

RESIDENTIAL PROPERTY DISCLOSURE AND DISCLAIMER STATEMENT

INSTRUCTIONS TO THE SELLER

Please complete the following form. Do not leave any spaces blank. If the question clearly does not apply to the property write "NA". If the answer to any items requires explanation, explain on attached sheets, if necessary.

NOTICE TO THE BUYER

THE FOLLOWING DISCLOSURES ARE MADE BY THE SELLER(S), CONCERNING THE CONDITION OF THE PROPERTY LOCATED AT _____

(“THE PROPERTY”), OR AS LEGALLY DESCRIBED ON ATTACHED EXHIBIT A.

DISCLOSURES CONTAINED IN THIS FORM ARE PROVIDED BY THE SELLER ON THE BASIS OF SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME THIS DISCLOSURE FORM IS COMPLETED BY THE SELLER. THE FOLLOWING ARE DISCLOSURES MADE BY THE SELLER AND ARE NOT THE REPRESENTATIONS OF ANY REAL ESTATE LICENSEE OR OTHER PARTY. THIS INFORMATION IS FOR DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY WRITTEN AGREEMENT BETWEEN THE BUYER AND THE SELLER.

FOR A MORE COMPREHENSIVE EXAMINATION OF THE SPECIFIC CONDITION OF THIS PROPERTY YOU ARE ADVISED TO OBTAIN AND PAY FOR THE SERVICES OF A QUALIFIED SPECIALIST TO INSPECT THE PROPERTY ON YOUR BEHALF, FOR EXAMPLE, ARCHITECTS, ENGINEERS, LAND SURVEYORS, PLUMBERS, ELECTRICIANS, ROOFERS, BUILDING INSPECTORS, OR PEST AND DRY ROT INSPECTORS. THE PROSPECTIVE BUYER AND THE OWNER MAY WISH TO OBTAIN PROFESSIONAL ADVICE OR INSPECTIONS OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A CONTRACT BETWEEN THEM WITH RESPECT TO ANY ADVICE, INSPECTION, DEFECTS OR WARRANTIES.

Seller(s), _____, [is] / [is not] currently occupying the property.
 Seller has owned the property for _____ years.

I. SELLER'S DISCLOSURES. If explanation is needed, use attached sheet if necessary. Approximations should be labeled as such.

1. TITLE	YES	NO	UNKNOWN
A. Do you have legal authority to sell the property?			
B. Is title to the property subject to any of the following:			
(1) First right of refusal			
If yes, explain:			
(2) Option			
If yes, explain:			
(3) Lease or Rental Agreement			
If yes, explain:			
(4) Life Estate			
If yes, explain:			
C. Are there any encroachments, boundary disputes, or boundary agreements?			
If yes, explain:			
D. Are there any rights of way, easements, or access limitations that may affect the owner's use of the property?			
If yes, explain:			
E. Are there any written agreements for joint maintenance of an easement or right of way?			
If yes, explain:			
F. Is there any study, survey project, or notice that would adversely affect the property?			
If yes, explain:			
G. Are there any pending or existing assessments against the property?			
If yes, explain:			
H. Are there any zoning violations, nonconforming uses, or any unusual restrictions on the subject property that would affect future construction or remodeling?			
If yes, explain:			
I. Is there a boundary survey for the property? If yes, attach survey.			

1. TITLE	YES	NO	UNKNOWN
J. Are the property's boundaries marked?			
If yes, explain:			
K. Are there fences on the property?			
If yes, were the fences put up by the property owner?			
L. Are any trees or other flora on the property diseased, dead or damaged?			
If yes, explain:			
M. Are there any covenants, conditions, or restrictions which affect the property?			
If yes, explain:			
N. Is the property accessed by public or private road?	PUBLIC	PRIVATE	UNKNOWN
If private, what yearly upkeep amount is paid by the property owner?			
If private, explain road upkeep in detail:			

2. WATER				
A. Household Water				
(1) The source of the water is:	Public	Community	Private	Shared
(2) Water source information:		YES	NO	UNKNOWN
a. Are there any written agreements for shared water source?				
If yes, explain:				
b. Is there an easement (recorded or unrecorded) for access to and/or maintenance of the water source?				
If yes, explain:				
c. Are any known problems or repairs needed?				
If yes, explain:				
d. Does the source provide an adequate year round supply of potable water?				
e. Are there any water treatment systems (softener, purifier, etc.) for the property?				
If yes, explain, and state if the system(s) is/are leased or owned:				
B. Irrigation				
(1) Are there any water rights for the property?				
If yes, explain:				
(2) If they exist, to your knowledge, have the water rights been used during the last five-year period?				
If yes, explain:				
(3) If so, is the certificate available?				
Explain:				
C. Outdoor Sprinkler System				
(1) Is there an outdoor sprinkler system for the property?				
(2) Are there any defects in the outdoor sprinkler system?				
If yes, explain:				

3. SEWER/SEPTIC SYSTEM			
A. The property is served by (circle one):	Public Sewer Main	Septic Tank System	Other Disposal System
If other, describe:			
B. If the property is served by a public or community sewer main, is the house connected to the main?	Yes	No	Unknown
If no, explain:			
C. Is the property currently subject to a sewer capacity charge?	Yes	No	Unknown
If yes, explain:			
D. If the property is connected to a septic system:			
(1) Was a permit issued for its construction, and was it approved by the city or county following its construction?	Yes	No	Unknown
(2) On what date was it last pumped:			
(3) Are there any defects in the operation of the septic system?	Yes	No	Unknown
If yes, explain:			
(4) On what date was it last inspected:			
By whom:			

(5) How many bedrooms was the system approved for?			
E. Do all plumbing fixtures, including laundry drain, go to the septic/sewer system?	Yes	No	Unknown
If no, explain:			
F. Are you aware of any changes or repairs to the septic system?	Yes	No	Unknown
If yes, explain:			
G. Is the septic system, including drainage field, located entirely within the property's boundaries?	Yes	No	Unknown
If no, explain:			

4. STRUCTURAL				
A. How old is the current roof? _____ years. (If unknown, mark Unknown.)	Unknown			
Roof is constructed of: <input type="checkbox"/> Asphalt Shingle, <input type="checkbox"/> Wood Shingle, <input type="checkbox"/> Slate, <input type="checkbox"/> Metal, <input type="checkbox"/> Tile, <input type="checkbox"/> Asbestos, <input type="checkbox"/> Unknown, <input type="checkbox"/> Other:				
B. Has the roof leaked during your ownership?	Yes	No	Unknown	
If yes, has it been repaired?				
Yes No				
Explain any roof repairs of which you are aware:				
C. Has the house undergone any conversions, additions, or remodeling?	Yes	No	Unknown	
1. If yes, were all building permits obtained?				
Yes No Unknown				
2. If yes, were all final inspections obtained?				
Yes No Unknown				
Explain any conversions/additions/remodeling:				
D. Do you know the age of the house?	Yes	No		
If yes, give year of original construction (if approximation, indicate such):				
E. Are you aware of:	Yes	No		
(1) Any movement, shifting, deterioration or other problems with walls, foundation, crawl space or slab?				
Yes No				
(2) Any cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement, floors or garage?				
Yes No				
(3) Any water leakage or dampness in the crawl space or basement?				
Yes No				
(4) Any dry rot on the property?				
Yes No				
(5) Any repairs or other attempts to control the cause or effect of any problem described above?				
Yes No				
Explain any 'Yes' answer(s) to 1-5 above. When describing repairs or control efforts, describe the location, extent, date, and name of person/company who did the work. Attach any reports and/or other documentation:				
F. If you know of any defect(s) regarding the following items, mark the defective item with a check:				
1. Foundation <input type="checkbox"/>	6. Fire Alarm <input type="checkbox"/>	11. Slab Floors <input type="checkbox"/>	16. Sidewalks <input type="checkbox"/>	21. Balconies <input type="checkbox"/>
2. Deck <input type="checkbox"/>	7. Doors <input type="checkbox"/>	12. Driveways <input type="checkbox"/>	17. Outbuildings <input type="checkbox"/>	22. Wood Stoves <input type="checkbox"/>
3. Exterior walls <input type="checkbox"/>	8. Door locks <input type="checkbox"/>	13. Attic Stairs <input type="checkbox"/>	18. Fireplaces <input type="checkbox"/>	
4. Chimneys <input type="checkbox"/>	9. Patio <input type="checkbox"/>	14. Windows <input type="checkbox"/>	19. Garage Floors <input type="checkbox"/>	
5. Interior walls <input type="checkbox"/>	10. Ceilings <input type="checkbox"/>	15. Window locks <input type="checkbox"/>	20. Walkways <input type="checkbox"/>	
If you checked any of the above items, explain the defect(s):				
G. In the last 4 years, was a pest, dry rot, structural or "whole house" inspection done?	Yes	No	Unknown	
If yes, which test(s), when, and by whom was the inspection done? (Attach documentation)				
H. Has the property had a problem with pest control, infestations, or vermin?	Yes	No	Unknown	
If yes, explain:				
I. Are you aware of:				
(1) Any termites, wood destroying insects or pests on or affecting the property?				
Yes No				
(2) Property damage by termites, wood destroying insects or pests?				
Yes No				

If yes, describe:		
(3) Any termite/pest control treatments on the property in the last 4 years?	Yes	No
If yes, list company and where treated:		
(4) Current warranty or other coverage by a licensed pest control company on the property?	Yes	No
If yes, explain warranty and attach documentation:		
J. Have you made a homeowner's insurance claim(s) regarding the property in the last 4 years?	Yes	No
If yes, explain when and why:		

5. SYSTEMS AND FIXTURES

If the following systems or fixtures are included with the transfer, do they have any existing defects:		YES	NO	UNKNOWN				
A. Electrical system, including wiring, all switches, all outlets, and service								
If yes, explain:								
What type of wiring comprises the electrical system?		Copper	Aluminum	Unknown				
B. Plumbing system, including pipes, faucets, fixtures, and toilets								
If yes, explain:								
C. Hot water heater (mark one):	Electric	Natural Gas	Other:	Age: ____ years				
If yes, explain:								
D. Oven/stove:	Electric	Natural Gas	Other:	Age: ____ years				
If yes, explain:								
E. List ANY OTHER APPLIANCES TO REMAIN, attach separate sheet if necessary.								
1.	Age: ____ years			YES	NO	UNKNOWN		
If yes, explain:								
2.	Age: ____ years							
If yes, explain:								
3.	Age: ____ years							
If yes, explain:								
F. Cooling and Heating systems								
Air Conditioning (mark one):		Central Electric	Central Gas	Heat Pump	Window Unit(s) ____ # included in sale			
Other (describe):								
Air Conditioning (continued):		Age of cooling system: ____ years.		Zoned cooling? [Yes] [No]				
Air Conditioning defects?		No	Unknown	Yes, explain:				
Heating system (mark one):		Electric	Natural Gas	Fuel Oil	Heat Pump	Propane	Other:	
		Age of heating system: ____ years.		Zoned heating? [Yes] [No]				
Heating system defects?		No	Unknown	Yes, explain:				
Last date of servicing:		Heating:		Cooling:		By whom:		
Are there rooms without heating/air conditioning vents?		Yes	No					
If yes, which rooms:								
G. Security system (Circle One):		Owned	Leased	Any defects?		Yes	No	Unknown
Describe security system:								
If defects are indicated, explain:								
H. Other:		Any defects?		Yes	No	Unknown		
If defects are indicated, explain:								

6. COMMON INTEREST

A. Is there a Home Owners' Association?		Yes	No	Unknown
If yes, what is the name of the association?				
B. Are there regular periodic assessments:		Yes	No	Unknown
If yes, give amount per:		Month: \$	Year: \$	Other: \$
If other, explain:				

C. Are there any pending special assessments?	Yes	No	Unknown
D. Are there any shared "common areas" or any joint maintenance agreements (facilities such as walls, fences, landscaping, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)?	Yes	No	Unknown
If any such areas exist, explain:			

7. APPLIANCES, HEATING, PLUMBING, ELECTRICAL and OTHER MECHANICAL SYSTEMS

Instructions: Mark INCL if the item is included in the sale. If item is included in sale, mark Yes or No to indicate whether item is in working order. Indicate the item's approximate age (in years) in the 'age' space, if provided-- if age is unknown, mark '?' in space.

ITEM	INCL	Yes	No	ITEM	INCL	Yes	No
Attic Fan				Lawn Sprinkler Auto-timer			
Air Conditioner (central) age:				Lawn Sprinkler Backflow Valve			
Air Conditioner (wall/window) age:				Microwave Oven age:			
Air Cleaner/Purifier age:				Plumbing			
Ceiling Fan(s), # included				Pool age:			
Clothes Washer age:				Pool Equipment/ mechanisms age:			
Convection Oven age:				Range/Oven age:			
Dishwasher age:				Range Timer			
Door Bells				Range Vent-hood			
Drain Tile System				Refrigerator age:			
Dryer age:				Security System			
Exhaust Fans (bathroom)				Smoke Detectors (battery)			
Fireplace				Smoke Detectors (hardwired)			
Fireplace Mechanisms				Solar Collectors			
Furnace age:				Sump Pump			
Furnace Mechanisms				Toilet Mechanisms			
Freezer age:				TV Antenna/ receiver/ dish			
Garbage Compactor				TV Cable wiring			
Garbage Disposal				Water Heater age:			
Garage Door Opener (GDO)				Window Treatments			
GDO Auto-reverse Safety Mechanism				Whirlpool/Hot-tub age:			
GDO Remote Opener(s), # included:				Wood Burning Stove			
Gas Grill				Yard Lights			
Gas Logs				Other:			
Heating System (central) age:				Other:			
Heating System (supplemental) age:				Other:			
Humidifier age:				Other:			
Incinerator				Other:			
Intercom				Other:			
Lawn Sprinkler System				Other:			

Explanations: if any item above is NOT in working order, list the item and explain the defect in the space below.

8. GENERAL

	YES	NO	UNKNOWN
A. Is there any settling, soil, standing water, or drainage problems on the property? If yes, explain:			
B. Does the property contain fill material?			
C. Is there any material damage to the property or any of the structure from fire, wind, floods, beach movements, earthquake, expansive soils, or landslides? If yes, explain:			
D. Is the property in a designated flood plain?			

