82</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Soil Movement</td> </tr> <tr> <td>83</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Subsurface Structure(s) or Pit(s)</td> </tr> <tr> <td>84</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Synthetic Stucco / EIFS</td> </tr> </table> | Y                                   | N                                   | UK                                  | NA                       |  | 72 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos | 73 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property | 74 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | 75 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property | 76 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste | 77 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile | 78 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improper Drainage | 79 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Landfill | 80 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage | 81 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Settling | 82 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Soil Movement | 83 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) | 84 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS | <table border="0"> <tr> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> <th style="text-align: center;">UK</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td>85</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water Penetration</td> </tr> <tr> <td>86</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wood Rot</td> </tr> <tr> <td colspan="5"><b>Previous Flooding:</b></td> </tr> <tr> <td>87</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Into the Improvements</td> </tr> <tr> <td>88</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Onto the Property</td> </tr> <tr> <td colspan="5"><b>Structural Repairs:</b></td> </tr> <tr> <td>89</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Previous Foundation Repairs</td> </tr> <tr> <td>90</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other Structural Repairs</td> </tr> <tr> <td colspan="5"><b>Termites or Other Wood-Destroying Insects:</b></td> </tr> <tr> <td>91</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Active Infestation</td> </tr> <tr> <td>92</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Previous Treatment</td> </tr> <tr> <td>93</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Previous Damage Repaired</td> </tr> <tr> <td>94</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Damage Needing Repair</td> </tr> <tr> <td>95</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Current Service Contract</td> </tr> </table> | Y | N | UK | NA |  | 85 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Penetration | 86 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wood Rot | <b>Previous Flooding:</b> |  |  |  |  | 87 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Into the Improvements | 88 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Onto the Property | <b>Structural Repairs:</b> |  |  |  |  | 89 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs | 90 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs | <b>Termites or Other Wood-Destroying Insects:</b> |  |  |  |  | 91 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Active Infestation | 92 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment | 93 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired | 94 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair | 95 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|----------|----|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|----|-------------------------------------|--------------------------|--------------------------|--------------------------|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|---|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|----------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|----------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------|--|---|---|----|----|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|----------|---------------------------|--|--|--|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------|----------------------------|--|--|--|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|--|--|--|----|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Y  | N                                   | UK                                  | NA                                  |                          |  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 72   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 73   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Cemetery or Burial Ground on Property                |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 74   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 75   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property               |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 76   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste                             |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 77   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile          |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 78   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improper Drainage                                    |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 79   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Landfill   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 80   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage                           |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 81   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Settling   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 82   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Soil Movement  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 83   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s)                    |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 84   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS                              |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| Y  | N                                   | UK                                  | NA                                  |                          |  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 85   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Penetration                                    |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 86   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wood Rot   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| <b>Previous Flooding:</b>  |                                     |                                     |                                     |                          |  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 87   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Into the Improvements                                |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 88   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Onto the Property                                    |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| <b>Structural Repairs:</b>   |                                     |                                     |                                     |                          |  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 89   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs                          |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 90   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs                             |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| <b>Termites or Other Wood-Destroying Insects:</b>  |                                     |                                     |                                     |                          |  |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 91   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Active Infestation                                   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 92   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Previous Treatment                                   |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 93   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Previous Damage Repaired                             |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 94   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair                                |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |
| 95   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Current Service Contract                             |    |                          |                          |                                     |                          |          |    |                                     |                          |                          |                          |                                       |    |                                     |                          |                          |                          |  |    |                          |                          |                                     |                          |  |    |                          |                          |                                     |                          |                          |    |                          |                          |                                     |                          |   |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |                            |    |                          |                          |                                     |                          |          |    |                          |                          |                                     |                          |               |    |                          |                          |                                     |                          |                                   |    |                          |                          |                                     |                          |                         |  |   |   |    |    |  |    |                          |                          |                                     |                          |                   |    |                          |                          |                                     |                          |          |                           |  |  |  |  |    |                          |                          |                                     |                          |                       |    |                          |                          |                                     |                          |                   |                            |  |  |  |  |    |                          |                          |                                     |                          |                             |    |                          |                          |                                     |                          |                          |   |  |  |  |  |    |                          |                          |                                     |                          |                    |    |                          |                                     |                          |                          |                    |    |                          |                                     |                          |                          |                          |    |                          |                          |                                     |                          |                       |    |                          |                                     |                          |                          |                          |

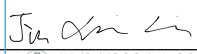

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

**COMMENTS**

Additional Comments:

**ACKNOWLEDGMENT**

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Date 11/24/2024 Seller  Date \_\_\_\_\_ Seller \_\_\_\_\_  
 Date \_\_\_\_\_ Seller  11/24/2024 1:20 PM EST Date \_\_\_\_\_ Seller \_\_\_\_\_

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_  
 Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_

**CHANGES**

Changes since property was first listed [If changes were made, initial below]:

Date \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Date \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

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