



**SELLER'S DISCLOSURE OF REAL PROPERTY
CONDITION REPORT
State of Delaware**

Approved by the Delaware Real Estate Commission (Effective Date: July 1, 2023)

Seller(s) Name: Janel L. Thomas, Charles W. Gent SR

3059 Woodyard Road

Property Address: Harrington, DE 19952

Approximate Age of Building(s): _____ **Date Purchased:** _____

Chapter 25, Title 6 of the Delaware Code, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement. Government websites containing helpful information include: Office of State Planning Coordination <https://www.stateplanning.delaware.gov/>, Delaware Department of Natural Resources and Environmental Control <https://dnrec.alpha.delaware.gov/>, Delaware Division of Public Health www.dhss.delaware.gov/dhss/dph, Delaware State Police Sex Offender Registry www.sexoffender.dsp.delaware.gov, Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on www.delaware.gov.

Seller shall answer the following questions based on Seller's knowledge of the property.

| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property. |
|-----|-------------------------------------|-------------------------------------|--|
| | <input checked="" type="checkbox"/> | | I. OCCUPANCY |
| | <input checked="" type="checkbox"/> | | 1. How do you currently use this property? As a: (___ Primary Residence) (___ Second/Vacation Home) (___ Rental Property) (<input checked="" type="checkbox"/> Inherited Property) (___ Other: _____). If not your Primary Residence, how long has it been since you occupied the property? _____. |
| | <input checked="" type="checkbox"/> | | 2. Is the property encumbered by a (___ rental/lease), (___ option to purchase), or (___ first right of refusal)? If yes, describe in XVI. Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request. |
| | | <input checked="" type="checkbox"/> | 3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained? |
| | | <input checked="" type="checkbox"/> | 4. If the property is a rental/lease, is the property subject to a rental/lease management agreement? |
| | | <input checked="" type="checkbox"/> | 5. If #4 is yes, is the agreement binding upon the purchaser? If yes, describe in XVI. Seller agrees to provide a copy of the management agreement to Buyer upon request. |
| | <input checked="" type="checkbox"/> | | 6. Is the property new construction? |
| | | <input checked="" type="checkbox"/> | 7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____. If no, STOP USING THIS FORM and complete the Seller's Disclosure of Real Property Condition Report New Construction Only . |

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Seller's Initials JL Seller's Initials CWG Buyer's Initials [Signature] Buyer's Initials [Signature]
 Seller's Initials _____ Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property. |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| | | <input checked="" type="checkbox"/> | 8. If #6 is yes, Seller warrants that the property (___ is) or (___ is not) exempt from providing the Buyer with a Public Offering Statement as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents. |
| | | | II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS |
| | <input checked="" type="checkbox"/> | | 9. Is the property subject to any deed restrictions? (e.g., rental restrictions, pet restrictions, fence requirements, etc.) If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 10. Are you in violation of any deed restrictions at this time? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 12. Is the property subject to any private, public, or historic architectural review control other than building codes? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 13. Is the property part of a condominium or cooperative (Co-op) ownership? |
| | <input checked="" type="checkbox"/> | | 14. Is there a (___ Homeowners Association), (___ Condominium Association), (___ Cooperative (Co-op), (___ Civic Association), or (___ Maintenance Corporation)? |
| | <input checked="" type="checkbox"/> | | 15. If #14 is yes, are there any (___ Fees), (___ Dues), (___ Assessments) involved? If yes, how much? _____; Frequency of payments: (___ Monthly), (___ Quarterly), (___ Yearly), (___ Other: _____); Are they (___ Mandatory) or (___ Voluntary)? |
| | <input checked="" type="checkbox"/> | | 16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____? |
| | <input checked="" type="checkbox"/> | | 17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 18. Has there been a special assessment in the past 12 months? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? If yes, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 20. Management Company Name: _____ |
| | | <input checked="" type="checkbox"/> | 21. Representative Name: _____ Phone # _____ |
| | | <input checked="" type="checkbox"/> | 22. Representative E-mail Address: _____ |
| | | | III. TITLE / ZONING INFORMATION |
| | <input checked="" type="checkbox"/> | | 23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement? _____ |
| <input checked="" type="checkbox"/> | | | 24. Is your property owned (<input checked="" type="checkbox"/> In fee simple) or (___ Lease/Ground Lease) or (___ Cooperative)? |
| | | <input checked="" type="checkbox"/> | 25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____; Frequency of payments: (___ Weekly), (___ Monthly), (___ Quarterly), (___ Yearly), (___ Other: _____) Note to Buyer: May be subject to change. |
| | | <input checked="" type="checkbox"/> | 26. If a Leasehold/Ground Lease, when does it expire? _____. |
| | <input checked="" type="checkbox"/> | | 27. Are there any right-of-way, easements, or similar matters that affect the property? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 28. Are there any shared maintenance agreements affecting the property? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? If yes, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 31. Is your property currently covered by a title insurance policy? |
| | <input checked="" type="checkbox"/> | | 32. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 33. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? If yes, describe in XVI. |

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Seller's Initials HT Seller's Initials CLWG Buyer's Initials _____ Buyer's Initials _____
 Seller's Initials _____ Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property. |
|-----|----|---|--|
|-----|----|---|--|

| Yes | No | * | |
|-----|----|---|--|
| | | | IV. ADDITIONAL INFORMATION |
| | X | | 34. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? If yes, describe in XVI. |
| | X | | 35. Is there any existing legal action affecting this property? If yes, describe in XVI. |
| | X | | 36. Are there any violations of local, state or federal laws or regulations relating to this property? If yes, describe in XVI. |
| | X | | 37. Does your current real estate tax amount reflect any non-transferrable exemptions or discounts? If yes, describe in XVI. |
| | X | | 38. Have you received formal notice of any changes that may materially or adversely affect the property? e.g., zoning changes, road changes, proposed utility changes, etc. If yes to any, describe in XVI. |
| X | | | 39. Are all the exterior door locks in the house in working condition? If no, describe in XVI. |
| | X | | 40. Will keys be provided for each lock? |
| | X | | 41. During your ownership, are there now or have there been animals (pets) living in the house? If yes, what type? _____. |
| | X | | 42. Is there now or has there ever been a (___ Swimming pool), (___ Hot tub), (___ Spa) or (___ Whirlpool) on the property? If yes and there are any defects, describe in XVI. |
| | | X | 43. If there is a pool, does it conform to all local ordinances? If no, describe in XVI. |
| X | | | 44. What is the type of trash disposal? (<input checked="" type="checkbox"/> Private), (___ Municipal), (___ County), (___ Community) or (___ Other _____). |
| | | | 45. The cost of repairing and repaving the streets adjacent to the property is paid for by: ___ The property owner(s), estimated fees: \$ _____ <input checked="" type="checkbox"/> Delaware Department of Transportation or the State of Delaware ___ Municipal ___ Community/HOA ___ Other ___ Unknown Note to Buyer: Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578) Note to Buyer: Please check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal. |
| | | X | 46. Is off street parking available for this property? If yes, number of spaces available: _____ |
| | | | V. ENVIRONMENTAL CONCERNS |
| X | | | 47. Are there now or have there been any underground storage tanks on the property? (___ Heating fuel), (___ Propane), (<input checked="" type="checkbox"/> Septic), or (___ Other: _____). If yes, describe locations in XVI. |
| | | X | 48. If the tank was abandoned, was it done with all necessary permits and properly abandoned? |
| X | | | 49. Are asbestos-containing materials present? If yes, describe in XVI. |
| X | | X | 50. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) If yes, describe in XVI. |
| | | X | 51. Has the property been tested for toxic or hazardous substances? If yes, describe in XVI and provide the test results. |
| | | X | 52. Has the property ever been tested for mold? If yes, provide the test results. |
| | X | | 53. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? If yes, describe in XVI. |
| | | X | 54. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property? |
| | | | VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES) |
| | | X | 55. Is there fill soil or other fill material on the property? |
| | | X | 56. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? If yes, describe in XVI. |
| | X | | 57. Is any part of the property located in (___ a flood zone) and/or (___ a wetlands area)? |
| | X | | 58. Are there drainage or flood problems affecting the property? If yes, describe in XVI. |
| | X | | 59. Do you carry flood insurance? Agent: _____ Policy # _____ |
| | X | | 60. If #59 is yes, what is the annual cost of this policy? _____ |
| | | | Note to Buyer: Public and/or private flood insurance options exist for most properties regardless if property is located in a flood zone. Inquire about options with a qualified insurance agent. |

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| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property. |
|-----|----|---|--|
| | X | | 61. Have you made any insurance claims on the property in the past 5 years? If yes, describe in XVI. |
| | | X | 62. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? If yes, describe in XVI. |
| | X | | 63. Are there encroachments or boundary line disputes affecting the property? If yes, describe in XVI? |
| X | | | 64. Are there any ditches crossing or bordering the property? If yes, describe in XVI. |
| | | X | 65. Are there any swales crossing the property that are under the control of a Soil and Conservation District? If yes, describe in XVI. |
| | X | | 66. Have you ever had the property surveyed? |
| | | X | 67. Are the boundaries of the property marked in any way? If yes, describe in XVI. |
| | | | VII. STRUCTURAL ITEMS |
| | X | | 68. Have you made any additions or structural changes? If yes, describe in XVI. |
| | | X | 69. If #68 is yes, was all work done with all necessary permits and approvals in compliance with building codes? |
| | | X | 70. If #69 is yes, are the permits closed? |
| | | X | 71. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? If yes, describe in XVI. |
| | | X | 72. Has the property, or any improvements thereon, ever been damaged by (___ Fire), (___ Smoke), (___ Wind), or (___ Flood)? If yes, describe in XVI. |
| | | X | 73. Was the structure moved to this site? (___ Double Wide), (___ Modular), (___ Other: _____) |
| | | X | 74. Is there now or has there ever been any non-plumbing water leakage in the house? If yes, describe in XVI. |
| | | X | 75. Are there any problems with (___ Exterior walls), (___ Driveways), (___ Walkways), (___ Patios), (___ Decks), (___ Porches) or (___ Retaining walls) on the property? If yes, describe in XVI. |
| | | X | 76. Are there any problems with (___ Interior walls), (___ Ceilings), (___ Floors), or (___ Windows) on the property? If yes, describe in XVI. |
| | | X | 77. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 74, 75, and 76? If yes, describe in XVI. |
| | | X | 78. Is there insulation in the: (___ Ceiling/attic), (___ Exterior walls), (___ Crawlspace/basement), or (___ Other: _____) What type(s) of insulation does your property have? _____ |
| | | | VIII. TERMITES, INSECTS, AND WILDLIFE |
| | | X | 79. Is there now or has there ever been any infestation by termites or other wood destroying insects? If yes, describe in XVI. |
| | | X | 80. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? If yes, describe in XVI. |
| | | X | 81. Is there now or has there ever been any damage to the property caused by (___ Termites), (___ Other wood destroying insects), or (___ Wildlife)? If yes, describe in XVI. |
| | | X | 82. Have there ever been any termite or wood destroying insect treatments made on the property? If yes, describe in XVI. |
| | | X | 83. Is there or has there ever been an infestation of insects? If yes, describe in XVI. |
| | X | | 84. During your ownership, have there been any insect control inspections made on the property. If yes, describe in XVI. |
| | X | | 85. Are you aware of any insect control treatments made on the property? If yes, describe in XVI. |
| | | X | 86. Are there now or have there ever been any bat colonies present on the property? If yes, describe in XVI. |
| | X | | 87. Is your property currently under warranty, or other coverage, by a professional pest control company? If yes, name of exterminating company: _____ |
| | | | IX. BASEMENT AND CRAWL SPACES |
| | X | / | 88. Does the property have a sump pump? If yes, where does it drain? _____ |
| | | X | 89. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI. |
| | | X | 90. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI. |
| | | X | 91. Are there any cracks or bulges in the floors or foundation walls? If yes, describe in XVI. |

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Seller's Initials jt Seller's Initials CWC Buyer's Initials _____ Buyer's Initials _____
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|-----|----|---|--|
| | | | X. ROOF |
| | | X | 92. Date last roof surface installed: _____ . If all roof surfaces not the same age, explain in XVI. |
| | | X | 93. How many layers of roof material are there (e.g., new shingles over old shingles)? _____ |
| X | | X | 94. Are there any problems with the roof, flashing, rain gutters, or skylights? If yes or repaired under your ownership, explain in XVI. |
| | X | | 95. If under warranty, is warranty transferable? |
| X | | | 96. Where do your gutters drain? (<input checked="" type="checkbox"/> Surface), (___ Drywell), (___ Storm Sewers), (___ Other: _____) |
| | | | XI. PLUMBING-RELATED ITEMS |
| X | | | 97. What is the drinking water source? (___ Municipal), (___ County), (___ Public Utility), (<input checked="" type="checkbox"/> Private Well), (___ Other: _____) |
| | X | | 98. If drinking water is supplied by public utility, name of utility: _____ . |
| | X | | 99. Is there a water treatment system? If yes, (___ Leased) or (___ Owned)? |
| | | X | 100. If water source is a well, when was it installed? _____ Location of well? _____ Depth of well? _____ . If more than one well, describe in XVI. |
| | | X | 101. What type of plumbing is used for the Water Supply? (___ Copper), (___ Lead), (___ Cast Iron), (___ PVC), (___ PEX), (___ Polybutylene), (___ Galvanized), (___ Other/Unknown: _____) |
| | | X | 102. What type of plumbing is used for Drainage? (___ Copper), (___ Lead), (___ Cast Iron), (___ PVC), (___ Galvanized), (___ Other/Unknown: _____) |
| X | | | 103. Age of Water Heater? <u>2018</u> Water heater type: (___ Tank), (___ Tankless), (___ Other: _____) |
| X | | | 104. Water Heater Fuel: (<input checked="" type="checkbox"/> Electric), (___ Oil), (<input checked="" type="checkbox"/> Propane Gas), (___ Natural Gas) or (___ Other: _____) |
| | | X | 105. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If yes, describe in XVI. |
| | | X | 106. Are there any additions and/or upgrades to the original service? If yes, describe in XVI. |
| | | X | 107. If #106 is yes, was the work done by a licensed contractor? |
| | | X | 108. If #106 is yes, were the required permits obtained? |
| | | X | 109. If #108 is yes, are the permits closed? |
| | | X | 110. If your drinking water is from a well, when was your water last tested and what were the results of the test? Tested on: _____ Results: _____ |
| X | | | 111. What is the type of sewage system? (___ Public Sewer), (___ Community Sewer), (___ Septic System), (<input checked="" type="checkbox"/> Cesspool), (___ Other: _____) |
| X | | X | 112. If a septic system, type: (___ Gravity Fed), (___ Capping Fill), (___ LPP), (___ Mound), (___ Holding Tank), (<input checked="" type="checkbox"/> Other: _____) |
| | | X | 113. If a septic system, when was it last pumped? _____ |
| | | X | 114. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? If yes, describe in XVI and provide the test results. |
| | | X | 115. If a septic system, how many bedrooms is the septic permitted to service? _____ |
| | | X | 116. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? If yes, describe locations in XVI. |
| | | | 117. If #116 is yes, were they abandoned with all necessary permits and properly abandoned? |
| | | | XII. HEATING AND AIR CONDITIONING |
| X | | | 118. How many heating and/or air conditioning systems are on the property? _____ . If more than 2, explain in XVI. |
| | | | 119. Type of heating system for system #1 (<input checked="" type="checkbox"/> Forced air), (___ Heat pump), (___ Mini-Split), (___ Baseboard), (___ Radiator), (___ Other: _____) Type of heating system for system #2 (___ Forced air), (___ Heat pump), (___ Mini-Split), (___ Baseboard), (___ Radiator), (___ Other: _____) |
| | X | | |
| | | X | 120. Type of heating fuel for system #1 (<input checked="" type="checkbox"/> Oil), (___ Propane Gas), (___ Natural Gas), (___ Electric), (___ Solar), (___ Other: _____) Type of heating fuel for system #2 (___ Oil), (___ Propane Gas), (___ Natural Gas), (___ Electric), (___ Solar), (___ Other: _____) |

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| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property. |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | | | 21. Fuel provider for: Heating system #1 <u>Pepp</u> Heating System #2: _____ |
| | | <input checked="" type="checkbox"/> | 22. Age of furnace #1: _____ Date of last service: _____ Age of furnace #2: _____ Date of last service: _____ |
| | <input checked="" type="checkbox"/> | | 23. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? If yes, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 24. Type of air conditioning for system #1 (___ Central), (___ Window Units), (___ Mini-Split), (___ Other: _____) Type of air conditioning for system #2 (___ Central), (___ Window Units), (___ Mini-Split), (___ Other: _____) |
| | <input checked="" type="checkbox"/> | | 25. Are there any contractual obligations affecting the heating/air conditioning system(s)? If yes, describe in XVI. |
| | <input checked="" type="checkbox"/> | | 26. Age of air conditioning system #1: _____ Date of last service: _____ Age of air conditioning system #2: _____ Date of last service: _____ |
| | <input checked="" type="checkbox"/> | | 27. Have there been any additions and/or upgrades to the original heating or air conditioning? If yes, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 28. If #127 is yes, was the work done by a licensed contractor? |
| | | <input checked="" type="checkbox"/> | 29. If #127 is yes, were the required permits obtained? |
| | | <input checked="" type="checkbox"/> | 30. If #129 is yes, are the permits closed? |
| | | <input checked="" type="checkbox"/> | 31. Are there any problems with the heating or air conditioning systems? If yes, describe in XVI. |
| | | | XIII. ELECTRICAL SYSTEM |
| <input checked="" type="checkbox"/> | | | 32. Who is the electric provider for the property? <u>DEC</u> |
| | | <input checked="" type="checkbox"/> | 33. What type of wiring is in the house? (copper, aluminum, other, etc.) _____ |
| | | <input checked="" type="checkbox"/> | 34. What is the amp service? (___ 60), (___ 100), (___ 150), (___ 200), (___ Other: _____) |
| <input checked="" type="checkbox"/> | | | 35. Does the property have (___ Circuit Breakers) or (<input checked="" type="checkbox"/> Fuses)? If more than one electrical panel, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 36. Are there any 220/240 volt circuits? (Other: _____) |
| | | <input checked="" type="checkbox"/> | 37. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? If yes, describe in XVI. |
| | | <input checked="" type="checkbox"/> | 38. Are there wall switches, light fixtures, or electrical outlets in need of repair? If yes, explain in XVI. |
| <input checked="" type="checkbox"/> | | | 39. Is there a permanently affixed generator on the property? What is the fuel source? <u>Dies</u> |
| | | <input checked="" type="checkbox"/> | 40. Have there been any additions to the original service? |
| | | <input checked="" type="checkbox"/> | 41. Have any (___ solar) and/or (___ wind powered) enhancements been made to supplement service? If yes, describe in XVI. Name of solar company? _____; If leased, what is the term? _____ Note to Buyer: Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission. |
| | | <input checked="" type="checkbox"/> | 42. If #139, #140, or #141 is yes, was work done by a licensed electrician? |
| | | <input checked="" type="checkbox"/> | 43. If #139, #140, or #141 is yes, were the required permits obtained? |
| | | <input checked="" type="checkbox"/> | 44. If #143 is yes, is the permit closed? |
| | | | XIV. FIREPLACE OR HEATING STOVE |
| <input checked="" type="checkbox"/> | | | 45. How many fireplaces and/or heating stoves are on the property? <u>2</u> . If more than 2, explain in XVI. |
| <input checked="" type="checkbox"/> | | | 46. Type of fuel for fireplace 1: (___ Wood Burning), (<input checked="" type="checkbox"/> Propane Gas), (___ Natural Gas), (___ Other: _____)? Type of fuel for fireplace 2: (___ Wood Burning), (<input checked="" type="checkbox"/> Propane Gas), (___ Natural Gas), (___ Other: _____)? |
| | | | 47. Type of fuel for heating stove 1: (___ Wood Burning), (___ Pellet), (___ Other: _____)? Type of fuel for heating stove 2: (___ Wood Burning), (___ Pellet), (___ Other: _____)? |
| <input checked="" type="checkbox"/> | | | 48. Was the fireplace or heating stove part of the original house design? |
| | | <input checked="" type="checkbox"/> | 49. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative? |
| | | <input checked="" type="checkbox"/> | 50. Are there any problems? If yes, explain in XVI. |
| | | <input checked="" type="checkbox"/> | 51. When were the flues/chimneys last cleaned, serviced, or repaired? _____. Explain nature of service or repair in XVI. |

Page 6 of 9 Property Address: **3059 Woodyard Road, Harrington, DE 19952**

Seller's Initials JA Seller's Initials LWG Buyer's Initials _____ Buyer's Initials _____
 Seller's Initials _____ Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

ACKNOWLEDGMENT OF SELLER

Seller has provided the information contained in this report. This information is, to the best of Seller's knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

SELLER Janel L. Thomas Date 4/11/24 SELLER Charles W. Gent SR Date 4-1-24
Janel L. Thomas Charles W. Gent SR

SELLER _____ Date _____ SELLER _____ Date _____

Date the contents of this Report were last updated: _____

ACKNOWLEDGMENT OF BUYER

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER _____ Date _____ BUYER _____ Date _____

BUYER _____ Date _____ BUYER _____ Date _____