



SELLER'S PROPERTY DISCLOSURE

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NORTHEAST FLORIDA ASSOCIATION OF REALTORS®, INC.



NOTICE TO SELLER

In Florida a seller of residential property is obligated to disclose to a buyer all facts known to a 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 Broker(s) and cooperating Broker(s), 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 only upon SELLER's knowledge of the Property's condition as of the date signed by SELLER.

SELLER Alan & Erin Lynn

Street Address 329 Palmetto Dr

City St Augustine State FL Zip 32092

Year Built 2017 Date SELLER purchased Property: 6/22/2017

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:

<input checked="" type="checkbox"/> Range Brand: <u>Kenmore</u>	<input checked="" type="checkbox"/> Refrigerator Brand: <u>GE</u>
<input checked="" type="checkbox"/> Oven Brand: <u>Kenmore</u>	<input checked="" type="checkbox"/> Microwave Oven Brand: <u>Kenmore</u>
<input checked="" type="checkbox"/> Dishwasher Brand: <u>Bosch</u>	<input checked="" type="checkbox"/> Washer Brand: <u>GE</u>
<input checked="" type="checkbox"/> Disposal Brand: <u>InSinkErator</u>	<input checked="" type="checkbox"/> Dryer Brand: <u>Samsung</u>
<input type="checkbox"/> Trash Compactor Brand: _____	<input type="checkbox"/> Fireplace <input type="checkbox"/> Gas Logs <input type="checkbox"/> Wood burning <input type="checkbox"/> Electric
<input checked="" type="checkbox"/> Ceiling Fans - Number of fans: <u>6</u>	<input type="checkbox"/> Smoke Detectors
<input type="checkbox"/> Intercom	<input checked="" type="checkbox"/> Security System <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased
<input type="checkbox"/> Audio Visual System Wiring	<input type="checkbox"/> Window/Wall a/c(s) - Number of units: _____
<input checked="" type="checkbox"/> Light Fixtures	<input type="checkbox"/> Built In Generator
<input checked="" type="checkbox"/> Bathroom Mirrors	<input type="checkbox"/> Wine Cooler <input type="checkbox"/> Built-in <input type="checkbox"/> Free Standing
<input type="checkbox"/> Drapery Hardware	<input type="checkbox"/> In-ground Pool
<input checked="" type="checkbox"/> All Window Treatments	<input type="checkbox"/> Above Ground Pool
<input checked="" type="checkbox"/> Garage Door Opener(s) and Number of Control(s): <u>2</u>	<input type="checkbox"/> Pool Fence/Barrier
<input type="checkbox"/> Security Gate and other Access Devices	<input type="checkbox"/> Pool Sweep
<input type="checkbox"/> Pool Heater	<input type="checkbox"/> Solar Panels
<input type="checkbox"/> Storage Shed	<input type="checkbox"/> Individual Mail Box
<input checked="" type="checkbox"/> Mounted/Installed Speakers	<input checked="" type="checkbox"/> Cluster Mail Box and Key - Box Number <u>14</u>
<input type="checkbox"/> TV Antennae/Satellite Dish <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input checked="" type="checkbox"/> Smart Home System(s) consisting of:
<input checked="" type="checkbox"/> Water Softener/Treatment System <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased	<u>Light switches for exterior</u>
<input checked="" type="checkbox"/> Storm Shutters and Panels	<u>smart bulbs in living room</u>
<input type="checkbox"/> Spa or Hot Tub with Heater	
<input type="checkbox"/> Sauna	
<input type="checkbox"/> Built In Grill <input type="checkbox"/> Gas Supply: <input type="checkbox"/> Utility <input type="checkbox"/> Bottled/Tank	
<input checked="" type="checkbox"/> Irrigation System <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial	
<input checked="" type="checkbox"/> Water Heater: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solar Brand: _____	

2. CLAIMS AND ASSESSMENTS:

- a. Are you aware of any existing, pending or proposed legal or administrative action affecting the Property? Yes No
- b. Are you aware of any existing or proposed municipal or county special assessments 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 RESTRICTIONS:

- 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 to: Trailmark HOA

Payee's address: P.O. BOX 98404 PHOENIX AZ 85638

Payee's phone number: 866-473-2573

- Homeowners' Association fees and assessments are payable in the amount of \$ 100 per YEAR
- 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 you aware of any pending special assessment(s)? If yes please explain: Yes No

- d. Are any of your Association fees delinquent? 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
- i. Is the Property part of a Community Development District (CDD)? Yes No

If yes, please see Community Development District Acknowledgment.

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)? Yes No Unknown

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
- c. 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
- d. Was any of the work in violation of any building codes? Yes No
- e. Were there any additions, structural changes or other alterations made to the Property by any previous owner? Yes No Unknown
- f. Please provide the name of any contractor or individual who constructed any addition or made any structural change to the Property. _____
- g. Are you aware of any active or open 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? 8 yrs Unknown Yes No
- b. Has the roof leaked during your ownership of the Property? Yes No
- If yes, what was done to correct the leak(s)?** _____
- c. Has the roof been replaced or repaired during your ownership of the Property? Yes No
- If replaced or repaired, please provide the date and name of contractor** _____
- _____ is there a transferable warranty? Yes No
- If yes, please provide a copy of the warranty.**

8. POOL/SPA OR 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
What is the approximate age of the Pool _____ Spa _____ Hot Tub _____?
- b. Have repairs/replacements ever been made to any item mentioned above? Yes No Unknown
- If yes, please explain:** _____
- c. What type of pool/spa or hot tub chlorination system do you have? (salt or chlorine) _____
- d. The pool/spa 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

9. HEATING AND AIR CONDITIONING

Please indicate existing equipment:

- a. Air Conditioning: Central Electric Brand Name: Amsaa Age 8
- b. Heating: Central Electric Gas Fuel Oil Brand Name: Amsaa Age 8
- c. If heat pump, type: _____
- d. Air condenser age 8 Air handler age 8
- e. Window/Wall Unit (s) 1 Number and location of units included in sale: Garage mini split
- f. Solar Heating: Owned Leased
- g. Do you have any fuel storage tanks? Yes No
If yes, Underground Above ground Both
- h. 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:** _____

10. WATER INTRUSION

- a. Are you aware of any past or present water intrusion, accumulation of water or dampness affecting the Property, including any crawl spaces? Yes No
- If yes, please explain** Small leak in one plumbing stack, repaired/replaced
- b. Are you aware of any attempts to control any water or dampness problems, including in any crawl spaces? Yes No

- c. Are you aware of any insurance claims filed for water intrusion? Yes No
 If yes, please indicate when _____
 If yes, has the claim been completely settled with your 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 for a sinkhole with an insurance company? Yes No
 If yes, has the claim been completely settled with your 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
 d. Are any windows broken or cracked? Yes No
 e. Do all operable windows open, stay open, close and lock properly? Yes No
 f. Are any screens missing or damaged? Yes No
 g. Do all doors operate properly? Yes No

13. PLUMBING

- a. Are you aware of any problems with the plumbing system/fixtures? Yes No
 b. Are you aware of any polybutylene pipes on the Property? Yes No
 c. Are you aware of any leaks, back-ups, water or sewer/septic tank problems? Yes No
 d. What is your drinking water supply source? Public Private Well on Property Shared well
 e. If your water is from a well, have there ever been repairs/replacements to the well or pump? Yes No Unknown
 f. Has the well water ever been tested? Yes No Unknown
 g. Do you have a separate water supply source for irrigation?
 h. If yes, Irrigation Meter Shallow Well
 i. 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: _____
 j. Number of water heaters? 1 Electric Gas Solar Tankless
 If yes to any of these items, please explain: _____

14. ELECTRICAL SYSTEM

- a. Are you aware of any damaged or malfunctioning switches, receptacles, wiring or any problem with the electrical system/fixtures? Yes No
 If yes, please explain: _____
 b. Does the Property have any aluminum wiring? Yes No Unknown

15. 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: _____

16. 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? Turner Pest Control (Platinum)
 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: _____

17. 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 if available.
- 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 shared access/driveway, dock, well or other joint use agreements? Yes No
If yes, oral written. If written, please attach a copy.
- e. Are you aware of any easements affecting the Property other than utility easements? Yes No
If yes, please explain: _____
- f. Do you have a survey map of the Property? Yes No
If yes, please attach a copy.

18. OTHER MATTERS

- a. Does anyone, including any owner's association, have a right of first refusal or an option to buy the Property? Yes No
- b. Are you aware of any existing or threatened legal action affecting you or the Property? Yes No
- c. Does the Property have homestead tax exemption for the current year? Yes No
- d. Water/Sewer Provider: St Johns Utilities
Garbage Pick-up Provider: County Gas/Fuel oil Provider: TECO
Electricity Provider: FPL
- e. Is there anything else you feel you should disclose to a prospective buyer that may materially adversely affect the value or desirability of the Property? Yes No
If yes to any of these items, please explain: _____

SELLER represents that the information set forth in this Property Disclosure is accurate and complete to the best of SELLER's knowledge. SELLER does not intend this Disclosure to be a warranty or guaranty of any kind. SELLER hereby authorizes the listing Broker to provide a copy of this Disclosure to prospective buyers of the Property and to real estate brokers and licensees. SELLER shall notify the listing Broker in writing immediately if any information set forth in this Disclosure becomes inaccurate or incorrect.

[Signature] 3/16/26 [Signature] 3/16/26
SELLER DATE SELLER DATE

SELLER DATE SELLER DATE

RECEIPT AND ACKNOWLEDGMENT BY BUYER

BUYER hereby acknowledges receipt of a copy of this Property Disclosure. BUYER is strongly advised to obtain Property inspection(s) as provided for in the Purchase and Sale Agreement. BUYER should select professionals with appropriate qualifications to conduct inspections. BUYER acknowledges that this Property Disclosure is not intended as a warranty or guaranty of any kind by SELLER.

BUYER hereby acknowledges that SELLER's representations are made to BUYER based on SELLER's knowledge and, further, that it is BUYER's responsibility to have the Property inspected. The statements in this Disclosure are those of SELLER only. The Brokers and their licensees do not warrant or guarantee the statements contained in this Property Disclosure or the condition of the Property and are not responsible for the condition of the Property. BUYER understands that the Property is being sold in its present condition unless otherwise agreed upon in the Purchase and Sale Agreement and Deposit Receipt.

BUYER DATE BUYER DATE

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