

**SELLER'S PROPERTY DISCLOSURE STATEMENT****SPD**

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

**1** PROPERTY 8 Lincoln st, Oil City, Pa 16301**2** SELLER Lee Bunyak, Camae Bunyak**3 INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW**

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

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

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

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

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

**34 COMMON LAW DUTY TO DISCLOSE**

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

**38 EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK**

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

**42** \_\_\_\_\_ **DATE** \_\_\_\_\_

**43** Seller's Initials LB CB Date 02/27/2026

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



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

# 46 1. SELLER'S EXPERTISE

47 (A) Does Seller possess expertise in contracting, engineering, architecture, environmental assessment or  
48 other areas related to the construction and conditions of the Property and its improvements?

49 (B) Is Seller the landlord for the Property?

50 (C) Is Seller a real estate licensee?

51 **Explain any "yes" answers in Section 1:** general contractor for approx 30 years, I have completed all repairs  
52 and maintenance on the property for approximately 20 years

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

# 53 2. OWNERSHIP/OCCUPANCY

## 54 (A) Occupancy

55 1. When was the Property most recently occupied? feb 2025

56 2. By how many people? 3

57 3. Was Seller the most recent occupant?

58 4. If "no," when did Seller most recently occupy the Property? never

## 59 (B) Role of Individual Completing This Disclosure. Is the individual completing this form:

60 1. The owner

61 2. The executor or administrator

62 3. The trustee

63 4. An individual holding power of attorney

64 (C) When was the Property acquired? 2021

65 (D) List any animals that have lived in the residence(s) or other structures during your ownership: \_\_\_\_\_

66 renters had small dogs and or cats prior to renovation

67 **Explain Section 2 (if needed):** \_\_\_\_\_

|    | Yes | No                                  | Unk | N/A |
|----|-----|-------------------------------------|-----|-----|
| A1 |     |                                     |     |     |
| A2 |     |                                     |     |     |
| A3 |     | <input checked="" type="checkbox"/> |     |     |
| A4 |     |                                     |     |     |
| B1 |     |                                     |     |     |
| B2 |     |                                     |     |     |
| B3 |     |                                     |     |     |
| B4 |     |                                     |     |     |
| C  |     |                                     |     |     |

# 69 3. CONDOMINIUMS/PLANNED COMMUNITIES/HOMEOWNERS ASSOCIATIONS

70 (A) Disclosures for condominiums and cooperatives are limited to Seller's particular unit(s). Disclosures  
71 regarding common areas or facilities are not required by the Real Estate Seller Disclosure Law.

## 72 (B) Type. Is the Property part of a(n):

73 1. Condominium

74 2. Homeowners association or planned community

75 3. Cooperative

76 4. Other type of association or community

77 (C) If "yes," how much are the fees? \$ \_\_\_\_\_, paid (☐ Monthly) (☐ Quarterly) (☐ Yearly)

78 (D) If "yes," are there any community services or systems that the association or community is responsi-  
79 ble for supporting or maintaining? Explain: \_\_\_\_\_

## 80 (E) If "yes," provide the following information:

81 1. Community Name \_\_\_\_\_

82 2. Contact \_\_\_\_\_

83 3. Mailing Address \_\_\_\_\_

84 4. Telephone Number \_\_\_\_\_

85 (F) How much is the capital contribution/initiation fee(s)? \$ \_\_\_\_\_

86 **Notice to Buyer:** A buyer of a resale unit in a condominium, cooperative, or planned community must receive a copy of the declaration  
87 (other than the plats and plans), the by-laws, the rules or regulations, and a certificate of resale issued by the association, condominium,  
88 cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition  
89 to regular maintenance fees. The buyer will have the option of canceling the agreement with the return of all deposit monies until the cer-  
90 tificate has been provided to the **buyer** and for five days thereafter or until conveyance, whichever occurs first.

# 91 4. ROOFS AND ATTIC

## 92 (A) Installation

93 1. When was or were the roof or roofs installed? 2011

94 2. Do you have documentation (invoice, work order, warranty, etc.)?

## 95 (B) Repair

96 1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership?

97 2. If it or they were replaced or repaired, were any existing roofing materials removed?

## 98 (C) Issues

99 1. Has the roof or roofs ever leaked during your ownership?

100 2. Have there been any other leaks or moisture problems in the attic?

101 3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or down-  
102 spouts?

|    | Yes                                 | No                                  | Unk | N/A |
|----|-------------------------------------|-------------------------------------|-----|-----|
| A1 |                                     |                                     |     |     |
| A2 |                                     | <input checked="" type="checkbox"/> |     |     |
| B1 |                                     | <input checked="" type="checkbox"/> |     |     |
| B2 | <input checked="" type="checkbox"/> |                                     |     |     |
| C1 |                                     | <input checked="" type="checkbox"/> |     |     |
| C2 |                                     | <input checked="" type="checkbox"/> |     |     |
| C3 |                                     | <input checked="" type="checkbox"/> |     |     |

103 Seller's Initials LB CB Date 02/27/2026

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

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

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

109 **5. BASEMENTS AND CRAWL SPACES**

110 **(A) Sump Pump**

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

|    | Yes                                 | No                                  | Unk                                 | N/A                                 |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A1 |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| A2 |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| A3 |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| A4 |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| B1 | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| B2 | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| B3 |                                     |                                     | <input checked="" type="checkbox"/> |                                     |

115 **(B) Water Infiltration**

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

121 **Explain any "yes" answers in Section 5. Include the location and extent of any problem(s) and any repair or remediation efforts,**  
 122 **the name of the person or company who did the repairs and the date they were done:** \_\_\_\_\_  
 123 **some moisture in basement, walls and floor on main portion of basement have been sealed from the inside**  
 124 \_\_\_\_\_

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

126 **(A) Status**

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

|    | Yes | No                                  | Unk | N/A |
|----|-----|-------------------------------------|-----|-----|
| A1 |     | <input checked="" type="checkbox"/> |     |     |
| A2 |     | <input checked="" type="checkbox"/> |     |     |
| B1 |     | <input checked="" type="checkbox"/> |     |     |
| B2 |     | <input checked="" type="checkbox"/> |     |     |

130 **(B) Treatment**

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

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

136 **7. STRUCTURAL ITEMS**

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

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

150 **Explain any "yes" answers in Section 7. Include the location and extent of any problem(s) and any repair or remediation efforts,**  
 151 **the name of the person or company who did the repairs and the date the work was done:** fire in bottom unit in 2025  
 152 complete restoration had been completed in that unit

153 **8. ADDITIONS/ALTERATIONS**

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

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

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

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

|     |                                           |                          |                                        |
|-----|-------------------------------------------|--------------------------|----------------------------------------|
| 164 |                                           |                          |                                        |
| 165 |                                           |                          |                                        |
| 166 | Addition, structural change or alteration | Approximate date of work | Were permits obtained? (Yes/No/Unk/NA) |
| 167 |                                           |                          |                                        |
| 168 |                                           |                          |                                        |
| 169 |                                           |                          |                                        |
| 170 |                                           |                          |                                        |
| 171 |                                           |                          |                                        |
| 172 |                                           |                          |                                        |

173 ☐ A sheet describing other additions and alterations is attached.

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

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

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

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

## 187 9. WATER SUPPLY

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

- 189 1. Public
- 190 2. A well on the Property
- 191 3. Community water
- 192 4. A holding tank
- 193 5. A cistern
- 194 6. A spring
- 195 7. Other \_\_\_\_\_
- 196 8. If no water service, explain: \_\_\_\_\_

197 (B) **General**

- 198 1. When was the water supply last tested? \_\_\_\_\_  
 199 Test results: \_\_\_\_\_
- 200 2. Is the water system shared?
- 201 3. If "yes," is there a written agreement?
- 202 4. **Do you have a softener, filter or other conditioning system?**
- 203 5. **Is the softener, filter or other treatment system leased? From whom?** \_\_\_\_\_
- 204 6. **If your drinking water source is not public, is the pumping system in working order? If "no,"**  
 205 **explain:** \_\_\_\_\_

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

- 207 1. Does your water source have a bypass valve?
- 208 2. If "yes," is the bypass valve working?

209 (D) **Well**

- 210 1. Has your well ever run dry?
- 211 2. Depth of well \_\_\_\_\_
- 212 3. Gallons per minute: \_\_\_\_\_, measured on (date) \_\_\_\_\_
- 213 4. Is there a well that is used for something other than the primary source of drinking water?  
 214 If "yes," explain \_\_\_\_\_
- 215 5. If there is an unused well, is it capped?

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

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

219 (E) **Issues**

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

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

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

226 **10. SEWAGE SYSTEM**

227 (A) **General**

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

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

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

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

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

248 (D) **Tanks and Service**

- 249 1. Are there any metal/steel septic tanks on the Property?  
 250 2. Are there any cement/concrete septic tanks on the Property?  
 251 3. Are there any fiberglass septic tanks on the Property?  
 252 4. Are there any other types of septic tanks on the Property? Explain \_\_\_\_\_  
 253 5. Where are the septic tanks located? \_\_\_\_\_  
 254 6. When were the tanks last pumped and by whom? \_\_\_\_\_  
 255 \_\_\_\_\_

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

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

260 (F) **Sewage Pumps**

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

267 (G) **Issues**

- 268 1. How often is the on-lot sewage disposal system serviced? \_\_\_\_\_  
 269 2. When was the on-lot sewage disposal system last serviced and by whom? \_\_\_\_\_  
 270 \_\_\_\_\_  
 271 3. Is any waste water piping not connected to the septic/sewer system?  
 272 4. Are you aware of any past or present leaks, backups, or other problems relating to the sewage  
 273 system and related items?

|     | Yes                                 | No                                  | Unk                                 | N/A                                 |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A1  | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| A2  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| A3  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| A4  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| B1  | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| B2  |                                     |                                     |                                     |                                     |
| B3  |                                     |                                     |                                     |                                     |
| B4  |                                     |                                     |                                     |                                     |
| C1  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C2  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C3  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C4  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C5  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C6  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C7  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C8  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C9  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| C10 |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| D1  |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| D2  |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| D3  |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| D4  |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| D5  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| D6  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| E1  |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| E2  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| F1  |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| F2  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| F3  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| F4  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| F5  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| G1  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| G2  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| G3  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| G4  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |

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

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

### 280 11. PLUMBING SYSTEM

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

- 282 1. Copper  
 283 2. Galvanized  
 284 3. Lead  
 285 4. PVC  
 286 5. Polybutylene pipe (PB)  
 287 6. Cross-linked polyethylene (PEX)  
 288 7. Other \_\_\_\_\_

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

291 If "yes," explain: **second floor shower drain was leaking but will be repaired**  
 292 \_\_\_\_\_

### 293 12. DOMESTIC WATER HEATING

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

- 295 1. Electric  
 296 2. Natural gas  
 297 3. Fuel oil  
 298 4. Propane  
 299 If "yes," is the tank owned by Seller?  
 300 5. Solar  
 301 If "yes," is the system owned by Seller?  
 302 6. Geothermal  
 303 7. Other \_\_\_\_\_

304 (B) **System(s)**

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

309 (C) Are you aware of any problems with any water heater or related equipment?

310 If "yes," explain: \_\_\_\_\_  
 311 \_\_\_\_\_

### 312 13. HEATING SYSTEM

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

- 314 1. Electric  
 315 2. Natural gas  
 316 3. Fuel oil  
 317 4. Propane  
 318 If "yes," is the tank owned by Seller?  
 319 5. Geothermal  
 320 6. Coal  
 321 7. Wood  
 322 8. Solar shingles or panels  
 323 If "yes," is the system owned by Seller?  
 324 9. Other: \_\_\_\_\_

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

- 326 1. Forced hot air  
 327 2. Hot water  
 328 3. Heat pump  
 329 4. Electric baseboard  
 330 5. Steam  
 331 6. Radiant flooring  
 332 7. Radiant ceiling

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

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

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

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

|                                                                                                      | Yes                                 | No                                  | Unk                                 | N/A                                 |
|------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 336 8. Pellet stove(s)                                                                               |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 337 How many and location? _____                                                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 338 9. Wood stove(s)                                                                                 |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 339 How many and location? _____                                                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 340 10. Coal stove(s)                                                                                |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 341 How many and location? _____                                                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 342 11. Wall-mounted split system(s)                                                                 |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 343 How many and location? _____                                                                     |                                     |                                     |                                     |                                     |
| 344 12. Other: <b>vented gas heaters</b>                                                             | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| 345 13. If multiple systems, provide locations <b>second floor bedroom and bathroom</b>              |                                     |                                     |                                     |                                     |
| 346 _____                                                                                            |                                     |                                     |                                     |                                     |
| 347 (C) Status                                                                                       |                                     |                                     |                                     |                                     |
| 348 1. Are there any areas of the house that are not heated?                                         |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 349 If "yes," explain: _____                                                                         |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 350 2. How many heating zones are in the Property? _____                                             |                                     |                                     |                                     |                                     |
| 351 3. When was each heating system(s) or zone installed? _____                                      |                                     |                                     |                                     |                                     |
| 352 4. When was the heating system(s) last serviced? _____                                           |                                     |                                     |                                     |                                     |
| 353 5. Is there an additional and/or backup heating system? If "yes," explain: _____                 |                                     |                                     |                                     |                                     |
| 354 _____                                                                                            |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 355 6. Is any part of the heating system subject to a lease, financing or other agreement?           |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 356 If "yes," explain: _____                                                                         |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 357 (D) Fireplaces and Chimneys                                                                      |                                     |                                     |                                     |                                     |
| 358 1. Are there any fireplaces? How many? _____                                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 359 2. Are all fireplaces working?                                                                   |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 360 3. Fireplace types (wood, gas, electric, etc.): _____                                            |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 361 4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative? |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 362 5. Are there any chimneys (from a fireplace, water heater or any other heating system)?          | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| 363 6. How many chimneys? <b>two</b>                                                                 |                                     |                                     |                                     |                                     |
| 364 7. When were they last cleaned? _____                                                            |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| 365 8. Are the chimneys working? If "no," explain: _____                                             | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| 366 (E) Fuel Tanks                                                                                   |                                     |                                     |                                     |                                     |
| 367 1. Are you aware of any heating fuel tank(s) on the Property?                                    |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 368 2. Location(s), including underground tank(s): _____                                             |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 369 3. If you do not own the tank(s), explain: _____                                                 |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 370 (F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes,"  |                                     |                                     |                                     |                                     |
| 371 explain: _____                                                                                   |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| 372 14. AIR CONDITIONING SYSTEM                                                                      |                                     |                                     |                                     |                                     |
| 373 (A) Type(s). Is the air conditioning (check all that apply):                                     |                                     |                                     |                                     |                                     |
| 374 1. Central air                                                                                   |                                     |                                     |                                     |                                     |
| 375 a. How many air conditioning zones are in the Property? _____                                    |                                     |                                     |                                     |                                     |
| 376 b. When was each system or zone installed? _____                                                 |                                     |                                     |                                     |                                     |
| 377 c. When was each system last serviced? _____                                                     |                                     |                                     |                                     |                                     |
| 378 2. Wall units                                                                                    |                                     |                                     |                                     |                                     |
| 379 How many and the location? _____                                                                 |                                     |                                     |                                     |                                     |
| 380 3. Window units                                                                                  |                                     |                                     |                                     |                                     |
| 381 How many? _____                                                                                  |                                     |                                     |                                     |                                     |
| 382 4. Wall-mounted split units                                                                      |                                     |                                     |                                     |                                     |
| 383 How many and the location? _____                                                                 |                                     |                                     |                                     |                                     |
| 384 5. Other _____                                                                                   |                                     |                                     |                                     |                                     |
| 385 6. None                                                                                          |                                     |                                     |                                     |                                     |
| 386 (B) Are there any areas of the house that are not air conditioned?                               | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| 387 If "yes," explain: <b>house doesn't have AC, window units there but not installed</b>            |                                     |                                     |                                     |                                     |
| 388 (C) Are you aware of any problems with any item in Section 14? If "yes," explain: _____          |                                     |                                     |                                     |                                     |
| 389 _____                                                                                            |                                     | <input checked="" type="checkbox"/> |                                     |                                     |

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

393 **15. ELECTRICAL SYSTEM**

394 **(A) Type(s)**

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

401 **(B)** What is the system amperage? \_\_\_\_\_

402 **(C)** Are you aware of any knob and tube wiring in the Property?

403 **(D)** Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: \_\_\_\_\_  
404 \_\_\_\_\_

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

405 **16. OTHER EQUIPMENT AND APPLIANCES**

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

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

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

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

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

434 **(A)** Is there a swimming pool on the Property? If "yes,":

- 435 1. Above-ground or in-ground? \_\_\_\_\_  
436 2. Saltwater or chlorine? \_\_\_\_\_  
437 3. If heated, what is the heat source? \_\_\_\_\_  
438 4. Vinyl-lined, fiberglass or concrete-lined? \_\_\_\_\_  
439 5. What is the depth of the swimming pool? \_\_\_\_\_  
440 6. Are you aware of any problems with the swimming pool?  
441 7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder,  
442 lighting, pump, etc.)?

443 **(B)** Is there a spa or hot tub on the Property?

- 444 1. Are you aware of any problems with the spa or hot tub?  
445 2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets,  
446 cover, etc.)?

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

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

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

452 **18. WINDOWS**

453 (A) Have any windows or skylights been replaced during your ownership of the Property?

454 (B) Are you aware of any problems with the windows or skylights?

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

457 **five windows on first floor were replaced in 2025 during renovation**

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

458 **19. LAND/SOILS**

459 (A) **Property**

460 1. Are you aware of any fill or expansive soil on the Property?

461 2. Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth  
 462 stability problems that have occurred on or affect the Property?

463 3. Are you aware of sewage sludge (other than commercially available fertilizer products) being  
 464 spread on the Property?

465 4. Have you received written notice of sewage sludge being spread on an adjacent property?

466 5. Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations on  
 467 the Property?

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

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

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

472 Is the Property, or a portion of it, preferentially assessed for tax purposes, or subject to limited devel-  
 473 opment rights under the:

474 1. Farmland and Forest Land Assessment Act - 72 P.S. §5490.1, et seq. (Clean and Green Program)

475 2. Open Space Act - 16 P.S. §11941, et seq.

476 3. Agricultural Area Security Law - 3 P.S. §901, et seq. (Development Rights)

477 4. Any other law/program: \_\_\_\_\_

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

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

481 (C) **Property Rights**

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

484 1. Timber

485 2. Coal

486 3. Oil

487 4. Natural gas

488 5. Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain:

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

489  
 490 **Note to Buyer:** Before entering into an agreement of sale, Buyer can investigate the status of these rights by, among other means,  
 491 engaging legal counsel, obtaining a title examination of unlimited years and searching the official records in the county Office of  
 492 the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing leases, as Buyer may be subject  
 493 to terms of those leases.

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

496 **20. FLOODING, DRAINAGE AND BOUNDARIES**

497 (A) **Flooding/Drainage**

498 1. Is any part of this Property located in a wetlands area?

499 2. Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?

500 3. Do you maintain flood insurance on this Property?

501 4. Are you aware of any past or present drainage or flooding problems affecting the Property?

502 5. Are you aware of any drainage or flooding mitigation on the Property?

503 6. Are you aware of the presence on the Property of any man-made feature that temporarily or per-  
 504 manently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert,  
 505 pipe or other feature?

506 7. If "yes," are you responsible for maintaining or repairing that feature which conveys or manages  
 507 storm water for the Property?

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

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

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

**(B) Boundaries**

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

|    | Yes | No                                  | Unk | N/A                                 |
|----|-----|-------------------------------------|-----|-------------------------------------|
| B1 |     | <input checked="" type="checkbox"/> |     |                                     |
| B2 |     | <input checked="" type="checkbox"/> |     |                                     |
| B3 |     | <input checked="" type="checkbox"/> |     |                                     |
| 3a |     |                                     |     | <input checked="" type="checkbox"/> |
| 3b |     |                                     |     | <input checked="" type="checkbox"/> |
| B4 |     | <input checked="" type="checkbox"/> |     |                                     |

**Note to Buyer:** Most properties have easements running across them for utility services and other reasons. In many cases, the easements do not restrict the ordinary use of the property, and Seller may not be readily aware of them. Buyers may wish to determine the existence of easements and restrictions by examining the property and ordering an Abstract of Title or searching the records in the Office of the Recorder of Deeds for the county before entering into an agreement of sale.

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

**21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES**

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

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

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

**Note to Buyer:** Individuals may be affected differently, or not at all, by mold contamination. If mold contamination or indoor air quality is a concern, buyers are encouraged to engage the services of a qualified professional to do testing. Information on this issue is available from the United States Environmental Protection Agency and may be obtained by contacting IAQ INFO, P.O. Box 37133, Washington, D.C. 20013-7133, 1-800-438-4318.

**(B) Radon**

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

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

**(C) Lead Paint**

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

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

|    | Yes | No                                  | Unk | N/A |
|----|-----|-------------------------------------|-----|-----|
| C1 |     | <input checked="" type="checkbox"/> |     |     |
| C2 |     | <input checked="" type="checkbox"/> |     |     |

**(D) Tanks**

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

|    | Yes | No                                  | Unk | N/A |
|----|-----|-------------------------------------|-----|-----|
| D1 |     | <input checked="" type="checkbox"/> |     |     |
| D2 |     | <input checked="" type="checkbox"/> |     |     |

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

If "yes," location: \_\_\_\_\_

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

**(F) Other**

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

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

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

**22. MISCELLANEOUS**

**(A) Deeds, Restrictions and Title**

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

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

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

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

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

573 **(B) Financial**

574 1. Are you aware of any public improvement, condominium or homeowner association assessments  
 575 against the Property that remain unpaid or of any violations of zoning, housing, building, safety or  
 576 fire ordinances or other use restriction ordinances that remain uncorrected?

577 2. Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support  
 578 obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of  
 579 this sale?

580 3. Are you aware of any insurance claims filed relating to the Property during your ownership?

581 **(C) Legal**

582 1. Are you aware of any violations of federal, state, or local laws or regulations relating to this Prop-  
 583 erty?

584 2. Are you aware of any existing or threatened legal action affecting the Property?

585 **(D) Additional Material Defects**

586 1. Are you aware of any material defects to the Property, dwelling, or fixtures which are not dis-  
 587 closed elsewhere on this form?

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

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

595 **Explain any "yes" answers in Section 22:** \_\_\_\_\_  
 596 \_\_\_\_\_

597 **23. ATTACHMENTS**

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

599 ☐ Seller's Property Disclosure Statement Addendum (PAR Form SDA)

600 ☐ \_\_\_\_\_  
 601 ☐ \_\_\_\_\_  
 602 ☐ \_\_\_\_\_

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

608 SELLER Lee Bunyak DATE 02/27/2026  
 609 SELLER Camae Bunyak DATE 02/27/2026  
 610 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
 611 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
 612 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
 613 SELLER \_\_\_\_\_ DATE \_\_\_\_\_

614 **RECEIPT AND ACKNOWLEDGEMENT BY BUYER**

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

619 BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
 620 BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
 621 BUYER \_\_\_\_\_ DATE \_\_\_\_\_