

Owners Name _____

Property _____

Address/Description: _____

This information is only for the period undersigned owned the property beginning _____ (purchase date)

Seller's Disclosure: I/We disclose the following information regarding the property and this information is true and accurate to the best of seller's knowledge as of the date signed. Seller authorizes the agent to provide a copy of this statement to any person or entity in connection with marketing or sale of the property. The following representations made by seller are not the representation of the agent(s) broker(s) and or subagent(s) (herein known as agent). The agent has no independent knowledge of the condition of the property except that which is set out on this form.

[Note: In this form, property refers only to dwelling unit(s) and land not sheds, detached garages or other buildings.]* NA MARKED FOR NO REPRESENTATION Regarding the property identified above, do you know of any problem (malfunction or defect) with any of the following:	Yes	NO	na*
1. Foundation, slab, fireplaces/chimneys, floors, windows (including storm windows and screens), doors, ceilings, interior and exterior walls, attached garage, patio, deck or other structural components including any modifications to them? a. Siding is <input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Composition/Hardboard <input type="checkbox"/> Vinyl Synthetic Stucco Other _____ b. Approximate age of structure? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Roof (leakage or other problem)? a. Approximate age of roof covering? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water seepage, leakage, dampness or standing water in the basement, crawl space or slab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical system (outlets, wiring, panel, switches, fixtures etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Plumbing system (pipes, fixtures, water heater, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating and/or air conditioning? a) Cooling Source is: <input type="checkbox"/> Central Forced Air <input type="checkbox"/> Wall/Window Unit(s) <input type="checkbox"/> Other _____ b) Heat Source is: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Baseboard <input type="checkbox"/> Other _____ c) Fuel Source is: <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water supply (including water quality, quantity and water pressure)? a. Water supply is: <input type="checkbox"/> City/County <input type="checkbox"/> Community System <input type="checkbox"/> Private Well <input type="checkbox"/> Other _____ b. Water pipes are: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sewer and/or septic system? a. Sewage disposal system is: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Septic Tank with Pump <input type="checkbox"/> Community System <input type="checkbox"/> Connected to City/County System <input type="checkbox"/> City/County System available <input type="checkbox"/> Straight pipe (no system) <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Built-in appliances (range/oven, attached microwave, hood/fan, dishwasher, disposal, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Present infestation, or damage from past infestation of wood destroying insects or organisms which has not been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Drainage, grading or soil stability of lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other systems and fixtures: central vacuum, pool, hot tub, spa, attic fan, exhaust fan, ceiling fan, sump pump, irrigation system, tv cable wiring or satellite dish, or other systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Room additions or other structural changes ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Also regarding the property identified above, including the lot, other improvements, and fixtures located thereon, do you know of any:			
14. Environmental hazards (substances, materials or products) including asbestos, formaldehyde, radon gas, methane gas, lead-based paint, underground storage tank, or other hazardous or toxic material (whether buried or covered), contaminated soil or water, or other environmental contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commercial or industrial nuisances (noise, odor, smoke, etc.) affecting the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Violations of zoning ordinances, restrictive covenants or other land-use restrictions or building codes including the failure to obtain proper permits for room additions or other structural changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Utility or other easements, shared driveways, party walls or encroachments from or on adjacent property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Lawsuits, bankruptcy, tenancies, judgments, tax liens, proposed assessments, mechanics' liens, or notice from any governmental agency that could affect title to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Owners' association or "common area" expenses or assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Flood hazard or that the property is in a federally-designated flood plain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Private road(s) or streets for accessing the property? a. If yes, do you know of an existing owners association or maintenance agreement to maintain the road or street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes", explanation is needed, or additional defects exist attach additional sheets. Number of sheets attached _____

BUYER ACKNOWLEDGES RECEIPT OF THIS FORM and that they have examined it before signing; that they understand that this is not a warranty by owner or owner's agent; that it is not a substitute for any inspections they may wish to obtain; and that the representations are made by the owner and not the owner's agent. Purchaser(s) are encouraged to obtain their own inspection from a licensed home inspector or other professional.

BUYER: _____ Date: _____

BUYER: _____ Date: _____

SELLER:  Signed by: Mark Owens Date: 12/19/2025
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SELLER: _____ Date: _____