

2. **Sewage Disposal** Public Septic System approved for _____ (#) Bedrooms
Septic Systems: Is the septic system functioning properly? Yes No Unknown N/A

When was the septic system last pumped? Date: _____

Comments: _____

3. **Heating System** Oil Natural Gas Electric Propane Heat Pump Other / Age _____
Heating Systems: Is heat supplied to all finished rooms: Yes No Unknown N/A
Are the systems in operating condition? Yes No Unknown N/A

Comments: _____

4. **Air Conditioning** Oil Natural Gas Electric Propane Heat Pump Other / Age _____
Is cooling supplied to all finished rooms: Yes No Unknown N/A
Is the system in operating condition? Yes No Unknown N/A

Comments: _____

5. **Hot Water** Oil Natural Gas Electric Other / Capacity _____ / Age 2008

Are there any known issues with the Hot Water system? _____

Comments: _____

Please indicate your actual knowledge with respect to the following:

6. **Foundation:** Any settlement or other problems? Yes No Unknown N/A

Comments: _____

7. **Basement/Crawlspace/Cellar:** Any leaks or moisture? Yes No Unknown N/A

Comments: _____

8. **Roof:** Any leaks or evidence of moisture? Yes No Unknown N/A

Type of Roof: _____ Age: _____

Is there any existing fire retardant treated plywood? Yes No Unknown N/A

Comments: _____

9. **Plumbing System:** Is the system in operating condition? Yes No Unknown N/A

Are there any known issues with the Plumbing system? _____

Comments: _____

10. Electric Systems: Are there any known issues with the electrical system; fuses, circuit breakers, outlets or wiring, etc....?

Comments: _____

11. Insulation:

In exterior walls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A
In ceiling/attic?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Under the floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A
In any other areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A

Comments: _____

12. Exterior Drainage: Does water stand on the property after heavy rain?

Yes No Unknown N/A

Are gutters and downspouts in good repair?

Yes No Unknown N/A

Comments: _____

13. Wood-destroying insects: Any known infestation and /or prior damage?

Yes No Unknown N/A

Any known treatments or repairs?

Yes No Unknown N/A

Any warranties?

Yes No Unknown N/A

Comments: _____

14. Is a carbon monoxide alarm installed in the property?

Yes No Unknown N/A

Comments: _____

15. Are there any hazardous or regulated materials including, but not limited to, mold asbestos, radon gas, lead-based paint, licensed landfills, methamphetamine lab, underground storage tanks, any mining operations or other past contamination on the property?

Yes No Unknown N/A

If yes, please specify; _____

16. Are there Fireplace(s)/Woodstove(s)/Chimney(s)?

Yes No Unknown N/A

To your knowledge are they in good working condition?

Yes No Unknown N/A

Comments: _____

17. Are there any zoning violations, nonconforming uses, violation of building restrictions or Set-back requirements or any recorded or unrecorded easement, except for utilities, on or affecting the property? Yes No Unknown N/A

If yes, please specify: _____

18. If you or a contractor has made improvements to the property, were the required permits obtained from the county or local permitting office? Yes No Unknown N/A

Comments: _____

19. Is the property located in a flood zone, farmland/conservation area, wetland area and /or historic district designated by locality? Yes No Unknown N/A

Comments: _____

20. Is the property subject to any restrictions; Home Owners Association restrictions, Community Association or any deed restrictions? Yes No Unknown N/A

Comments: _____

21. Do you own the mineral rights? Yes No Unknown N/A

Do the current owners intend to transfer all rights; surface and mineral, to the new owners at closing? Yes No Unknown N/A

Comments: _____

22. To your knowledge has there ever been a murder or suicide within the boundaries of the subject property? Yes No Unknown N/A

Comments: _____

23. To your knowledge has there ever been illegal drug or criminal activity within the boundaries of the subject property; meth lab, etc... Yes No Unknown N/A

Comments: _____

24. Are there any other material defects, including latent defects, affecting the physical condition of the property? Yes No Unknown N/A

Comments: _____

25. Other Structural Systems: including but not limited to exterior walls, floors, driveways, sidewalks, etc...; Any defects (structural or otherwise)? Yes No Unknown N/A

Comments: _____

NOTE: Seller may wish to disclose additional property conditions of the subject property, land and or other buildings on the property below, that may not have been listed previously in this document.

Additional Discloser Items if any:

Seller *Randy Malick* executor *Randy Malick* Date *3/21/26*

Seller _____ Date _____

Purchaser _____ Date _____

Purchaser _____ Date _____