

**SELLER'S PROPERTY DISCLOSURE STATEMENT****SPD**

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

PROPERTY 252 Cats Back Road Ephrata PA 17522  
 SELLER Kenneth & Dolores M Hurst

**INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW**

Generally speaking, 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 real estate transfer must make certain disclosures regarding the property to potential buyers in a form defined by the law. A residential real estate transfer is defined as a sale, exchange, installment sales contract, lease with an option to buy, grant or other transfer of an interest in real property where **NOT LESS THAN ONE AND NOT MORE THAN FOUR RESIDENTIAL DWELLING UNITS** are involved. The Law defines a number of exceptions where the disclosures do not have to be made:

1. Transfers that are the result of a court order.
2. Transfers to a mortgage lender that result from a buyer's default and subsequent foreclosure sales that result from default.
3. Transfers from a co-owner to one or more other co-owners.
4. Transfers made to a spouse or direct descendant.
5. Transfers between spouses that result from divorce, legal separation, or property settlement.
6. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of liquidation.
7. Transfer of a property to be demolished or converted to non-residential use.
8. Transfer of unimproved real property.
9. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.
10. Transfers of new construction that has never been occupied when:
  - a. The buyer has received a one-year warranty covering the construction;
  - b. The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized model building code; and
  - c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.

In addition to these exceptions, disclosures for condominiums and cooperatives are limited to the seller's particular unit(s). Disclosures regarding common areas or facilities are not required, as those elements are already addressed in the laws that govern the resale of condominium and cooperative interests.

While the Law requires certain disclosures, this statement includes disclosures beyond the basic requirements of the Law in an effort to assist sellers in complying with seller disclosure requirements and to assist buyers in evaluating the property being considered. Sellers who wish to see or use the basic disclosure form can find the form on the Web site of the Pennsylvania State Real Estate Commission.

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 any inspections or warranties** that Buyer may wish to obtain. This Statement is not a warranty of any kind by Seller or a warranty or representation by any listing real estate broker, any selling real estate broker, or their licensees. Buyer is encouraged to address concerns about the condition of the property that may not be included in this Statement. This Statement does not relieve Seller of the obligation to disclose a **material defect** that may not be addressed on this form.

A **material defect** 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 or that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or subsystem is not by itself a material defect.

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.

Seller's Initials KH / DH Date 8-6-19

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Buyer's Initials \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_



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Chris Taylor

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1/16

|   | Yes | No                                  | Unk | N/A |
|---|-----|-------------------------------------|-----|-----|
| A |     | <input checked="" type="checkbox"/> |     |     |
| B |     | <input checked="" type="checkbox"/> |     |     |
| C |     | <input checked="" type="checkbox"/> |     |     |

1. SELLER'S EXPERTISE

- (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: \_\_\_\_\_

|   | Yes                                 | No                                  | Unk | N/A |
|---|-------------------------------------|-------------------------------------|-----|-----|
| 1 |                                     |                                     |     |     |
| 2 |                                     |                                     |     |     |
| 3 |                                     |                                     |     |     |
| 1 | <input checked="" type="checkbox"/> |                                     |     |     |
| 2 |                                     | <input checked="" type="checkbox"/> |     |     |
| 3 |                                     | <input checked="" type="checkbox"/> |     |     |
| 4 |                                     | <input checked="" type="checkbox"/> |     |     |
| 5 |                                     | <input checked="" type="checkbox"/> |     |     |
| C |                                     |                                     |     |     |
| D | <input checked="" type="checkbox"/> |                                     |     |     |

2. OWNERSHIP/OCCUPANCY

- (A) Occupancy
  - 1. When was the property most recently occupied? \_\_\_\_\_
  - 2. Was the Seller the most recent occupant? If "no," when did the Seller most recently occupy the property? \_\_\_\_\_
  - 3. How many persons most recently occupied the property? \_\_\_\_\_
- (B) Role of Individual Completing This Disclosure. Is the individual completing this form:
  - 1. The owner
  - 2. The executor
  - 3. The administrator
  - 4. The trustee
  - 5. An individual holding power of attorney
- (C) When was the property purchased? Feb 1979
- (D) Are you aware of any pets having lived in the house or other structures during your ownership?

Explain section 2 (if needed): In barn only

|   | Yes | No                                  | Unk | N/A                                 |
|---|-----|-------------------------------------|-----|-------------------------------------|
| 1 |     | <input checked="" type="checkbox"/> |     |                                     |
| 2 |     | <input checked="" type="checkbox"/> |     |                                     |
| 3 |     | <input checked="" type="checkbox"/> |     |                                     |
| 4 |     | <input checked="" type="checkbox"/> |     |                                     |
| B |     |                                     |     | <input checked="" type="checkbox"/> |
| C |     |                                     |     |                                     |
| D |     |                                     |     | <input checked="" type="checkbox"/> |
| 1 |     |                                     |     | <input checked="" type="checkbox"/> |
| 2 |     |                                     |     | <input checked="" type="checkbox"/> |
| 3 |     |                                     |     | <input checked="" type="checkbox"/> |
| 4 |     |                                     |     | <input checked="" type="checkbox"/> |
| E |     |                                     |     | <input checked="" type="checkbox"/> |

3. CONDOMINIUMS/PLANNED COMMUNITIES/OTHER HOMEOWNERS ASSOCIATIONS

- (A) Type. Is the Property part of a(n):
  - 1. Condominium
  - 2. Homeowners association or planned community
  - 3. Cooperative
  - 4. Other type of association or community \_\_\_\_\_
- (B) If "yes," how much are the fees? \$ \_\_\_\_\_, paid ( Monthly)( Quarterly)( Yearly)
- (C) If "yes," are there any community services or systems that the association or community is responsible for supporting or maintaining? Explain: \_\_\_\_\_
- (D) If "yes," provide the following information about the association:
  - 1. Community Name \_\_\_\_\_
  - 2. Contact \_\_\_\_\_
  - 3. Mailing Address \_\_\_\_\_
  - 4. Telephone Number \_\_\_\_\_
- (E) How much is the capital contribution/initiation fee? \$ \_\_\_\_\_  
*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 in the condominium, cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition to regular monthly 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 days thereafter or until conveyance, whichever occurs first.*

4. ROOF AND ATTIC

|   | Yes                                 | No                                  | Unk | N/A |
|---|-------------------------------------|-------------------------------------|-----|-----|
| 1 |                                     |                                     |     |     |
| 2 | <input checked="" type="checkbox"/> |                                     |     |     |
| 1 | <input checked="" type="checkbox"/> |                                     |     |     |
| 2 | <input checked="" type="checkbox"/> |                                     |     |     |
| 1 | <input checked="" type="checkbox"/> |                                     |     |     |
| 2 |                                     | <input checked="" type="checkbox"/> |     |     |

- (A) Installation
  - 1. When was the roof installed? Oct 2004
  - 2. Do you have documentation (invoice, work order, warranty, etc.)?
- (B) Repair
  - 1. Has the roof or any portion of it been replaced or repaired during your ownership?
  - 2. If it has been replaced or repaired, was the existing roofing material removed?
- (C) Issues
  - 1. Has the roof ever leaked during your ownership?
  - 2. Are you aware of any current/past problems with the roof, gutters, flashing or downspouts?

Explain any "yes" answers in section 4, including the location and extent of any problem(s) and any repair or remediation efforts: small leak in valley from ice buildup

**5. BASEMENTS AND CRAWL SPACES**

|   | Yes                                 | No                                  | Unk | N/A                                 |
|---|-------------------------------------|-------------------------------------|-----|-------------------------------------|
| 1 |                                     | <input checked="" type="checkbox"/> |     |                                     |
| 2 |                                     | <input checked="" type="checkbox"/> |     |                                     |
| 3 |                                     |                                     |     | <input checked="" type="checkbox"/> |
| 4 |                                     |                                     |     | <input checked="" type="checkbox"/> |
| 1 | <input checked="" type="checkbox"/> |                                     |     |                                     |
| 2 |                                     | <input checked="" type="checkbox"/> |     |                                     |
| 3 |                                     | <input checked="" type="checkbox"/> |     |                                     |

**(A) Sump Pump**

- Does the property have a sump pit? If yes, how many? \_\_\_\_\_
- Does the property have a sump pump? If yes, how many? \_\_\_\_\_
- If it has a sump pump, has it ever run? \_\_\_\_\_
- If it has a sump pump, is the sump pump in working order? \_\_\_\_\_

**(B) Water Infiltration**

- Are you aware of any water leakage, accumulation, or dampness within the basement or crawl space? \_\_\_\_\_
- Do you know of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? \_\_\_\_\_
- Are the downspouts or gutters connected to a public system? \_\_\_\_\_

Explain any "yes" answers in this section, including the location and extent of any problem(s) and any repair or remediation efforts: basement walls if downspouts not in place

**6. TERMITES/WOOD-DESTROYING INSECTS, DRYROT, PESTS**

|   | Yes | No                                  | Unk | N/A |
|---|-----|-------------------------------------|-----|-----|
| 1 |     | <input checked="" type="checkbox"/> |     |     |
| 2 |     | <input checked="" type="checkbox"/> |     |     |
| 1 |     | <input checked="" type="checkbox"/> |     |     |
| 2 |     | <input checked="" type="checkbox"/> |     |     |

**(A) Status**

- Are you aware of any termites/wood-destroying insects, dryrot, or pests affecting the property? \_\_\_\_\_
- Are you aware of any damage caused by termites/wood-destroying insects, dryrot, or pests? \_\_\_\_\_

**(B) Treatment**

- Is your property currently under contract by a licensed pest control company? \_\_\_\_\_
- Are you aware of any termite/pest control reports or treatments for the property? \_\_\_\_\_

Explain any "yes" answers in section 6, including the name of any service/treatment provider, if applicable: \_\_\_\_\_

**7. STRUCTURAL ITEMS**

|   | Yes | No                                  | Unk | N/A |
|---|-----|-------------------------------------|-----|-----|
| A |     | <input checked="" type="checkbox"/> |     |     |
| B |     | <input checked="" type="checkbox"/> |     |     |
| C |     | <input checked="" type="checkbox"/> |     |     |
| 1 |     | <input checked="" type="checkbox"/> |     |     |
| 2 |     | <input checked="" type="checkbox"/> |     |     |
| 3 |     | <input checked="" type="checkbox"/> |     |     |
| E |     | <input checked="" type="checkbox"/> |     |     |
| F |     | <input checked="" type="checkbox"/> |     |     |

- (A)** Are you aware of any past or present movement, shifting, deterioration, or other problems with walls, foundations, or other structural components? \_\_\_\_\_

- (B)** Are you aware of any past or present problems with driveways, walkways, patios, or retaining walls on the property? \_\_\_\_\_

- (C)** Are you aware of any past or present water infiltration in the house or other structures, other than the roof, basement or crawl spaces? \_\_\_\_\_

**(D) Stucco and Exterior Synthetic Finishing Systems**

- Is your property constructed with stucco? \_\_\_\_\_
- Is your property constructed with an Exterior Insulating Finishing System (EIFS), such as Dryvit or synthetic stucco, synthetic brick or synthetic stone? \_\_\_\_\_
- If "yes," when was it installed? \_\_\_\_\_

- (E)** Are you aware of any fire, storm, water or ice damage to the property? \_\_\_\_\_

- (F)** Are you aware of any defects (including stains) in flooring or floor coverings? \_\_\_\_\_

Explain any "yes" answers in section 7, including the location and extent of any problem(s) and any repair or remediation efforts: \_\_\_\_\_

**8. ADDITIONS/ALTERATIONS**

|   | Yes                                 | No                                  | Unk | N/A |
|---|-------------------------------------|-------------------------------------|-----|-----|
| A | <input checked="" type="checkbox"/> |                                     |     |     |
| B |                                     | <input checked="" type="checkbox"/> |     |     |

- (A)** Have any additions, structural changes, or other alterations been made to the property during your ownership? Itemize and date all additions/alterations below.

- (B)** Are you aware of any private or public architectural review control of the property other than zoning codes? \_\_\_\_\_

| Addition, structural change, or alteration | Approximate date of work | Were permits obtained? (Yes/No/Unknown) | Final inspections/ approvals obtained? (Yes/No/Unknown) |
|--|--------------------------|---|---|
| <del>addition on south side</del>          |                          |   |   |
| remove wall - new kitchen                  | March 1989               | unknown                                 | No  |
| addition on south side                     | Sept 1989                | yes                                     | No  |
|  |                          |   |   |
|  |                          |   |   |
|  |                          |   |   |

A sheet describing other additions and alterations is attached.

*Note to Buyer: The PA Construction Code Act, 35 P.S. §7210 et seq. (effective 2004), and local codes establish standards for building and altering properties. Buyers should check with the municipality to determine if permits and/or approvals were necessary for disclosed work and if so, whether they were obtained. Where required permits were not obtained, the municipality might require the current owner to upgrade or remove changed made by the prior owners. Buyers can have the property inspected by an expert in codes compliance to determine if issues exist. Expanded title insurance policies may be available for Buyers to cover the risk of work done to the property by previous owners without a permit or approval.*

*Note to Buyer: According to the PA Stormwater Management Act, each municipality must enact a Storm Water Management Plan for drainage control and flood reduction. The municipality where the property is located may impose restrictions on impervious or semi-pervious surfaces added to the property. Buyers should contact the local office charged with overseeing the Stormwater Management Plan to determine if the prior addition of impervious or semi-pervious areas, such as walkways, decks, and swimming pools, might affect your ability to make future changes.*

9. WATER SUPPLY

(A) Source. Is the source of your drinking water (check all that apply):

1. Public
2. A well on the property
3. Community water
4. A holding tank
5. A cistern
6. A spring
7. Other \_\_\_\_\_
8. No water service (explain): \_\_\_\_\_

(B) 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?

(C) Well

1. Has your well ever run dry? once
2. Depth of Well 220'
3. Gallons per minute \_\_\_\_\_, measured on (date) \_\_\_\_\_
4. Is there a well used for something other than the primary source of drinking water?
5. If there is an unused well, is it capped?

(D) Pumping and Treatment

1. If your drinking water source is not public, is the pumping system in working order? If "no," explain: \_\_\_\_\_
2. Do you have a softener, filter, or other treatment system?
3. Is the softener, filter, or other treatment system leased? From whom? \_\_\_\_\_

(E) General

1. When was your water last tested? \_\_\_\_\_ Test results: \_\_\_\_\_
2. Is the water system shared? With whom? \_\_\_\_\_

(F) Issues

1. Are you aware of any leaks or other problems, past or present, relating to the water supply, pumping system, and related items?
2. Have you ever had a problem with your water supply?

Explain any "yes" answers in section 9, including the location and extent of any problem(s) and any repair or remediation efforts: \_\_\_\_\_

10. SEWAGE SYSTEM

(A) General

1. Is your property served by a sewage system (public, private or community)?
2. If no, is it due to availability or permit limitations?
3. When was the sewage system installed (or date of connection, if public)? May 2000

(B) Type Is your property served by:

1. Public (if "yes," continue to D through G below)
2. Community (non-public)
3. An individual on-lot sewage disposal system
4. Other, explain: \_\_\_\_\_

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 | ✓   |    |     |     |
| 3 |     | ✓  |     |     |
| 4 |     | ✓  |     |     |
| 5 |     | ✓  |     |     |
| 6 |     | ✓  |     |     |
| 7 |     | ✓  |     |     |
| 8 |     |    |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 1 | ✓   |    |     |     |
| 2 |     |    |     |     |
| 3 |     |    | ✓   |     |
| 4 |     | ✓  |     |     |
| 5 |     |    |     | ✓   |
| 1 | ✓   |    |     |     |
| 2 |     | ✓  |     |     |
| 3 |     |    |     | ✓   |
| 1 |     |    | ✓   |     |
| 2 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 | ✓   |    |     |     |
| 3 |     |    |     |     |
| 1 |     | ✓  |     |     |
| 2 |     |    |     |     |
| 3 |     |    |     |     |
| 4 |     |    |     |     |

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 3 |     | ✓  |     |     |
| 4 | ✓   |    |     |     |
| 5 |     | ✓  |     |     |
| 6 |     | ✓  |     |     |
| 7 |     | ✓  |     |     |
| 8 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 | ✓   |    |     |     |
| 3 |     | ✓  |     |     |
| 4 |     | ✓  |     |     |
| 5 |     | ✓  |     |     |
| 6 |     | ✓  |     |     |
| 7 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     | ✓   |
| 3 |     | ✓  |     |     |
| 4 |     | ✓  |     |     |
| 5 |     | ✓  |     |     |
| 6 |     | ✓  |     |     |
| 7 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 | ✓   |    |     |     |

**(C) Individual On-lot Sewage Disposal System. Is your sewage system (check all that apply):**

1. Within 100 feet of a well
2. Subject to a ten-acre permit exemption
3. A holding tank
4. A drainfield
5. Supported by a backup or alternate drainfield, sandmound, etc.
6. A cesspool
7. Shared
8. Other, explain: \_\_\_\_\_

**(D) Tanks and Service**

1. Are there any metal/steel septic tanks on the Property? \_\_\_\_\_
2. Are there any cement/concrete septic tanks on the Property? \_\_\_\_\_
3. Are there any fiberglass septic tanks on the Property? \_\_\_\_\_
4. Are there any other types of septic tanks on the Property? \_\_\_\_\_
5. Where are the septic tanks located? in lawn
6. How often is the on-lot sewage disposal system serviced? every 3 years
7. When was the on-lot sewage disposal system last serviced? \_\_\_\_\_

**(E) Abandoned Individual On-lot Sewage Disposal Systems and Septic**

1. Are you aware of any abandoned septic systems or cesspools on your property? \_\_\_\_\_
2. Have these systems or cesspools been closed in accordance with the municipality's ordinance? \_\_\_\_\_

**(F) Sewage Pumps**

1. Are there any sewage pumps located on the property? \_\_\_\_\_
2. What type(s) of pump(s)? \_\_\_\_\_
3. Are pump(s) in working order? \_\_\_\_\_
4. Who is responsible for maintenance of sewage pumps? \_\_\_\_\_

**(G) Issues**

1. Is any waste water piping not connected to the septic/sewer system? \_\_\_\_\_
2. Are you aware of any past or present leaks, backups, or other problems relating to the sewage system and related items? \_\_\_\_\_

Explain any "yes" answers in section 10, including the location and extent of any problem(s) and any repair or remediation efforts: old system failed in 2000 now drainfield installed

**11. PLUMBING SYSTEM**

**(A) Material(s). Are the plumbing materials (check all that apply):**

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 | ✓   |    |     |     |
| 2 |     | ✓  |     |     |
| 3 |     | ✓  |     |     |
| 4 | ✓   |    |     |     |
| 5 |     |    | ✓   |     |
| 6 |     |    | ✓   |     |
| 7 |     |    | ✓   |     |
| B |     | ✓  |     |     |

1. Copper
2. Galvanized
3. Lead
4. PVC
5. Polybutylene pipe (PB)
6. Cross-linked polyethylene (PEX)
7. Other \_\_\_\_\_

**(B) Are you aware of any problems with any of your plumbing fixtures (e.g., including but not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?**

If "yes," explain: \_\_\_\_\_

**12. DOMESTIC WATER HEATING**

**(A) Type(s). Is your water heating (check all that apply):**

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 3 | ✓   |    |     |     |
| 4 |     | ✓  |     |     |
| 5 |     | ✓  |     |     |
| 6 |     | ✓  |     |     |
| 7 |     | ✓  |     |     |
| 8 | ✓   |    |     |     |
| B |     | ✓  |     |     |
| C |     | ✓  |     |     |

1. Electric
2. Natural gas
3. Fuel oil
4. Propane
5. Solar
6. Geothermal
7. Other: \_\_\_\_\_
8. Is your water heating a summer-winter hook-up (integral system, hot water from the boiler, etc.)? \_\_\_\_\_

**(B) How many water heaters are there? \_\_\_\_\_ When were they installed? \_\_\_\_\_**

**(C) Are you aware of any problems with any water heater or related equipment? If "yes," explain: \_\_\_\_\_**

13. HEATING SYSTEM

|   | Yes                                 | No                                  | Unk                                 | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-----|
| 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |     |
| 2 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 3 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 4 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 5 |                                     | <input checked="" type="checkbox"/> |                                     |     |
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| 8 |                                     |                                     | <input checked="" type="checkbox"/> |     |
| 9 |                                     |                                     | <input checked="" type="checkbox"/> |     |
| 1 |                                     | <input checked="" type="checkbox"/> |                                     |     |
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| 3 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 4 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 5 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 6 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 7 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 8 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 9 |                                     |                                     | <input checked="" type="checkbox"/> |     |
| 1 |                                     |                                     |                                     |     |
| 2 |                                     |                                     |                                     |     |
| 3 |                                     |                                     |                                     |     |
| 4 |                                     | <input checked="" type="checkbox"/> |                                     |     |
| 5 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 6 |                                     |                                     |                                     |     |
| 7 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 8 |                                     |                                     |                                     |     |
| 9 |                                     |                                     |                                     |     |
| 1 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 2 |                                     |                                     |                                     |     |
| 3 |                                     |                                     |                                     |     |
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| 5 |                                     |                                     |                                     |     |
| 6 |                                     |                                     |                                     |     |
| 7 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 8 |                                     |                                     |                                     |     |
| 9 |                                     |                                     |                                     |     |
| 1 | <input checked="" type="checkbox"/> |                                     |                                     |     |
| 2 |                                     |                                     |                                     |     |
| 3 |                                     |                                     |                                     |     |
| 4 |                                     |                                     |                                     |     |
| 5 |                                     |                                     |                                     |     |
| 6 |                                     |                                     |                                     |     |
| 7 |                                     |                                     |                                     |     |
| 8 |                                     |                                     |                                     |     |
| 9 |                                     |                                     |                                     |     |

(A) Fuel Type(s). Is your heating source (check all that apply):

1. Electric
2. Natural gas
3. Fuel oil
4. Propane
5. Geothermal
6. Coal
7. Wood
8. Other \_\_\_\_\_

(B) System Type(s) (check all that apply):

1. Forced hot air
2. Hot water
3. Heat pump
4. Electric baseboard
5. Steam
6. Radiant
7. Wood stove(s) How many? 1
8. Coal stove(s) How many? \_\_\_\_\_
9. Other: \_\_\_\_\_

(C) Status

1. When was your heating system(s) installed? March 1998
2. When was the heating system(s) last serviced? June 2019
3. How many heating zones are in the property? 2
4. Is there an additional and/or backup heating system? Explain: \_\_\_\_\_

(D) Fireplaces

1. Are there any fireplace(s)? How many? \_\_\_\_\_
2. Are all fireplace(s) working? \_\_\_\_\_
3. Fireplace type(s) (wood, gas, electric, etc.): \_\_\_\_\_
4. Were the fireplace(s) installed by a professional contractor or manufacturer's representative? \_\_\_\_\_
5. Are there any chimney(s) (from a fireplace, water heater or any other heating system)?
6. How many chimney(s)? 2 When were they last cleaned? 2019
7. Are the chimney(s) working? If "no," explain: \_\_\_\_\_

(E) List any areas of the house that are not heated: \_\_\_\_\_

(F) Heating Fuel Tanks

1. Are you aware of any heating fuel tank(s) on the property?
2. Location(s), including underground tank(s): basement + outside both 225 gal
3. If you do not own the tank(s), explain: \_\_\_\_\_

Are you aware of any problems or repairs needed regarding any item in section 13? If "yes," explain: \_\_\_\_\_

14. AIR CONDITIONING SYSTEM

(A) Type(s). Is the air conditioning (check all that apply):

1. Central air
2. Wall units
3. Window units
4. Other \_\_\_\_\_
5. None

(B) Status

1. When was the central air conditioning system installed? \_\_\_\_\_
2. When was the central air conditioning system last serviced? \_\_\_\_\_
3. How many air conditioning zones are in the property? \_\_\_\_\_

(C) List any areas of the house that are not air conditioned: \_\_\_\_\_

Are you aware of any problems with any item in section 14? If "yes," explain: \_\_\_\_\_

15. ELECTRICAL SYSTEM

(A) Type(s)

1. Does the electrical system have fuses?
2. Does the electrical system have circuit breakers?

|   | Yes | No                                  | Unk | N/A                                 |
|---|-----|-------------------------------------|-----|-------------------------------------|
| 1 |     | <input checked="" type="checkbox"/> |     |                                     |
| 2 |     | <input checked="" type="checkbox"/> |     |                                     |
| 3 |     | <input checked="" type="checkbox"/> |     |                                     |
| 4 |     | <input checked="" type="checkbox"/> |     |                                     |
| 5 |     | <input checked="" type="checkbox"/> |     |                                     |
| 1 |     |                                     |     | <input checked="" type="checkbox"/> |
| 2 |     |                                     |     | <input checked="" type="checkbox"/> |
| 3 |     |                                     |     | <input checked="" type="checkbox"/> |
| 4 |     |                                     |     | <input checked="" type="checkbox"/> |
| 5 |     |                                     |     | <input checked="" type="checkbox"/> |
| 1 |     |                                     |     | <input checked="" type="checkbox"/> |
| 2 |     |                                     |     | <input checked="" type="checkbox"/> |
| 3 |     |                                     |     | <input checked="" type="checkbox"/> |
| 4 |     |                                     |     | <input checked="" type="checkbox"/> |
| 5 |     |                                     |     | <input checked="" type="checkbox"/> |

|   | Yes                                 | No                                  | Unk | N/A |
|---|-------------------------------------|-------------------------------------|-----|-----|
| 1 |                                     | <input checked="" type="checkbox"/> |     |     |
| 2 | <input checked="" type="checkbox"/> |                                     |     |     |

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|   | Yes                                 | No                                  | Unk                      | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| B | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(B) What is the system amperage? 100

(C) Are you aware of any knob and tube wiring in the home?

Are you aware of any problems or repairs needed in the electrical system? If "yes," explain:

**16. OTHER EQUIPMENT AND APPLIANCES**

This section must be completed for each item that will, or may, be sold with the property. The fact that an item is listed does not mean it is included in the Agreement of Sale. 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.

| Item                        | Yes                                 | No                                  | Item                  | Yes                                 | No                                  |
|-----------------------------|-------------------------------------|-------------------------------------|-----------------------|-------------------------------------|-------------------------------------|
| Electric garage door opener | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Trash compactor       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Garage transmitters         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Garbage disposal      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Keyless entry               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Stand-alone freezer   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Smoke detectors             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Washer                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Carbon monoxide detectors   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Dryer                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Security alarm system       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Intercom              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Interior fire sprinklers    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Ceiling fans          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| In-ground lawn sprinklers   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | A/C window units      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sprinkler automatic timer   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Awnings               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming pool               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Attic fan(s)          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Hot tub/spa                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Satellite dish        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Deck(s)                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Storage shed          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Pool/spa heater             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Electric animal fence | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Pool/spa cover              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other:                |                                     |                                     |
| Whirlpool/tub               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 1.                    |                                     |                                     |
| Pool/spa accessories        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 2.                    |                                     |                                     |
| Refrigerator(s)             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3.                    |                                     |                                     |
| Range/oven                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4.                    |                                     |                                     |
| Microwave oven              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 5.                    |                                     |                                     |
| Dishwasher                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6.                    |                                     |                                     |

Are you aware of any problems or repairs needed regarding any item in section 16? If "yes," explain:

**17. LAND/SOILS**

(A) Property

|   | Yes                      | No                                  | Unk                      | N/A                      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Are you aware of any fill or expansive soil on the property?
- Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth stability problems that have occurred on or affect the property?
- Are you aware of sewage sludge (other than commercially available fertilizer products) being spread on the property, or have you received written notice of sewage sludge being spread on an adjacent property?
- Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations that might affect this property?

*Note to Buyer: The property may be subject to mine subsidence damage. Maps of the counties and mines where mine subsidence damage may occur and mine subsidence insurance are available through: Department of Environmental Protection, Mine Subsidence Insurance Fund, 25 Technology Drive, California Technology Park, Coal Center, PA 15423 (800) 922-1678 (within Pennsylvania) or (724) 769-1100 (outside Pennsylvania).*

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(B) Preferential Assessment and Development Rights

Is the property, or a portion of it, preferentially assessed for tax purposes, or subject to limited development rights under the:

- 1. Farmland and Forest Land Assessment Act - 72 P.S. §5490.1 et seq. (Clean and Green Program)
- 2. Open Space Act - 16 P.S. §11941 et seq.
- 3. Agricultural Area Security Law - 3 P.S. §901 et seq. (Development Rights)
- 4. Any other law/program: \_\_\_\_\_

Note to Buyer: Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort to limit the circumstances under which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged to investigate whether any 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):

- 1. Timber
- 2. Coal
- 3. Oil
- 4. Natural gas
- 5. Other minerals or rights (such as farming rights, hunting rights, quarrying rights) Explain: \_\_\_\_\_

Note to Buyer: Before entering into an agreement of sale, Buyer can investigate the status of these rights by, among other means, engaging legal counsel, obtaining a title examination of unlimited years and searching the official records in the county Office of the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing leases, as Buyer may be subject to terms of those leases.

Explain any "yes" answers in section 17: \_\_\_\_\_

18. FLOODING, DRAINAGE AND BOUNDARIES

(A) Flooding/Drainage

- 1. Is any part of this property located in a wetlands area?
- 2. Is the property, or any part of it, designated a Special Flood Hazard Area (SFHA)?
- 3. Do you maintain flood insurance on this property?
- 4. Are you aware of any past or present drainage or flooding problems affecting the property?
- 5. Are you aware of any drainage or flooding mitigation on the property?
- 6. Are you aware of the presence on the property of any man-made feature that temporarily or permanently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert, pipe or other feature?
- 7. If "yes", are you responsible for maintaining or repairing that feature which conveys or manages storm water for the property?

Explain any "yes" answers in section 18(A), including dates and extent of flooding and the condition of any man-made storm water management features: \_\_\_\_\_

(B) Boundaries

- 1. Are you aware of any encroachments, boundary line disputes, or easements affecting the property?

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.

- 2. Do you access the property from a private road or lane?
- 3. If "yes," do you have a recorded right of way or maintenance agreement?
- 4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or maintenance agreements?

Explain any "yes" answers in section 18(B): \_\_\_\_\_

|    | Yes | No | Unk | N/A |
|----|-----|----|-----|-----|
| 1  |     | ✓  |     |     |
| 2  |     | ✓  |     |     |
| 3  |     | ✓  |     |     |
| 4  |     |    |     |     |
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|    | Yes | No | Unk | N/A |
|----|-----|----|-----|-----|
| 1  |     | ✓  |     |     |
| 2  |     | ✓  |     |     |
| 3  |     | ✓  |     |     |
| 4  |     | ✓  |     |     |
| 5  |     | ✓  |     |     |
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19. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |

(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?
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.*

(B) Radon

1. Are you aware of any tests for radon gas that have been performed in any buildings on the property? If "yes," list date, type, and results of all tests below:

|                            | First Test | Second Test |
|----------------------------|------------|-------------|
| Date                       |            |             |
| Type of Test               |            |             |
| Results (picocuries/liter) |            |             |
| Name of Testing Service    |            |             |

2. Are you aware of any radon removal system on the property? If "yes," list date installed and type of system, and whether it is in working order below:

| Date Installed | Type of System | Provider | Working? |
|----------------|----------------|----------|----------|
|                |                |          |          |

(C) Lead Paint

If 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.

1. Are you aware of any lead-based paint or lead-based paint hazards on the property?
2. Are you aware of any reports or records regarding lead-based paint or lead-based paint hazards on the property?

(D) Tanks

1. Are you aware of any existing or removed underground tanks? Size: \_\_\_\_\_
2. If "yes," have any tanks been removed during your ownership?

(E) Dumping. Are you aware of any dumping on the property?

(F) Other

1. Are you aware of any existing hazardous substances on the property (structure or soil) such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
2. Have you received written notice regarding the presence of an environmental hazard or bio-hazard on your property or any adjacent property?
3. Are you aware of testing on the property for any other hazardous substances or environmental concerns?
4. Are you aware of any other hazardous substances or environmental concerns that might impact upon the property?

Explain any "yes" answers in section 19: \_\_\_\_\_

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 3 |     | ✓  |     |     |
| 4 |     | ✓  |     |     |

20. MISCELLANEOUS

(A) Deeds, Restrictions and Title

1. Are you aware of any deed restrictions that apply to the property?
2. Are you aware of any historic preservation restriction or ordinance or archeological designation associated with the property?
3. Are you aware of any reason, including a defect in title, that would prevent you from giving a warranty deed or conveying title to the property?

(B) Financial

1. Are you aware of any public improvement, condominium or homeowner association assessments against the property that remain unpaid or of any violations of zoning, housing, building, safety or fire ordinances or other use restriction ordinances that remain uncorrected?
2. Are you aware of any mortgage, judgment, encumbrance, lien, overdue payment on a support obligation, or other debt against this property or Seller that cannot be satisfied by the proceeds of this sale?
3. Are you aware of any insurance claims filed relating to the property?

|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 3 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 3 |     | ✓  |     |     |

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|   | Yes | No | Unk | N/A |
|---|-----|----|-----|-----|
| 1 |     | ✓  |     |     |
| 2 |     | ✓  |     |     |
| 1 |     | ✓  |     |     |

(C) Legal

1. Are you aware of any violations of federal, state, or local laws or regulations relating to this property?
2. Are you aware of any existing or threatened legal action affecting the property?

(D) Additional Material Defects

1. Are you aware of any material defects to the property, dwelling, or fixtures which are not disclosed elsewhere on this form?

*Note to Buyer: A material defect 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 or that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or subsystem is not by itself a material defect.*

2. After completing this form, if Seller becomes aware of additional information about the property, including through inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the inspection(s). These inspection reports are for informational purposes only.

Explain any "yes" answers in section 20: \_\_\_\_\_

21. ATTACHMENTS

(A) The following are part of this Disclosure if checked:

- Seller's Property Disclosure Statement Addendum (PAR Form SDA)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to the best of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers of the property and to other real estate licensees. **SELLER ALONE IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION CONTAINED IN THIS STATEMENT.** Seller shall cause Buyer to be notified in writing of any information supplied on this form which is rendered inaccurate by a change in the condition of the property following completion of this form.

SELLER Kenneth J. Hurst DATE 5-6-19  
 SELLER Colores M. Hurst DATE 8-6-19  
 SELLER \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK

According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not required to fill out a Seller's Property Disclosure Statement. The executor, administrator or trustee, must, however, disclose any known material defect(s) of the property.

DATE \_\_\_\_\_

RECEIPT AND ACKNOWLEDGEMENT BY BUYER

The undersigned Buyer acknowledges receipt of this Disclosure Statement. Buyer acknowledges that this Statement is not a warranty and that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present condition. It is Buyer's responsibility to satisfy himself or herself as to the condition of the property. Buyer may request that the property be inspected, at Buyer's expense and by qualified professionals, to determine the condition of the structure or its components.

BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
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 BUYER \_\_\_\_\_ DATE \_\_\_\_\_