

SELLER'S PROPERTY DISCLOSURE STATEMENT

Seller states that the information as to the condition of the property contained in this property disclosure statement is, to the best of Seller's current knowledge as of the _____ day of _____, 20____, is true and correct.

PROPERTY ADDRESS: _____

1. THE FOLLOWING ARE IN THE CONDITION INDICATED:

A. APPLIANCES

	None/Not Included	Working	Not Working	Do Not Know
Built-In Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oven Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T.V. Antenna/Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dish Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. ELECTRICAL SYSTEM

Service - Amps _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220 Volt Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan(s) # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opener Controls # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Jacks # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fire Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches & Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Units # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole House Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. HEATING AND COOLING SYSTEM

	None/Not Included	Working	Not Working	Do Not Know
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole House Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Heat - Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Heat - Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar House Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodburning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. WATER SYSTEMS

Copper Pressure Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Pressure Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galv. Pressure Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast Iron Drain Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Drain Pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Septic/Leach Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater - Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater - Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater - Solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-ground Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well - Feet Deep _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ROOF: Age of roof (if known)? _____ Years: Number of layers? _____

	Yes	No	Don't Know
A. Does the roof leak when it rains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the roof been damaged since it was last replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the roof under warranty and if so is the warranty transferable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiration date of warranty: _____			
D. Do the roof gutters leak when it rains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. HAZARDOUS CONDITIONS:

	Yes	No	Don't Know
Are there any existing hazardous conditions on the property, such as lead based paint, asbestos containing materials, methane or radon gas in the house or the well, radio active materials, landfill, mine shaft, expansive soil, toxic materials, ureaformaldehyde foam insulation? If Yes, explain under 5 below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. OTHER DISCLOSURES: Year improvements were built: _____

	Yes	No	Don't Know
A. Are the improvements connected to the public water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are the improvements connected to the public sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the improvements connected to a private/community water system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are the improvements connected to a private/community sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Do the improvements have aluminum wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Are there any violations of zoning or building codes, or restrictive covenants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Is the property currently being used for a non-conforming use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Have any notices been received from any governmental or quasi-governmental agency that affect property? If so, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Have any substantial additions or alterations been made without a required building permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Are there any easements for any other property and/or any which are necessary to serve property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Are there any encroachments of property and/or set back lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Has the fireplace/wood stove chimney/flue been cleaned? When? _____ (date)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Has the property been inspected within the last three years? (If Yes, explain in 5 below any problems.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Are there any moisture and/or water problems in basement or crawl space? (If Yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Have there been any damage due to wind, fire, flood, termites or rodents? (If Yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Are there any structural problems with the improvements? (If Yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Are there any trees or shrubs that are diseased, dead or dying? (If Yes, explain.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. EXPLANATIONS AND/OR ADDITIONAL COMMENTS:

As Seller(s), I(we) hereby certify as to the truth of my(our) statements and information as contained in this Seller's Property Disclosure Statement (which I(we) completed on the hereinabove date), based on my(our) current actual knowledge. Should any changes as to condition or any other factor that might affect property occur or become known to me(us) prior to closing, this information shall be disclosed to Buyer.

Seller: _____

Seller: _____