|         | This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | PROPERTY 988 HOPELAND ROAD LITITZ PA<br>SELLER DARRELL & KATHERINE MARTIN                                                                                                                        |
| 2       | SELLER DARRELL & KATHERINE MARTIN                                                                                                                                                                |
| 3       | INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW                                                                                                                                      |
| 1       | 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 of                                                  |
| 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 en                                                     |
| 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                                                         |
|         | Seller in complying with disclosure requirements and to assist Buyer in evaluating the property being considered. Sellers who wish to se                                                         |
|         | or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statemer                                                        |
| 2       | nor the basic disclosure form limits Seller's obligation to disclose a material defect.                                                                                                          |
| 3       | 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 an                                                      |
|         | 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                                                             |
|         | resentation by any listing real estate broker, any selling real estate broker, or their licensees. Buyer is encouraged to address concern                                                        |
| 6       | about the condition of the Property that may not be included in this Statement.                                                                                                                  |
| 7       | The Law provides exceptions (listed below) where a property disclosure statement does not have to be completed. All other seller                                                                 |
|         | are obligated to complete a property disclosure statement, even if they do not occupy or have never occupied the Property.                                                                       |
| 9       | 1. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.                                                                              |
| 0       | 2. Transfers as a result of a court order.                                                                                                                                                       |
| 1       | 3. Transfers to a mortgage lender that results from a buyer's default and subsequent foreclosure sales that result from default.                                                                 |
| 2       | 4. Transfers from a co-owner to one or more other co-owners.                                                                                                                                     |
| 3       | 5. Transfers made to a spouse or direct descendant.                                                                                                                                              |
| 4       | 6. Transfers between spouses as a result of divorce, legal separation or property settlement.                                                                                                    |
| 5<br>6  | 7. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of liquidation.                                           |
| 7       | 8. Transfers of a property to be demolished or converted to non-residential use.                                                                                                                 |
| 8       | 9. Transfers of unimproved real property.                                                                                                                                                        |
| 9       | 10. Transfers of new construction that has never been occupied and:                                                                                                                              |
| 0       | a. The buyer has received a one-year warranty covering the construction;                                                                                                                         |
| 1<br>2  | <ul> <li>The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized mode<br/>building code; and</li> </ul>                            |
| 3       | c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.                                                                                              |
| . [     |                                                                                                                                                                                                  |
| 4       | COMMON LAW DUTY TO DISCLOSE  Although the provisions of the Real Estate Seller Disclosure Law exclude some transfers from the requirement of completing a disclosure Law exclude some transfers. |
| 6       | 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                                                           |
| 7       |                                                                                                                                                                                                  |
| <br>  8 | EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK                                                                                                                                                 |
| 9       | According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not require                                                          |
| 0       | to fill out a Seller's Property Disclosure Statement. The executor, administrator or trustee, must, however, disclose any known                                                                  |
| ]       | ()J.                                                                                                                                                                                             |
| ٤ [     | DATE                                                                                                                                                                                             |
|         |                                                                                                                                                                                                  |
| 2       | Seller's Initials DAM 14M Date 9-6-2023 SPD Page 1 of 11 Buyer's Initials Date                                                                                                                   |
| و       |                                                                                                                                                                                                  |
|         | Pennsylvania Association of Realtors* COPYRIGHT PENNSYLVANIA ASSOCIATION OF REALTORS® 202                                                                                                        |

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. 1. SELLER'S EXPERTISE No (A) Does Seller possess expertise in contracting, engineering, architecture, environmental assessment or other areas related to the construction and conditions of the Property and its improvements? (B) Is Seller the landlord for the Property? (C) Is Seller a real estate licensee? Explain any "yes" answers in Section 1: 2. OWNERSHIP/OCCUPANCY (A) Occupancy Unk N/A 1. When was the Property most recently occupied? AL 2. By how many people? A 2 3. Was Seller the most recent occupant? 4,3 4. If "no," when did Seller most recently occupy the Property? (B) Role of Individual Completing This Disclosure. Is the individual completing this form: 1. The owner H. ( 2. The executor or administrator B2 3. The trustee RК 4. An individual holding power of attorney 84 (C) When was the Property acquired? (D) List any animals that have lived in the residence(s) or other structures during your ownership: DOGS IN HOUSE, HORSES, CATS, SHEEP ON PROPERTY Explain Section 2 (if needed): 3. CONDOMINIUMS/PLANNED COMMUNITIES/HOMEOWNERS ASSOCIATIONS (A) Disclosures for condominiums and cooperatives are limited to Seller's particular unit(s). Disclosures regarding common areas or facilities are not required by the Real Estate Seller Disclosure Law. (B) Type. Is the Property part of a(n): No Unk N/A 1. Condominium 133 2. Homeowners association or planned community 122 × 3. Cooperative 184 4. Other type of association or community Ra (C) If "yes," how much are the fees? \$\_\_\_\_\_\_, paid ( Monthly)( Quarterly)( Yearly) (D) If "yes," are there any community services or systems that the association or community is responsible for supporting or maintaining? Explain: (E) If "yes," provide the following information: 1. Community Name F. § Contact 1.2 Mailing Address 1.3 4. Telephone Number 11.1 (F) How much is the capital contribution/initiation fee(s)? \$\_\_\_ Notice to Buyer: A buyer of a resale unit in a condominium, cooperative, or planned community must receive a copy of the declaration (other than the plats and plans), the by-laws, the rules or regulations, and a certificate of resale issued by the association, condominium, cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition to regular maintenance fees. The buyer will have the option of canceling the agreement with the return of all deposit monies until the certificate has been provided to the buyer and for five duys thereafter or until conveyance, whichever occurs first. 4. ROOFS AND ATTIC (A) Installation No N/A 1. When was or were the roof or roofs installed? 2. Do you have documentation (invoice, work order, warranty, etc.)? 1.2 (B) Repair 1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership? 161 2. If it or they were replaced or repaired, were any existing roofing materials removed? 11.2 REPLACED 1. Has the roof or roofs ever leaked during your ownership? **4**11 2. Have there been any other leaks or moisture problems in the attic? CZ 3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or downspouts? Seller's Initials Dem 12 Date 9-6-3033 SPD Page 2 of 11 Buyer's Initials / Date

| Explain any "yes" answers in Section 4. Include the location and extern the name of the person or company who did the repairs and the date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                                          |                           |                      | nedia                                  | tion eff           | orts,                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------|--------------------|----------------------|
| BASEMENTS AND CRAWL SPACES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | with                                                                                                                                                               |                                                                                                          |                           | Alth-                |                                        |                    |                      |
| (A) Sump Pump                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                                                                                                          |                           | Yes                  | No                                     | Unk                | N/A                  |
| <ol> <li>Does the Property have a sump pit? If "yes," how many?</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    | Productivity 820                                                                                         | A1                        |                      | X                                      |                    |                      |
| <ol><li>Does the Property have a sump pump? If "yes," how many?</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                    |                                                                                                          | A2                        | ×                    |                                        |                    |                      |
| 3. If it has a sump pump, has it ever run?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                                          | A3                        |                      | X                                      |                    |                      |
| 4 If it has a sump pump, is the sump pump in working order?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                    |                                                                                                          | A4                        | ×                    |                                        |                    |                      |
| <ul><li>(B) Water Infiltration</li><li>1. Are you aware of any past or present water leakage, accumulation</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n or dammese s                                                                                                                                                     | within the base-                                                                                         |                           |                      |                                        | E A                |                      |
| ment or crawl space?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n, or damplicas                                                                                                                                                    | in guiderand he                                                                                          | BI                        |                      | ×                                      |                    |                      |
| 2. Do you know of any repairs or other attempts to control any wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iter or dampness                                                                                                                                                   | problem in the                                                                                           | 0 245                     | 14.40                | -                                      |                    |                      |
| basement or crawl space?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    | i rioligia                                                                                               | B2                        |                      | X                                      | 900                |                      |
| 3. Are the downspouts or gutters connected to a public sewer syste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | em?                                                                                                                                                                |                                                                                                          | ВЗ                        | 20 Ellio             | X                                      | 031-33104          |                      |
| Explain any "yes" answers in Section 5. Include the location and extended the name of the person or company who did the repairs and the date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                                                                                                          | epair                     | or rer               | nedia                                  | tion eff           | orts,                |
| TERMITES/WOOD-DESTROYING INSECTS, DRYROT, PESTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S                                                                                                                                                                  |                                                                                                          | Valler                    | 1711111              | nsal den                               |                    |                      |
| (A) Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | erega para di separa di<br>Santa di Santa dan                                                                                                                      | and the street has                                                                                       |                           | Yes                  | No                                     | Unk                | N/A                  |
| <ol> <li>Are you aware of past or present dryrot, termites/wood-destroyi<br/>Property?</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing insects or ot                                                                                                                                                  | her pests on the                                                                                         | A1                        | etnina. 1<br>Lenkt 1 | Х                                      |                    |                      |
| 2. Are you aware of any damage caused by dryrot, termites/wood-de-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | estroying insect                                                                                                                                                   | s or other pests?                                                                                        | A2                        | 45961                | X                                      |                    |                      |
| (B) Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                                                                                                          | 7.79                      | 70.44                |                                        |                    |                      |
| 1. Is the Property currently under contract by a licensed pest control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |                                                                                                          | B1                        | X                    | muZ,                                   | A)                 |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                    |                                                                                                          |                           |                      |                                        |                    | The same of the last |
| <ol> <li>Are you aware of any termite/pest control reports or treatments</li> <li>Explain any "yes" answers in Section 6. Include the name of any se</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ervice/treatmep                                                                                                                                                    |                                                                                                          | B2<br>plical              | ble: _               | X                                      | to all collections | Sagratak             |
| Explain any "yes" answers in Section 6. Include the name of any se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                          |                           |                      |                                        | Unk                | N/A                  |
| STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ervice/treatmen                                                                                                                                                    | t provider, if ap                                                                                        |                           | yes                  | No X                                   | Unk                | N/A                  |
| STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkway the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on, or other probays, patios or ret                                                                                                                                | lems with walls,                                                                                         | plica                     |                      | No                                     | Unk                | N/A                  |
| Explain any "yes" answers in Section 6. Include the name of any se  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkway the Property?  (C) Are you aware of any past or present water infiltration in the house or roof(s), basement or crawl space(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | on, or other probays, patios or ret                                                                                                                                | lems with walls,                                                                                         | plica                     |                      | No<br>X                                | Unk                | N/A                  |
| Explain any "yes" answers in Section 6. Include the name of any se  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkway the Property?  (C) Are you aware of any past or present water infiltration in the house or roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on, or other probays, patios or ret                                                                                                                                | elems with walls,<br>aining walls on<br>s, other than the                                                | A<br>B                    |                      | No<br>X                                | Unk                | N/A                  |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any section 6. In</li></ul>           | on, or other probays, patios or retar other structure                                                                                                              | elems with walls,<br>aining walls on<br>s, other than the                                                | A<br>B                    |                      | No X X                                 | Unk                | N/A                  |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any see</li> <li>STRUCTURAL ITEMS</li> <li>(A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?</li> <li>(B) Are you aware of any past or present problems with driveways, walkway the Property?</li> <li>(C) Are you aware of any past or present water infiltration in the house or roof(s), basement or crawl space(s)?</li> <li>(D) Stucco and Exterior Synthetic Finishing Systems</li> <li>1. Is any part of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on, or other probays, patios or retar other structure or Insulating Finithetic stone?                                                                              | elems with walls,<br>aining walls on<br>s, other than the                                                | A B C                     |                      | No<br>X                                | Unk                | N/A                  |
| Explain any "yes" answers in Section 6. Include the name of any se  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkweethe Property?  (C) Are you aware of any past or present water infiltration in the house of roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems  1. Is any part of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic stucc                     | on, or other probays, patios or retar other structure or Insulating Finithetic stone?                                                                              | elems with walls,<br>aining walls on<br>s, other than the                                                | A B C D1 D2               |                      | No X X                                 | Unk                | N/A                  |
| Explain any "yes" answers in Section 6. Include the name of any se  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkweethe Property?  (C) Are you aware of any past or present water infiltration in the house of roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems  1. Is any part of the Property constructed with stucco or an Exterior (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic stucco, synthetic brick or synthetic stucco, synt                     | on, or other probays, patios or retar other structure or Insulating Finithetic stone?                                                                              | elems with walls,<br>aining walls on<br>s, other than the                                                | A B C D1 D2 D3            |                      | No X X X                               | Unk                | N/A                  |
| STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkways the Property?  (C) Are you aware of any past or present water infiltration in the house or roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems  1. Is any part of the Property constructed with stucco or an Exterior (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic type(s) and location(s)  2. If "yes," indicate type(s) and location(s)  3. If "yes," provide date(s) installed  (E) Are you aware of any fire, storm/weather-related, water, hail or ice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | on, or other probays, patios or retar other structure or Insulating Firethetic stone?                                                                              | elems with walls,<br>aining walls on<br>s, other than the                                                | A B C D1 D2               |                      | No X X X                               | Unk                | N/A                  |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any see</li> <li>STRUCTURAL ITEMS</li> <li>(A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?</li> <li>(B) Are you aware of any past or present problems with driveways, walkway the Property?</li> <li>(C) Are you aware of any past or present water infiltration in the house of roof(s), basement or crawl space(s)?</li> <li>(D) Stucco and Exterior Synthetic Finishing Systems <ol> <li>Is any part of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, and synthetic synthetic stucco, synthetic brick or synthetic stucco, synthetic stucco, synthetic brick or synthetic stucco, synthetic stucco, synthetic synthetic stucco, synthetic synthetic stucco, synthetic synthetic synthetic stucco, synthetic synth</li></ol></li></ul> | on, or other probays, patios or retar other structure or Insulating Finithetic stone?                                                                              | elems with walls, aining walls on s, other than the hishing System                                       | A B C D1 D2 D3 E F        | Yes                  | No   X   X   X   X   X   X   X   X   X |                    |                      |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any section 6. Include the name of any section 6. Include the name of any section 7. Include the name of any section 6. Include the name of any section 7. Include the name of any section 6. Include the name of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any "yes" answers in Section 7. Include the location and exterior success of any "yes" answers in Section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 7. Include the location and exterior success of any section 8. Include the location and exterior success of any section 8. Include the location success of any section 9. Include 1. Incl</li></ul>           | on, or other probays, patios or retar other structure or Insulating Finithetic stone?  damage to the I coverings?                                                  | elems with walls, aining walls on s, other than the hishing System  Property?                            | A B C D1 D2 D3 E F        | Yes                  | No   X   X   X   X   X   X   X   X   X |                    |                      |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any section 6. In</li></ul>           | on, or other probays, patios or retar other structure or Insulating Finithetic stone?  damage to the I coverings?                                                  | elems with walls, aining walls on s, other than the hishing System  Property?                            | A B C D1 D2 D3 E F        | Yes                  | No   X   X   X   X   X   X   X   X   X |                    |                      |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any set of the property of the Property of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic brick or</li></ul>           | on, or other probays, patios or retar other structure or Insulating Finithetic stone?  damage to the I coverings?                                                  | elems with walls, aining walls on s, other than the hishing System  Property?                            | A B C D1 D2 D3 E F        | Yes                  | No   X   X   X   X   X   X   X   X   X |                    | · Corts,             |
| <ul> <li>Explain any "yes" answers in Section 6. Include the name of any see</li> <li>STRUCTURAL ITEMS</li> <li>(A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?</li> <li>(B) Are you aware of any past or present problems with driveways, walkway the Property?</li> <li>(C) Are you aware of any past or present water infiltration in the house of roof(s), basement or crawl space(s)?</li> <li>(D) Stucco and Exterior Synthetic Finishing Systems <ol> <li>Is any part of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, aware of any fire, storm/weather-related, water, hail or ice (F) Are you aware of any defects (including stains) in flooring or floor (Explain any "yes" answers in Section 7. Include the location and extended</li> </ol> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on, or other probays, patios or retar other structure or Insulating Firethetic stone?  damage to the I coverings?  ent of any prob te the work was any remodeling) | elems with walls, aining walls on s, other than the hishing System  Property?  lem(s) and any residence: | A B C D1 D2 D3 E F        | Yes<br>or ren        | X<br>X<br>X<br>X                       | tion eff           | · Corts,             |
| Explain any "yes" answers in Section 6. Include the name of any se  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkways the Property?  (C) Are you aware of any past or present water infiltration in the house of roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems  1. Is any part of the Property constructed with stucco or an Exterior (EJFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, and exterior (E) Are you aware of any fire, storm/weather-related, water, hail or ice (F) Are you aware of any defects (including stains) in flooring or floor explain any "yes" answers in Section 7. Include the location and extername of the person or company who did the repairs and the data ADDITIONS/ALTERATIONS  (A) Have any additions, structural changes or other alterations (including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on, or other probays, patios or retar other structure or Insulating Firethetic stone?  damage to the I coverings?  ent of any prob te the work was any remodeling) | elems with walls, aining walls on s, other than the hishing System  Property?  lem(s) and any residence: | A B C D D D D E F E E P A | Yes<br>or ren        | X<br>X<br>X<br>X<br>nedia              | tion eff           | Corts,               |
| Explain any "yes" answers in Section 6. Include the name of any set  STRUCTURAL ITEMS  (A) Are you aware of any past or present movement, shifting, deterioration foundations, or other structural components?  (B) Are you aware of any past or present problems with driveways, walkway the Property?  (C) Are you aware of any past or present water infiltration in the house or roof(s), basement or crawl space(s)?  (D) Stucco and Exterior Synthetic Finishing Systems  1. Is any part of the Property constructed with stucco or an Exterior (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic stucco, synthetic brick or synthetic brick or synthetic stucco, aware of any fire, storm/weather-related, water, hail or ice (F) Are you aware of any defects (including stains) in flooring or floor Explain any "yes" answers in Section 7. Include the location and extert the name of the person or company who did the repairs and the date ADDITIONS/ALTERATIONS  (A) Have any additions, structural changes or other alterations (including Property during your ownership? Itemize and date all additions/alteration, structural change or alteration  Addition, structural change or alteration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on, or other probays, patios or retar other structure or Insulating Firethetic stone?  damage to the I coverings?  ent of any prob te the work was any remodeling) | elems with walls, aining walls on s, other than the hishing System  Property?  lem(s) and any residence: | A B C D1 D2 D3 E F Eepair | Yes  Or ren  Yes     | X X X X nedia                          | tion eff           | N/A                  |

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Were permits Approximate date obtained? on, structural change or alteration of work (Yes/No/Unk/NA) |                                                                     |                                                                         |                   | ispection<br>ls obtait<br>o/Unk/I | ned'         |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------|-----------------------------------|--------------|
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     |                                                                         |                   |                                   |              |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     |                                                                         |                   |                                   |              |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     |                                                                         |                   |                                   |              |
| · · · · · · · · · · · · · · · · · · ·                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     | <del> </del>                                                            |                   |                                   |              |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     |                                                                         |                   |                                   |              |
|                                                                      | A sheet describing other additions and alterations is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | attached                                                                                            | <u> </u>                                                            | Yes                                                                     | No                | Unk                               | l N          |
|                                                                      | Are you aware of any private or public architectural review control of codes? If "yes," explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | _                                                                   | В                                                                       | 100               | O II A                            |              |
| altering p<br>and if so,                                             | <b>Ruyer:</b> The PA Construction Code Act, 35 P.S. §7210 et seq. (effect properties. Buyers should check with the municipality to determine whether they were obtained. Where required permits were not obtained changes made by the prior owners. Buyers can have the Pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e if permits and/c<br>tained, the muni                                                              | local codes establis<br>or approvals were n<br>cipality might requi | h standar<br>secessary<br>ire the cu                                    | for di<br>vrent c | sclosed<br>owner t                | l we<br>to u |
| if issues (                                                          | exist. Expanded title insurance policies may be available for Buyer<br>without a permit or approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                     |                                                                         |                   |                                   |              |
| <b>Note to 1</b><br>drainage<br>vious sur<br>to detern<br>ability to | Suyer: According to the PA Stormwater Management Act, each mu control and flood reduction. The municipality where the Property faces added to the Property. Buyers should contact the local office tine if the prior addition of impervious or semi-pervious areas, suc make future changes.  TER SUPPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | is located may a charged with o                                                                     | impose restrictions<br>verseeing the Storn                          | on imper<br>iwater M                                                    | vious .<br>anage  | or semi<br>ment P                 | i-pe<br>lan  |
|                                                                      | Source. Is the source of your drinking water (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                                                                                   |                                                                     | 37                                                                      | No                | Unk                               | T            |
|                                                                      | 1. Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                                                                                   |                                                                     | Yes                                                                     | NO                | Ulik                              | 1            |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                     | .f [                                                                    | ſ                 | ſ                                 | \$100        |
|                                                                      | 2. A well on the Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     |                                                                     |                                                                         |                   |                                   | 1            |
|                                                                      | 2. A well on the Property 3. Community water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | 4                                                                   | 2 X                                                                     |                   |                                   |              |
| :                                                                    | 3. Community water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | 4<br>4                                                              | 2 X                                                                     |                   |                                   |              |
| :                                                                    | 3. Community water 4. A holding tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | 4<br>A<br>A                                                         | 2 X<br>3 4                                                              |                   |                                   |              |
|                                                                      | 3. Community water 4. A holding tank 5. A cistern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | 4<br>4<br>4<br>4                                                    | 2 X 3 4 5 5                                                             |                   |                                   |              |
| :<br>:                                                               | 3. Community water 4. A holding tank 5. A cistern 6. A spring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                     | 4<br>4<br>4<br>4                                                    | 2 X 3 4 5 6                                                             |                   |                                   |              |
| :<br>:<br>:                                                          | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     | 4<br>4<br>4<br>4                                                    | 2 X 3 4 5 6                                                             |                   |                                   |              |
| :                                                                    | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | 4<br>4<br>4<br>4                                                    | 2 X 3 4 5 6                                                             |                   |                                   |              |
| :                                                                    | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | 4<br>4<br>4<br>4                                                    | 2 X<br>3 3<br>4 5<br>6 6 7                                              |                   | ×                                 |              |
| :                                                                    | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | A A A A                                                             | 2 X<br>3 3<br>4 5<br>6 6 7                                              |                   | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | A A A A                                                             | 2 X 3 4 5 6 6 7 7                                                       | ×                 | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other  8. If no water service, explain;  General 1. When was the water supply last tested?  Test results:  PASSES  2. Is the water system shared?  If "yes," is there a written agreement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | A A A A                                                             | 2                                                                       | ×                 | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  PASS 2.  2. Is the water system shared?  If "yes," is there a written agreement?  4. Do you have a softener, filter or other conditioning system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                                   | A A A A A A A A A A A A A A A A A A A                               | 2                                                                       | ×                 | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  PASS 2:  2. Is the water system shared?  If "yes," is there a written agreement?  4. Do you have a softener, filter or other conditioning system?  5. Is the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener is t | o<br>hom?                                                                                           | A A A A A A A A A B B B B B B B B B B B                             | 2 X 3 4 5 5 6 6 7 7 3 4 X                                               | ×                 | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results:  2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From who, if your drinking water source is not public, is the pumping system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | o<br>hom?                                                                                           | A A A A A A A A A B B B B B B B B B B B                             | 2 X 3 4 5 6 6 7 7 3 3 4 X 5 5                                           | ×                 | ×                                 |              |
| (B)                                                                  | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other  8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  PASS 2.  2. Is the water system shared?  If "yes," is there a written agreement?  4. Do you have a softener, filter or other conditioning system?  5. Is the softener, filter or other treatment system leased? From what is the pumping system?  6. If your drinking water source is not public, is the pumping system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o<br>hom?                                                                                           | A A A A A A A A A B B B B B B B B B B B                             | 2 X 3 4 5 6 6 7 7 3 3 X X X                                             | ×                 | ×                                 |              |
| (C)1                                                                 | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  PASS 1.  2. Is the water system shared?  If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener, filter or other treatment system leased? From with the softener is not public, is the pumping system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o<br>hom?                                                                                           | B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B                      | 2 X 3 4 5 6 6 7 7 3 3 X X X                                             | ×                 | ×                                 |              |
| (B) (C) I                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results: PASS 2. 2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From what is the pumping system is the pumping system? 6. If your drinking water source is not public, is the pumping system; sypass Valve (for properties with multiple sources of water) 1. Does your water source have a bypass valve?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o<br>hom?                                                                                           | B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B                      | 2 X 3 4 5 5 6 6 7 7 3 4 X 5 5 6 6 X                                     | ×                 | *                                 |              |
| (C)1                                                                 | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  2. Is the water system shared?  If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From who, if your drinking water source is not public, is the pumping system.  Bypass Valve (for properties with multiple sources of water) 1. Does your water source have a bypass valve? 2. If "yes," is the bypass valve working?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o<br>hom?                                                                                           | B B B B B B B B B B B B B B B B B B B                               | 2 X 3 4 5 6 6 7 X 6 X                                                   | ×                 | *                                 |              |
| (B) (C) 1                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain:  General 1. When was the water supply last tested?  Test results:  PASS 2.  2. Is the water system shared?  If "yes," is there a written agreement?  4. Do you have a softener, filter or other conditioning system?  5. Is the softener, filter or other treatment system leased? From when the softener is not public, is the pumping system?  6. If your drinking water source is not public, is the pumping system?  7. Does your water source have a bypass valve?  8. If "yes," is the bypass valve working?  8. Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | o<br>hom?                                                                                           | B B B B B B B B B B B B B B B B B B B                               | 2 X 3 4 5 6 6 7 7 3 3 4 4 X 5 6 1 2 2 3 1 1 2 2 1 1 1 2 1 1 1 1 1 1 1 1 |                   | ×                                 |              |
| (B) (C) 1                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results: PASS 2. 2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From wide. 6. If your drinking water source is not public, is the pumping system; explain: Bypass Valve (for properties with multiple sources of water) 1. Does your water source have a bypass valve? 2. If "yes," is the bypass valve working? Well 1. Has your well ever run dry?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o<br>hom?                                                                                           | B B B B B B B B B B B B B B B B B B B                               | 2 X 3 4 5 6 6 7 7 3 3 4 X 5 6 1 2 1                                     | ×                 | X                                 |              |
| (B) (C) 1                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results: PASS 2. 2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From wide. 6. If your drinking water source is not public, is the pumping system; explain: Bypass Valve (for properties with multiple sources of water) 1. Does your water source have a bypass valve? 2. If "yes," is the bypass valve working? Well 1. Has your well ever run dry?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o<br>hom?                                                                                           | B B B B B B B B B B B B B B B B B B B                               | 2 X 3 4 5 5 6 6 7 7 3 4 X 5 5 6 1 2 2 1 2                               |                   | X                                 |              |
| (B) (C) 1                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results: PASS 1. 2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From whater source is not public, is the pumping system; 6. If your drinking water source is not public, is the pumping system; 7. Does your water source have a bypass valve? 7. If "yes," is the bypass valve working? 7. Well 7. Has your well ever run dry? 7. Depth of well 7. Gallons per minute:  9. measured on (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nom?em in working o                                                                                 | B B B B C C D D D D D D D D D D D D D D                             | 2 X 3 4 5 6 6 7 X 5 6 X 1 2 3 3                                         |                   | X                                 |              |
| (B) (C) 1                                                            | 3. Community water 4. A holding tank 5. A cistern 6. A spring 7. Other 8. If no water service, explain: General 1. When was the water supply last tested? Test results: PASS 2. 2. Is the water system shared? If "yes," is there a written agreement? 4. Do you have a softener, filter or other conditioning system? 5. Is the softener, filter or other treatment system leased? From wide. 6. If your drinking water source is not public, is the pumping system; explain: Bypass Valve (for properties with multiple sources of water) 1. Does your water source have a bypass valve? 2. If "yes," is the bypass valve working? Well 1. Has your well ever run dry?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nom?em in working o                                                                                 | B B B B C C D D D D D D D D D D D D D D                             | 2 X 3 4 5 5 6 6 7 7 3 4 X 5 5 6 1 2 2 1 2                               |                   | × × × /                           |              |

| (E) Iss       | aues                                                                                                                                                                                       | ſ       | Yes               | No                                               | Unk                                              |   |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|--------------------------------------------------|--------------------------------------------------|---|
|               | Are you aware of any leaks or other problems, past or present, relating to the water supply,                                                                                               |         |                   | X                                                |                                                  | 1 |
|               | pumping system and related items?                                                                                                                                                          | f:1     |                   | <u>  ^ </u>                                      |                                                  |   |
|               | Have you ever had a problem with your water supply?                                                                                                                                        | E.2     | ,                 | LX_                                              | <u></u>                                          | _ |
|               | in any problem(s) with your water supply. Include the location and extent of any problem(s)<br>fforts, the name of the person or company who did the repairs and the date the work was don |         | iny re            | pair o                                           | r rem                                            | e |
| SEWA          | AGE SYSTEM                                                                                                                                                                                 |         |                   |                                                  |                                                  | _ |
| $(A)$ $G_{0}$ |                                                                                                                                                                                            |         | Yes               | No                                               | Unk                                              | _ |
|               | Is the Property served by a sewage system (public, <u>private</u> or community)?                                                                                                           | ΑL      | ×                 | <b>↓</b>                                         |                                                  | _ |
|               | If "no," is it due to unavailability or permit limitations?                                                                                                                                | A2      | 7 x 11, 8 1       |                                                  | <u> </u>                                         | _ |
|               | When was the sewage system installed (or date of connection, if public)?                                                                                                                   | 4.3     |                   |                                                  | <u> </u>                                         | _ |
|               | Name of current service provider, if any:                                                                                                                                                  | A4      |                   |                                                  |                                                  |   |
|               | pe Is your Property served by:                                                                                                                                                             |         |                   | 21                                               | 11 16 16 h                                       | ı |
|               | Public                                                                                                                                                                                     | 81      |                   | <del></del>                                      | <del>                                     </del> | _ |
|               | Community (non-public)                                                                                                                                                                     | 82      |                   | ├                                                | <del> </del>                                     | - |
|               | An individual on-lot sewage disposal system                                                                                                                                                | 83      | ×                 | $\vdash$                                         | <del></del>                                      | _ |
|               | Other, explain:dividual On-lot Sewage Disposal System. (check all that apply):                                                                                                             | . B4    |                   | الم                                              |                                                  | d |
|               | Is your sewage system within 100 feet of a well?                                                                                                                                           | ٥.      | 3 3               | Х                                                | or the digital                                   | 8 |
|               | Is your sewage system subject to a ten-acre permit exemption?                                                                                                                              | CI      | ··· •·····        | Ιχ                                               | <del>                                     </del> | - |
|               | Does your sewage system include a holding tank?                                                                                                                                            | C1      |                   | 1 🛠                                              |                                                  | - |
|               | Does your sewage system include a septic tank?                                                                                                                                             | C4      | X                 | +~                                               | $\vdash$                                         | - |
|               | Does your sewage system include a drainfield?                                                                                                                                              | C5      | X                 | <del>                                     </del> |                                                  | • |
|               | Does your sewage system include a sandmound?                                                                                                                                               | €6      |                   | ×                                                | -                                                | - |
|               | Does your sewage system include a cesspool?                                                                                                                                                | €7      |                   | X                                                |                                                  | - |
|               | Is your sewage system shared?                                                                                                                                                              | C.8     |                   | X                                                |                                                  | _ |
|               | Is your sewage system any other type? Explain:                                                                                                                                             | C9      |                   |                                                  |                                                  |   |
| 10            | . Is your sewage system supported by a backup or alternate system?                                                                                                                         | 4.10    |                   |                                                  |                                                  |   |
| (D) Ta        | inks and Service                                                                                                                                                                           |         |                   |                                                  |                                                  |   |
|               | Are there any metal/steel septic tanks on the Property?                                                                                                                                    | D1      |                   | X                                                |                                                  | _ |
|               | Are there any cement/concrete septic tanks on the Property?                                                                                                                                | D2      |                   | X                                                |                                                  |   |
|               | Are there any fiberglass septic tanks on the Property?                                                                                                                                     | D3      |                   | 1X                                               | Ь—                                               | _ |
|               | Are there any other types of septic tanks on the Property? Explain                                                                                                                         | Đ4      | 10 to 10 to 14 14 | X                                                |                                                  | _ |
|               | Where are the septic tanks located?                                                                                                                                                        | D5      |                   |                                                  |                                                  | _ |
| 6.            | When were the tanks last pumped and by whom?                                                                                                                                               | D6      |                   |                                                  |                                                  |   |
|               | Dandoned Individual On-lot Sewage Disposal Systems and Septic  Are you aware of any abandoned septic systems or cesspools on the Property?                                                 |         | trialia, "is      |                                                  | an Maria<br>was sa                               |   |
|               | If "yes," have these systems, tanks or cesspools been closed in accordance with the municipality's                                                                                         | ₩.;     |                   | ├^                                               |                                                  | 4 |
| ۷.            | ordinance?                                                                                                                                                                                 | F12     |                   |                                                  |                                                  |   |
| (F) Se        | wage Pumps                                                                                                                                                                                 | F & liv |                   |                                                  |                                                  | l |
|               | Are there any sewage pumps located on the Property?                                                                                                                                        | Fi      |                   | X                                                | Par mig                                          | 1 |
|               | If "yes," where are they located?                                                                                                                                                          | F2      |                   |                                                  |                                                  | - |
|               | What type(s) of pump(s)?                                                                                                                                                                   | F3      |                   |                                                  |                                                  | • |
|               | Are pump(s) in working order?                                                                                                                                                              | ¥4      |                   |                                                  |                                                  | - |
| 5.            | Who is responsible for maintenance of sewage pumps?                                                                                                                                        |         |                   |                                                  |                                                  |   |
| (G) Iss       |                                                                                                                                                                                            | F5      |                   | 200                                              |                                                  |   |
|               | How often is the on-lot sewage disposal system serviced? EVERY 5 YEARS                                                                                                                     | GI      |                   | A Car                                            | <u> </u>                                         | _ |
|               | When was the on-lot sewage disposal system last serviced and by whom?  SONLIGHT 8-24-2023 PUMP T INSPECTION                                                                                | G2      |                   |                                                  |                                                  |   |
| 3.            | Is any waste water piping not connected to the septic/sewer system?                                                                                                                        | GE      |                   | X                                                |                                                  |   |
|               | Are you aware of any past or present leaks, backups, or other problems relating to the sewage system and related items?                                                                    | G4 :    |                   | X                                                |                                                  |   |

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 10. 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: \_ 11. PLUMBING SYSTEM Unk N/A Yes No (A) Material(s). Are the plumbing materials (check all that apply): 1. Copper Αl X 2. Galvanized 12 3. Lead  $\Delta 3$ 4. PVC 14 5. Polybutylene pipe (PB) A.56. Cross-linked polyethyline (PEX) Αó 7. Other <u>4</u>7 (B) Are you aware of any past or present problems with any of your plumbing fixtures (e.g., including but not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)? К If "yes," explain: 12. DOMESTIC WATER HEATING

| (A) Ty        | pe(s). Is your water heating (check all that apply):                                             |            | Yes | No       | Unk | N/A                     |
|---------------|--------------------------------------------------------------------------------------------------|------------|-----|----------|-----|-------------------------|
| 1.            | Electric                                                                                         | Αï         |     |          |     |                         |
| 2.            | Natural gas                                                                                      | A.2        |     |          |     | Š\(S)                   |
| 3.            | Fuel oil                                                                                         | Α3         |     |          |     |                         |
| 4.            | Propane                                                                                          | 34         | X   |          |     |                         |
|               | If "yes," is the tank owned by Seller?                                                           |            | X   | ]        |     |                         |
| 5.            | Solar                                                                                            | 35         |     | <u> </u> |     |                         |
|               | If "yes," is the system owned by Seller?                                                         |            |     |          |     |                         |
| 6.            | Geothermal                                                                                       | A6         |     | ]        |     | (2.19% s.)<br>(2.5% s.) |
| 7.            | Other                                                                                            | Δ7         |     |          |     |                         |
| (B) <b>Sy</b> | stem(s)                                                                                          |            |     |          |     |                         |
| 1.            | How many water heaters are there?                                                                | BI         |     |          |     |                         |
|               | Tanks X Tankless                                                                                 |            |     |          |     | 15 W. 3                 |
| 2.            | When were they installed?                                                                        | 132        |     |          |     |                         |
|               | Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)? | <b>B</b> 3 | ×   |          |     | 37. T. 14.              |
|               | e you aware of any problems with any water heater or related equipment?                          | -c         |     | X        |     |                         |
|               | 'yes," explain:                                                                                  |            |     |          |     |                         |

(A) Fuel Type(s). Is your heating source (check all that apply): 1. Electric 2. Natural gas 3. Fuel oil 4. Propane If "yes," is the tank owned by Seller? Geothermal 6. Coal 7. Wood 8. Solar shingles or panels If "yes," is the system owned by Seller? 9. Other: (B) System Type(s) (check all that apply): 1. Forced hot air 2. Hot water 3. Heat pump 4. Electric baseboard 5. Steam

Şą 4.5 46 47 A810 **#** 23.2 B313.4 115 Bo B7

Yes No Unk N/A

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4.2

43

7. Radiant ceiling Seller's Initials DRM Date 9-6-2022 SPD Page 0 01 11
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6. Radiant flooring

145

35.0

2349

1.54

200

105

1819

474

1.30

1.13

Forms

|                                                                                                                                    |                | Yes                      | No            | Unk                                              |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|---------------|--------------------------------------------------|
| 8. Pellet stove(s)                                                                                                                 | 148            |                          |               |                                                  |
| How many and location?                                                                                                             |                | 1.1                      |               |                                                  |
| 9. Wood stove(s)                                                                                                                   | 89             | X                        | . ga. 10 100. |                                                  |
| How many and location?   KITCH EN                                                                                                  | 137            |                          |               |                                                  |
| 10. Coal stove(s)                                                                                                                  | 200            |                          |               | -                                                |
| • *                                                                                                                                | Min            | 15 15 15 1<br>30 15 15 1 |               | <del>                                     </del> |
| How many and location?                                                                                                             |                |                          |               | <del>                                     </del> |
| 11. Wall-mounted split system(s)                                                                                                   | 341.5          | - 1. V V-1.              |               | <u> </u>                                         |
| How many and location?                                                                                                             |                | and the con-             |               |                                                  |
| 12. Other:  13. If multiple systems, provide locations                                                                             |                |                          | 1             |                                                  |
| 15. If multiple systems, provide locations                                                                                         |                |                          |               |                                                  |
| (C) Status                                                                                                                         | 191.5          |                          |               |                                                  |
| 1. Are there any areas of the house that are not heated?                                                                           | Ct             |                          | X             |                                                  |
| If "yes," explain:                                                                                                                 | ***            |                          |               | V                                                |
| 2. How many heating zones are in the Property?                                                                                     | CI             |                          |               |                                                  |
| 3. When was each heating system(s) or zone installed?                                                                              |                |                          |               |                                                  |
|                                                                                                                                    |                |                          |               |                                                  |
| 5. Is there an additional and/or backup heating system? If "yes," explain:                                                         |                | 21. 5 11. 5 11.          |               |                                                  |
| 5, 15 there are additional and/or outstay hearing 5 feeting                                                                        | CS             |                          |               | Ì                                                |
| 6. Is any part of the heating system subject to a lease, financing or other agreement                                              |                |                          | X             |                                                  |
| If "yes," explain:                                                                                                                 |                |                          |               |                                                  |
| (D) Fireplaces and Chimneys                                                                                                        |                |                          |               |                                                  |
| 1. Are there any fireplaces? How many?                                                                                             | bt             | X                        | 2             |                                                  |
| 2. Are all fireplaces working?                                                                                                     | D2             | X                        |               | <u> </u>                                         |
| 3. Fireplace types (wood, gas, electric, etc.): 675, WOOD                                                                          | D.             | 1048                     |               |                                                  |
| 4. Was the fireplace(s) installed by a professional contractor or manufacturer's repre                                             | esentative? D4 | X                        |               |                                                  |
| 5. Are there any chimneys (from a fireplace, water heater or any other heating syste                                               | em)?           |                          |               |                                                  |
| 6. How many chimneys?  7. When were they last cleaned?  8 - 39 - 3033 CLEANES  8. Are the chimneys working? If "no," explain:  YES |                |                          |               |                                                  |
| 7. When were they last cleaned? 8-39-3033 CLSANS                                                                                   | D+INSPECTER,   | 2 8 1 5 T<br>2 3 T 2 S   |               |                                                  |
| 8. Are the chimneys working? If "no," explain: YES                                                                                 |                | X                        |               |                                                  |
| (E) Fuel Tanks                                                                                                                     |                |                          |               |                                                  |
| 1. Are you aware of any heating fuel tank(s) on the Property? 1000 GAL.                                                            | PROPANE EL     | $\overline{\mathbf{x}}$  |               |                                                  |
| 2. Location(s), including underground tank(s): IN FRON ( あ こ                                                                       | ST HOUSE       |                          |               |                                                  |
| 3. If you do not own the tank(s), explain:                                                                                         |                |                          |               |                                                  |
| (F) Are you aware of any problems or repairs needed regarding any item in Section<br>explain:                                      | 13? If "yes,"  |                          | X             |                                                  |
| 4. AIR CONDITIONING SYSTEM                                                                                                         | ¥              |                          | 1.77          |                                                  |
| (A) Type(s). Is the air conditioning (check all that apply):                                                                       |                | 7 (8)                    |               |                                                  |
| 1. Central air                                                                                                                     | A1.            | X                        |               |                                                  |
| a. How many air conditioning zones are in the Property?                                                                            | ) ta           |                          | Section 2     |                                                  |
| b. When was each system or zone installed?                                                                                         | ih             | Sala Serie               |               |                                                  |
| c. When was each system last serviced?                                                                                             | te             | 15.05                    |               |                                                  |
| 2. Wall units                                                                                                                      | ¥.2            |                          |               |                                                  |
| How many and the location?                                                                                                         |                |                          |               |                                                  |
| 3. Window units                                                                                                                    | 43             |                          | X             |                                                  |
| How many?                                                                                                                          |                |                          |               |                                                  |
| 4. Wall-mounted split units                                                                                                        |                | X                        |               | <u> </u>                                         |
| How many and the location?   GUEST   Ho                                                                                            | 3200           | 544                      |               |                                                  |
| 5. Other                                                                                                                           | A5             |                          |               |                                                  |
| 6. None                                                                                                                            | A6             |                          |               |                                                  |
| (B) Are there any areas of the house that are not air conditioned?                                                                 | B              |                          | X             |                                                  |
| If "yes," explain:                                                                                                                 |                | y                        |               | 7                                                |
| (C) Are you aware of any problems with any item in Section 14? If "yes," explain: _                                                |                |                          | X             |                                                  |

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. 15. ELECTRICAL SYSTEM (A) Type(s) Unk N/A 1. Does the electrical system have fuses? × ١1 2. Does the electrical system have circuit breakers? .4.2 3. Is the electrical system solar powered? 43 a. If "yes," is it entirely or partially solar powered? За b. If "yes," is any part of the system subject to a lease, financing or other agreement? If "yes," explain: (B) What is the system amperage? 200В (C) Are you aware of any knob and tube wiring in the Property? (D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: 16. OTHER EQUIPMENT AND APPLIANCES (A) THIS SECTION IS INTENDED TO IDENTIFY PROBLEMS OR REPAIRS and must be completed for each item that will, or may, be included with the Property. The terms of the Agreement of Sale negotiated between Buyer and Seller will determine which items, if any, are included in the purchase of the Property. THE FACT THAT AN ITEM IS LISTED DOES NOT MEAN IT IS INCLUDED IN THE AGREEMENT OF SALE. (B) Are you aware of any problems or repairs needed to any of the following: Yes No N/A Pool/spa heater A/C window units χ Attic fan(s) Range/oven Refrigerator(s) Awnings Satellite dish Carbon monoxide detectors Ceiling fans Security alarm system Deck(s) Smoke detectors Dishwasher Sprinkler automatic timer Stand-alone freezer Dryer Electric animal fence Storage shed Trash compactor Electric garage door opener Garage transmitters Washer Whirlpool/tub Garbage disposal In-ground lawn sprinklers Other: Intercom 1. Interior fire sprinklers 2. 3. Keyless entry 4. Microwave oven Pool/spa accessories 5, 6. Pool/spa cover (C) Explain any "yes" answers in Section 16: Unk N/A 17. POOLS, SPAS AND HOT TUBS Yes No (A) Is there a swimming pool on the Property? If "yes,": . 1 1. Above-ground or in-ground? 41 Saltwater or chlorine? 4.2 3. If heated, what is the heat source? 13 4. Vinyl-lined, fiberglass or concrete-lined?  $\Lambda 4$ 5. What is the depth of the swimming pool? 35 6. Are you aware of any problems with the swimming pool? ΑÓ 7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder, lighting, pump, etc.)?  $\Lambda 7$ (B) Is there a spa or hot tub on the Property? 15 1. Are you aware of any problems with the spa or hot tub? 81 2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets, cover, etc.)? B2

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| Che<br>Pro | ck yes, no, unknown (unk) or not applicable ( $N/A$ ) for each question. Be sure to check $N/A$ when a questry. Check unknown when the question does apply to the Property but you are not sure of the answer. All question does apply to the Property but you are not sure of the answer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | stio         | n does<br>ions m | not ap<br>1st be         | ply to<br>answe | the<br>red.                 |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------|--------------------------|-----------------|-----------------------------|
| 18.        | WINDOWS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Yes              | No                       | Unk             | N/A                         |
|            | (A) Have any windows or skylights been replaced during your ownership of the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A            | X                |                          |                 |                             |
|            | (B) Are you aware of any problems with the windows or skylights?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B            |                  | X                        |                 |                             |
|            | Explain any "yes" answers in Section 18. Include the location and extent of any problem(s) and any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rep          | air, re          | place                    | ment            |                             |
|            | or remediation efforts, the name of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person or company who did the repairs and the date the working hand factures of the person of the pers | k w          |                  |                          |                 |                             |
| 19.        | LAND/SOILS /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                  |                          |                 |                             |
|            | (A) Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | Yes              | No                       | Unk             | N/A                         |
|            | <ol> <li>Are you aware of any fill or expansive soil on the Property?</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 41           |                  | Χ                        |                 |                             |
|            | 2. Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth stability problems that have occurred on or affect the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | .3.2         |                  | λ                        |                 |                             |
|            | 3. Are you aware of sewage sludge (other than commercially available fertilizer products) being spread on the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A3           |                  | χ                        |                 |                             |
|            | 4. Have you received written notice of sewage sludge being spread on an adjacent property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A4           |                  | λ                        |                 |                             |
|            | 5. Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                  |                          |                 | ()):(文)                     |
|            | the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 35           |                  | X                        |                 |                             |
|            | Note to Buyer: The Property may be subject to mine subsidence damage. Maps of the counties and middamage may occur and further information on mine subsidence insurance are available through Depa Protection Mine Subsidence Insurance Fund, (800) 922-1678 or ra-cpmsi@pa.gov.  (B) Preferential Assessment and Development Rights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                  |                          |                 |                             |
|            | Is the Property, or a portion of it, preferentially assessed for tax purposes, or subject to limited devel-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | r                |                          |                 | T 3714                      |
|            | opment rights under the:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Yes              | No                       | Unk             | N/A                         |
|            | 1. Farmland and Forest Land Assessment Act - 72 P.S.§5490.1, et seq. (Clean and Green Program)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Bī           | <u>X</u>         | · <del></del>            |                 |                             |
|            | 2. Open Space Act - 16 P.S. §11941, et seq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 23.2         |                  | Χ.                       |                 |                             |
|            | 3. Agricultural Area Security Law - 3 P.S. §901, et seq. (Development Rights)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>B</b> 3   |                  | X.                       |                 |                             |
|            | 4. Any other law/program:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8-1          |                  |                          |                 |                             |
|            | which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged agricultural operations covered by the Act operate in the vicinity of the Property.  (C) Property Rights  Are you aware of the transfer, sale and/or lease of any of the following property rights (by you or a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | _                |                          |                 |                             |
|            | previous owner of the Property):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Yes              | No                       | Unk             | N/A                         |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CI           | <u> </u>         | X                        |                 |                             |
|            | 2. Coal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | €1.2         |                  | X                        |                 |                             |
|            | 3. Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ()           |                  | $\stackrel{\circ}{\sim}$ |                 |                             |
|            | 4. Natural gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (4           | <u> </u>         | X                        |                 |                             |
|            | 5. Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cš           |                  | X                        |                 | V. 1977                     |
|            | Note to Buyer: Before entering into an agreement of sale, Buyer can investigate the status of these rig engaging legal counsel, obtaining a title examination of unlimited years and searching the official receive the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing let to terms of those leases.  Explain any "yes" answers in Section 19:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ords<br>ases | in the           | count                    | y Offic         | e of                        |
| 20.        | FLOODING, DRAINAGE AND BOUNDARIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                  |                          |                 |                             |
|            | (A) Flooding/Drainage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Yes              | No                       | Unk             | N/A                         |
|            | 1. Is any part of this Property located in a wetlands area?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 41           | 100              | X                        | - Ct.           |                             |
|            | 2. Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.2          |                  | ×                        |                 | V ( - 00)                   |
|            | 3. Do you maintain flood insurance on this Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 33           |                  | $\hat{\lambda}$          |                 | V-1. (40%)                  |
|            | Are you aware of any past or present drainage or flooding problems affecting the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 34           |                  | X                        |                 |                             |
|            | 5. Are you aware of any drainage or flooding mitigation on the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 45           |                  | X                        |                 | ideo de la Sa<br>Carantesta |
|            | 6. Are you aware of the presence on the Property of any man-made feature that temporarily or per-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 83           |                  |                          |                 |                             |
|            | manently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert, pipe or other feature?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 46           |                  | χ                        |                 |                             |
|            | 7. If "yes," are you responsible for maintaining or repairing that feature which conveys or manages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ***          |                  |                          |                 |                             |
| <i>a</i>   | storm water for the Property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A?           |                  |                          |                 | ×                           |
| Sel        | er's Initials Dan 14 Date 9-6-303 SPD Page 9 of 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | _                |                          |                 |                             |

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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 manmade storm water management features: No Unk N/A (B) Boundaries Yes 1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property? X BJ 2. Is the Property accessed directly (without crossing any other property) by or from a public road? B2 3. Can the Property be accessed from a private road or lane? 8. a. If "yes," is there a written right of way, easement or maintenance agreement? 3:0 b. If "yes," has the right of way, easement or maintenance agreement been recorded? 3b 4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or maintenance agreements? P-1 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 "ves" answers in Section 20(B): 21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES Yes No Unk (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? 4.1 2. Other than general household cleaning, have you taken any efforts to control or remediate mold or mold-like substances in the Property? 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. Unk N/A (B) Radon No 1. Are you aware of any tests for radon gas that have been performed in any buildings on the Property? 131 2. If "yes," provide test date and results 11.2 3. Are you aware of any radon removal system on the Property? RA (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? C 2. Are you aware of any reports or records regarding lead-based paint or lead-based paint hazards on the Property?  $C_2$ (D) Tanks 1. Are you aware of any existing underground tanks? 131 2. Are you aware of any underground tanks that have been removed or filled? 612 (E) Dumping. Has any portion of the Property been used for waste or refuse disposal or storage?  $\mathbf{f}^{\circ}$ If "yes," location: (F) Other 1. Are you aware of any past or present hazardous substances on the Property (structure or soil) χ such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)? 61 2. Are you aware of any other hazardous substances or environmental concerns that may affect the Property? 12 3. If "yes," have you received written notice regarding such concerns? ¥13 4. Are you aware of testing on the Property for any other hazardous substances or environmental concerns? Explain any "yes" answers in Section 21. Include test results and the location of the hazardous substance(s) or environmental issuc(s): 22. MISCELLANEOUS Unk N/A Yes No (A) Deeds, Restrictions and Title 1. Are there any deed restrictions or restrictive covenants that apply to the Property? 4.1 2. Are you aware of any historic preservation restriction or ordinance or archeological designation

Date 9~6-み039 SPD Page 10 of 11 Seller's Initials DRM/12/11

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| - | Check yes,<br>Property, Cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | neck unknown when the question does apply to the Property but you are not sure of the answer. All                                                                                                                                                                                                                                                                                                                                 | <u>auesti</u>                         | ons m                                   | ust be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | answered.                                                                                                                                                                                                                    |
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|   | 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Are you aware of any reason, including a defect in title or contractual obligation such as an option or right of first refusal, that would prevent you from giving a warranty deed or conveying title to the Property?                                                                                                                                                                                                            | . <b>4.3</b>                          |                                         | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |
|   | (B) Fir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | ا<br>ان این ۱۸                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |
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|   | 3.<br>(C) Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Are you aware of any insurance claims filed relating to the Property during your ownership?                                                                                                                                                                                                                                                                                                                                       | 83                                    |                                         | Х                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |
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|   | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Are you aware of any material defects to the Property, dwelling, or fixtures which are not disclosed elsewhere on this form?                                                                                                                                                                                                                                                                                                      | 1) ]                                  |                                         | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |
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|   | of Seller's erty and to TION CO! tion of this SELLER SELLER SELLER SELLER SELLER SELLER The under: that, unless sponsibility Buyer's exp BUYER BUYER BUYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RECEIPT AND ACKNOWLEDGEMENT BY BUYER signed Buyer acknowledges receipt of this Statement. Buyer acknowledges that this States is tated otherwise in the sales contract, Buyer is purchasing this property in its present to satisfy himself or herself as to the condition of the property. Buyer may request that to                                                                                                             | D D D D D D D D D D D D D D D D D D D | ATE ATE ATE ATE ATE ATE ATE ATE         | yers of the I collowing of the I collowing of the I collowing of the I collower of t | of the prop<br>NFORMA<br>ing comple<br>6 2023<br>4 2023<br>arranty and<br>Buyer's re                                                                                                                                         |

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

| TICENSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| BROKER FOR BUXER (Company Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 87  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -   |
| PICENSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| ВВОКЕК ГОК ЗЕГГЕК (Сотралу Мате)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 97  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J   |
| Seller Agent and Buyer Agent must both sign this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| The following have reviewed the information above and certify that the Agent statements are true to the best of their knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 77  |
| togramidures experie or favorated draws are first to amount or min to be a first are the area of the control of |     |
| Hazard Reduction Act, 42 U.S.C. §4852(d), and is aware of Agent's responsibility to ensure compliance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 43  |
| Agent Acarto was represented that Agent has informed Seller of Seller's obligations under the Residential Lead-Based-Paint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 42  |
| PCENT YCKNOMTEDGEWENT VND CEKTIEICYTION  BUXER  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| BUYER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| BUXER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| Buyer certifies that to the dest of Buyer's knowledge the statements contained in Buyer's acknowledgement are true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100 |
| , and the second of the second | LE  |
| paint hazards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 36  |
| waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32  |
| lead-based paint and/or lead-based paint hazards; or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 34  |
| received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 33  |
| Buyer has (initial one):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32  |
| and reports regarding lead-based paint and/or lead-based paint hazards identified above,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 18  |
| Buyer has reviewed Seller's disclosure of known lead-based paint and/or lead-based paint hazards and has received the records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 30  |
| Buyer has received the pamphlet Protect Your Family from Lead in Your Home and has read the Lead Warning Statement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 56  |
| BUYER'S ACKNOWLEDGMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 28  |
| DYTE OF ACREEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| BUYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4   |
| SELLER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| SELLER TOTAL 9.27.2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| SELLER Certifies that to the best of Seller's knowledge the above statements are true and accurate.  SELLER CONTROL Seller's knowledge the above statements are true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1   |
| atomica but and and and add add add add add add add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1   |
| or about the Property. (List documents):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20  |
| Seller has provided Buyer with all available records and reports regarding lead-based paint and/or lead-based paint hazards in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 61  |
| Seller has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in or about the Property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 81  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 91  |
| available information concerning Seller's knowledge of the presence of lead-based paint and/or lead-based paint hazards.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SI  |
| basis for determining that lead-based paint and/or hazards exist, the location(s), the condition of the painted surfaces, and other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÞΙ  |
| Seller has knowledge of the presence of lead-based paint and/or lead-based paint hazards in or about the Property. (Provide the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13  |
| Seller has no knowledge of the presence of lead-based paint and/or lead-based paint hazards in or about the Property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| ŻETŤEĽS DIZCTOZNKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11  |
| possible lead-based paint hazards is recommended prior to purchase.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| in residential real property is required to provide the Buyer of any known lead-based paint hazards. A risk assessment or inspection for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to propile the Barards of any interest.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral graphene, and imposing a poisoning a particular of any internet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1   |
| property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| LEAD WARNING STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1   |
| SELLER DABBELL & MATHIRINE MARTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7   |
| PROPERTY 988 HOPELPND ROAD LITTZ III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4   |
| THIS FORM MUST BE COMPLETED FOR ANY PROPERTY BUILT PRIOR TO 1978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |