



# SELLER'S PROPERTY DISCLOSURE

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## NOTICE TO SELLER

In Florida the seller of residential property is obligated to disclose to a buyer all facts known to the seller that materially and adversely affect the value of the Property being sold which are not readily observable by a buyer. This Disclosure is designed to assist a seller in complying with the disclosure requirements under Florida law, and to assist a buyer in evaluating the Property described below ("the Property"). All parties, including the listing real estate Brokers and cooperating Brokers, may wish to refer to this information when they evaluate, market or present the Property to prospective buyers.

## NOTICE TO BUYER

This Disclosure is not a warranty by SELLER or a representation of any kind by any REALTOR to this transaction and is not considered a substitute for inspections or warranties a buyer may wish to obtain. This Disclosure is based solely upon SELLER's knowledge of the Property's condition as of the date signed by SELLER.

SELLER Kimberlee & Nathaniel Larkin

Street Address 127 Sweet Mango Trail

City St Augustine State FL Zip 32086

Year Built: 2016 Date SELLER purchased Property: 2022

Is each individual named above a U.S. Citizen or resident alien?  Yes  No

Do you currently occupy the Property?  Yes  No

If not, when did you vacate the Property? \_\_\_\_\_

Is the Property tenant occupied?  Yes  No

If yes, is there a written lease?  Yes  No

Date lease began \_\_\_\_\_ Deposit amount \$ \_\_\_\_\_ Date lease ends \_\_\_\_\_

Monthly payment due under lease \$ \_\_\_\_\_ Date payable \_\_\_\_\_

**1. PROPERTY INFORMATION:** The Property has the items checked below, which are installed and, to SELLER's actual knowledge, are in working condition unless otherwise indicated:

Dishwasher Brand: Samsung

Disposal Brand: \_\_\_\_\_

Dryer Brand: \_\_\_\_\_

Microwave Oven Brand: \_\_\_\_\_

Cooktop Brand: Samsung

Range/Oven Brand: Samsung

Refrigerator(s) Brand: Samsung

Trash Compactor Brand: \_\_\_\_\_

Washer Brand: \_\_\_\_\_

Ceiling Fans - Number of Fans: 7

Light Fixtures

Bathroom Mirrors

Drapery Hardware

Window Treatments/Coverings

Garage Door Opener(s) and Number of Control(s): 2

Security Gate and other Access Devices

Storage Shed

Audio/Visual System Wiring

Mounted/Installed Speakers

Television Wall Mounts and Mounting Hardware

Satellite Dish  Owned  Leased

Water Softener/Treatment System  Owned  Leased

Storm Shutters and Panels

Built In Grill  Gas Supply:  Utility  Bottled/Tank

SPD

Fireplace  Gas Logs  Wood burning  Electric

Smoke Detectors

Window/Wall A/C(s) - Number of units: \_\_\_\_\_

Built In Generator

Wine Cooler  Built-in  Free Standing

In-ground Pool

Above Ground Pool

Pool Heater

Pool Fence/Barrier

Pool Sweep

Spa or Hot Tub with Heater

Sauna

Solar Equipment

Individual Mailbox

Cluster MailBox and Key - Box Number: 2

Smart Home and Security Devices (specify):

Vivint doorbell, door lock, smart thermostat, and security

system

Irrigation System     Full     Partial  
 Water Heater:     Electric     Gas     Solar    Brand: \_\_\_\_\_

**2. CLAIMS AND ASSESSMENTS:**

- a. Are you aware of any existing, pending or proposed legal or administrative action affecting you or the Property?  Yes  No
- b. Are you aware of any existing or proposed municipal or county special assessments or Property Assessed Clean Energy ("PACE") financing affecting the Property?  Yes  No
- c. Have any local, state or federal authorities notified you that repairs, alterations or corrections to the Property are required?  Yes  No
- d. Are you aware of any existing, pending or proposed legal action or administrative action affecting homeowners'/condominium association common areas (such as clubhouse, pools, tennis courts, walkways or other areas)?  Yes  No

**If yes to any of these items, please explain:** \_\_\_\_\_

**3. DEED/HOMEOWNERS'/CONDOMINIUM ASSOCIATION:**

- a. Are there any deed, homeowners' or condominium restrictions?  Yes  No
- b. Are there any mandatory homeowners' or condominium associations?  Yes  No

**If yes, how many?** 1

**If yes, please see Homeowners' Association/Community Disclosure Addendum or Condominium Rider**

Fees are payable by: Crescent Key OA, Inc C/O Sovereign & Jacobs

Payee's address: PO Box 20168, Tampa, FL 33622

Payee's phone number: \_\_\_\_\_

- Homeowners' Association fees and assessments are payable in the amount of \$ 225 per Quarter
- Master Association fees and assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- Condominium Association maintenance fees are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- Condominium Association special assessment fees are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ fees or assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ fees or assessments are payable in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ Association transfer/access fees payable by BUYER \$ \_\_\_\_\_
- \_\_\_\_\_ Association Capital Contribution fee payable by BUYER \$ \_\_\_\_\_

- c. Are any of your Association fees delinquent?  Yes  No
- d. Are you aware of any special or other assessment that has been levied by the Association, or that has been an item on the agenda, or reported in the minutes, of the Association within six months prior to the date of this Disclosure?  Yes  No
- e. Are you aware of any proposed changes to any of the restrictions?  Yes  No
- f. Are there any resale restrictions?  Yes  No
- g. Are there any restrictions to leasing the Property?  Yes  No
- h. Are you aware of any violations of the restrictive covenants affecting the Property including failure to obtain Association approval for improvements or changes to the Property?  Yes  No

**If yes to c, d, e, f, g, or h please explain:**

No leases for less than 30 days

- i. Is the Property part of a Community Development District (CDD)?  Yes  No

**If yes, please complete Community Development District Disclosure.**

**4. ENVIRONMENT:**

- a. Was the Property built before 1978?  Yes  No
- If yes, complete the Lead-Based Paint Disclosure.**
- b. Are there or have there been any substances, materials or products which may be an environmental hazard such as, but not limited to, asbestos, urea formaldehyde, methamphetamine, radon gas, mold, lead-based paint, defective drywall, defective flooring, fuel oil, propane or chemical storage tanks (active or abandoned), or contaminated soil or water on the Property?  Yes  No  Unknown
- c. Has there been any clean up, repair or remediation of the Property due to any of the substances, materials or products listed in subsection (b) above?  Yes  No  Unknown
- d. Are there any wetlands, conservation easements/buffers, archeological sites or other environmentally sensitive areas located on the Property active or abandoned?  Yes  No  Unknown

**If yes to any of these items, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**5. ROADS/LAND USE:**

- a. Are access roads  Public  Private? If private, is there a recorded road maintenance agreement?  Yes  No  Unknown
- b. Is the Property zoned for its current use?  Yes  No  Unknown
- c. Are there any restrictions governing reconstruction of the Property following casualty loss or damage (e.g. for oceanfront or historic district properties)? If yes, complete the CCCL Disclosure Addendum for Oceanfront Property.  Yes  No  Unknown
- d. If the property is in Jacksonville, Florida is it in an Airport Noise Zone as defined in ordinance code section 656.1010? For information you may contact the Jacksonville Planning Department.  Yes  No  Unknown
- e. Does anyone other than SELLER have any mineral rights in the Property?  Yes  No

**If yes to any of these items, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**6. ADDITIONS/REMODELING/INSURANCE CLAIMS:**

- a. Has there been any structural damage or damage to personal property which may have resulted from casualties including, but not limited to, fire, wind, water, flood, hail or sinkholes?  Yes  No  Unknown
- b. If yes, are you aware if any insurance claims were filed?  Yes  No
- If yes, please indicate when \_\_\_\_\_
- If yes, has the claim been completely settled with the insurance company?  Yes  No
- If yes, was the full amount of the claim proceeds used to repair?  Yes  No
- c. Has an insurance policy been denied or canceled by any insurer?  Yes  No
- d. Have you made any additions, structural changes, or other alterations to the Property?  Yes  No
- If yes, did you obtain all necessary permits?**  Yes  No
- Was/Were the permit(s) closed out (finalized)?**  Yes  No  Unknown
- e. Was any of the work in violation of any building codes?  Yes  No
- f. Were there any additions, structural changes or other alterations made to the Property by any previous owner?  Yes  No  Unknown
- g. Please provide the name of any contractor or individual who constructed any addition or made any structural change to the Property. \_\_\_\_\_
- h. Are you aware of any active, open or expired permits on the Property which have not been closed by a final inspection?  Yes  No

**If yes to any of these items, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**7. ROOF-RELATED ITEMS:**

- a. What is the approximate age of the roof? 9-10 years \_\_\_\_\_  Unknown
- b. Has the roof or roofing system leaked during your ownership of the Property?  Yes  No

**If yes, what was done to correct the leak(s)?** \_\_\_\_\_  
 c. Has the roof or roofing system been replaced or repaired or re-roofed over existing shingles during your ownership of the Property?  Yes  No

**If yes to any of these items, please explain and provide the date and name of all contractors**

- d. Is there a transferable workmanship and or roofing material warranty?  Yes  No

**If yes, to either, please provide a copy of the warranty.**

**8. POOL AND/OR SPA/HOT TUB:**

- a. Does the Property have any of the following?  
 Pool/Spa Heater  Yes  No    Type:  Gas  Electric  Solar  
 Pool Sweep  Yes  No  
 Spa/Hot Tub  Yes  No    Type:  Gas  Electric  Solar

What is the aproximate age of the Pool \_\_\_\_\_ Spa \_\_\_\_\_ Hot Tub \_\_\_\_\_?

- b. Has any pool, spa/hot tub been and/or filled in?  Yes  No
- c. Have repairs/replacements ever been made to any item mentioned above?  Yes  No  Unknown
- d. What type of pool, spa/hot tub filtration system do you have (salt or chlorine)? \_\_\_\_\_
- e. The pool, spa/hot tub has the following safety features (as defined by Section 515, Florida Statutes):  
 Enclosure that meets the pool barrier requirements     Approved safety pool cover  
 Required door and window exit alarms     Required door locks

**If yes to any of these items, please explain:** \_\_\_\_\_

**9. HEATING AND AIR CONDITIONING:**

Please indicate existing equipment:

- a. Air Conditioning:  Central  Electric    Brand Name: \_\_\_\_\_ Age: \_\_\_\_\_
- b. Heating:  Central  Electric  Gas  Fuel Oil    Brand Name: \_\_\_\_\_ Age: \_\_\_\_\_
- c. If heat pump, type: \_\_\_\_\_
- d. Air condenser age \_\_\_\_\_    Air handler age \_\_\_\_\_
- e. Window/Wall Unit (s) \_\_\_\_\_ Number and location of units included in sale: \_\_\_\_\_
- f. Are you aware of any malfunction, condensation problem or defect regarding these items or ductwork since you have owned the Property?  Yes  No

**If yes, explain:** \_\_\_\_\_

- g. Do you have any fuel storage tanks?  Yes  No  
**If yes,**  Underground  Above ground  Both

**10. WATER INTRUSION:**

- a. Are you aware of any past or present water intrusion, accumulation of water or dampness affecting the interior or exterior of any part of the improvements or the land, including any crawl spaces?  Yes  No
- b. Are you aware of any attempts to control any water or dampness problems, including in any crawl spaces?  Yes  No

**If yes, to either of these, please explain** \_\_\_\_\_

- c. Are you aware of any insurance claims filed specifically for water intrusion?  Yes  No

**If yes, please indicate when** \_\_\_\_\_

**If yes,** has the claim been completely settled with the insurance company?  Yes  No

**If yes,** was the full amount of the claim proceeds used to repair the water intrusion?  Yes  No

**11. SINKHOLES, SETTLING AND SOIL MOVEMENT:**

a. Are you aware of any past or present settling, soil movement or sinkhole(s) affecting the Property?  Yes  No

**If yes, please explain:** \_\_\_\_\_

b. Are you aware of any insurance claims filed specifically for a sinkhole with an insurance company?  Yes  No

**If yes**, has the claim been completely settled with homeowner's insurance company?  Yes  No

**If yes**, was the full amount of the claim proceeds used to repair the sinkhole damage?  Yes  No

**12. WINDOWS/DOORS/LOCKS:**

a. Are the windows insulated glass?  Yes  No  Unknown

b. Are any windows low "e" filtered windows?  Yes  No  Unknown

c. Are there any fogged windows?  Yes  No  Unknown

d. Are any windows broken or cracked?  Yes  No  Unknown

e. Do all windows intended to be operable open, stay open, close and lock properly?  Yes  No  Unknown

f. Are any screens missing or damaged?  Yes  No  Unknown

g. Do all doors operate properly and lock properly?  Yes  No  Unknown

**13. PLUMBING (WATER ONLY):**

a. Have you updated any portion of the plumbing system?  Yes  No

**If yes, please explain:** \_\_\_\_\_

b. Are you aware of any problems with the plumbing system/fixtures?  Yes  No

c. Are you aware of any polybutylene pipes on the Property?  Yes  No

d. Are you aware of any leaks, back-ups or other water problems?  Yes  No

e. What is your drinking water supply source?  Public  Private  Well on Property  Shared well

f. If your water is from a well, have there ever been repairs/replacements to the well or pump?  Yes  No  Unknown

g. Has the well water ever been tested?  Yes  No  Unknown

h. Do you have a separate water supply source for irrigation?  Yes  No

**If yes**,  Irrigation Meter  Well

i. What type of sewage system do you have?  Public  Private  Septic Tank(s)

If septic, how many? \_\_\_\_\_ Locations: \_\_\_\_\_

When was the septic tank last pumped? \_\_\_\_\_ Age of septic tank if known: \_\_\_\_\_

Age of drain field if known: \_\_\_\_\_

j. Number of water heaters? 1  Electric  Gas ( natural or  propane)  Solar

Is any water heater tankless?  Yes  No

Age of water heater(s) if known: \_\_\_\_\_

**If yes to any of these items, please explain:** \_\_\_\_\_

**14. SEWER/SEPTIC (including drain field):**

a. What type of sewage system do you have?  Public  Private  Septic Tank(s)

If septic, how many? \_\_\_\_\_ Locations: \_\_\_\_\_

When was septic tank last pumped? \_\_\_\_\_ Age of septic tank if known: \_\_\_\_\_

Age of drain field if known: \_\_\_\_\_

b. Have you updated any portion of the sewer/septic or drain field system?  Yes  No

**If yes, please explain:** \_\_\_\_\_

c. Are you aware of any problems with the sewer/septic or drain field system?  Yes  No

d. Do any buildings/improvements cover any part of a drain field or septic tank?  Yes  No

e. Is there an abandoned septic tank and/or drain field on the Property?  Yes  No

If so, where is it located? \_\_\_\_\_

**If yes to any of these items, please explain:** \_\_\_\_\_

**15. ELECTRICAL/ENERGY SYSTEM:**

a. Have you updated any portion of the electrical system?  Yes  No

**If yes, please explain:** \_\_\_\_\_

b. Are you aware of any damaged or malfunctioning switches, receptacles, wiring or any problem with the electrical system/fixtures?  Yes  No

c. Does the Property have any aluminum, knob-and-tube or cloth wiring?  Yes  No  Unknown

d. Is any part of the Property powered by Solar?  Yes  No

**If yes to any of these items, please explain:**  
\_\_\_\_\_

**16. EXCLUSIONS/LEASED SYSTEMS:**

a. Are there any items that are affixed to the Property that are excluded from the sale?  Yes  No

**If yes, please itemize:** \_\_\_\_\_

b. Is there any leased equipment included in the sale?  Yes  No

**If yes, please itemize:** \_\_\_\_\_

**17. WOOD-DESTROYING ORGANISMS:**

a. Are you aware of any past or present infestation or damage to the Property caused by any wood-destroying organisms, including fungi?  Yes  No

**If yes, please explain:** \_\_\_\_\_

b. Is the Property currently under service agreement or bond for wood-destroying organisms with a licensed pest control company?  Yes  No

**If yes, with what company and renewal date?** FL Pest Control | 3/2027

Is the service agreement or bond transferable?  Yes  No

**If yes, please attach a copy of the service agreement or bond.**

c. Do you know of any wood-destroying organism reports on the Property issued in the past five years?  Yes  No

**If yes, please explain and attached a copy if available:** \_\_\_\_\_

**18. FLOOD ZONE/DRAINAGE/BOUNDARIES:**

a. Is any portion of the Property in a special flood hazard area for which a lender may require flood insurance?  Yes  No

**If yes, please attach a copy of the flood elevation certificate and all current flood insurance policies.**

b. Are you aware of any past or present drainage/flood problems affecting the Property?  Yes  No

c. Are you aware of any encroachments or boundary line disputes affecting the Property?  Yes  No

d. Are you aware of any easements affecting the Property other than utility easements?  Yes  No

**If yes to any of these items, please explain:** \_\_\_\_\_

e. Are you aware of any shared access/driveway, dock, well or other joint use agreements?  Yes  No

**If yes,  oral  written. If written, please attach a copy.**

f. Do you have a survey map showing all improvements of the Property?

Yes  No **If yes, please attach a copy.**

