

**CONDITIONS OF SALE**

**FOR THE REAL ESTATE OF CARL D. KLINE & MARILYN K. KLINE**

The Conditions of Sale for the Real Estate of **CARL D. KLINE & MARILYN K. KLINE**, being held this 2<sup>nd</sup> day of November, 2024, are as follows:

1. The **PROPERTY** being sold is all that real estate, with improvements thereon, located in Marion Township, Berks County, Pennsylvania, known as 875 School Road, Womelsdorf, PA 19567, having a Parcel Identification No. of 62432900042623, with a deed recorded in the Office of the Recorder of Deeds of Berks County at Deed Book 1484, Page 503, and more particularly described in the attached "Exhibit A".

2. The highest approved bidder shall be the purchaser upon the property being struck off to him, and he shall immediately sign the Purchaser's Agreement on these Conditions of Sale, and pay a deposit of **ONE HUNDRED THOUSAND (\$100,000.00) DOLLARS** as security for the performance of this agreement. **The deposit shall be held in escrow by Steiner and Sandoe, Attorneys at Law, LLC until of this transaction settlement.** If any dispute arises among bidders, the property shall immediately be put up for renewed bidding.

3. The balance of the purchase price shall be paid at settlement to be held at the offices of Steiner & Sandoe, Attorneys at Law, LLC, 36 West Main Avenue, Myerstown, PA, 17067, **on or before 60 days**, unless some other time or place is agreed upon by the seller and purchaser.

4. Upon payment of the purchase price in full, the seller shall convey title to the property to purchaser by special warranty deed. If the purchaser obtains an attorney certification of title or purchases title insurance, seller shall convey title that is good and marketable. Title shall be free and clear of all liens and encumbrances not noted in these conditions, but subject to any easements, visible or of record, rights-of-way, building or use restrictions, and zoning or land subdivision regulations. At settlement the property and all of its appurtenances and fixtures shall be in substantially the same condition as at present, except for any damage of any kind for which full or partial recovery may be had under the seller's or purchaser's insurance, or any taking by eminent domain. Formal tender of deed and purchase money are waived.

5. The cost of any title search, certification or insurance is the responsibility of the purchaser.

6. The cost of preparation of the deed, acknowledgements to the deed and recording fees are the responsibility of the purchaser. All state and local realty transfer taxes shall be paid by the purchaser. Real estate taxes shall be pro-rated to the date of settlement. Water and sewer rates and other lienable utilities shall be paid by the seller to the date of settlement. Any fees, including tax or utility certification fees for services which the seller has not specifically engaged, shall be paid by purchaser. Seller will not be responsible for any testings or inspections required by any lending institution.

7. The property is being sold "as is".

8. Purchaser acknowledges receipt of a completed Seller's Property Disclosure form made available prior to and on the day of the sale.

9. Possession will be given to the purchaser at the time of settlement.

10. The seller reserves the right to reject any or all bids, and withdraw the premises from sale.

11. The purchaser acknowledges that his obligation under these Conditions of Sale is **NOT** conditioned upon its ability to obtain any financing of the purchase price.

12. (a) If Purchaser breaches its duties under the Purchaser's Agreement or fails to otherwise complete this transaction without excuse acceptable to Seller, Seller, in addition to all other remedies provided by law, shall have the option to either:

- (1) retain the Purchaser's deposit as liquidated damages; or
- (2) resell the Property at public or private sale while holding the Purchaser's deposit; Purchaser shall be liable to Seller for any loss resulting from such resale.

(b) If Seller breaches its duties under this Agreement or fails to otherwise complete this transaction, Purchaser, in addition to all other remedies provided by law, and in addition to the return of all its deposit, shall have the option either to:

- (1) sue for actual and consequential damages; or
- (2) sue for specific performance under the terms of this Agreement

13. Special conditions:

a. If the property is subject to any preferential tax assessment such as "Clean and Green," and if the purchaser after settlement causes a violation of the preferential assessment, purchaser shall be solely responsible for the payment of all roll-back taxes, interest and penalties and shall indemnify seller from same.

**PURCHASER'S AGREEMENT**

We, the undersigned, being the Seller and the Purchaser of the real estate mentioned in the foregoing Conditions of Sale, hereby declare and agree that \_\_\_\_\_ of \_\_\_\_\_ (telephone # \_\_\_\_\_), has/have become the Purchaser of the aforesaid premises for the sum of \_\_\_\_\_ Dollars and that the sum of \_\_\_\_\_ Dollars has been paid to Steiner and Sandoe, Attorneys at Law, LLC to be held in escrow for the benefit of the undersigned Seller, the receipt of which is hereby accepted by way of deposit, and in part payment of the said purchase price.

If the Purchaser or persons claiming under the Purchaser, shall take possession of the premises or any part thereof, prior to the time of settlement, and thereafter default in the payment of the purchase price, or in the performance of any other conditions of sale, the Purchasers do hereby authorize any attorney of any court of record in Pennsylvania, to appear for them and confess judgment in an amicable action of ejectment for the recovery of possession of said premises, against the said Purchaser, or other person or persons in possession of said premises, or any portion thereof, and in favor of the Seller of said premises, and direct the issuing of a writ of possession, with clause of fieri facias for costs, waiving all irregularities, without notice, and without asking leave of court.

Witness our hands and seals this \_\_\_\_\_ of \_\_\_\_\_, 2024.

**SELLER:**

\_\_\_\_\_  
Carl D. Kline

\_\_\_\_\_  
Marilyn K. Kline

**PURCHASER:**

X \_\_\_\_\_ (OR ASSIGNS)  
Printed Name: \_\_\_\_\_

X \_\_\_\_\_ (OR ASSIGNS)  
Printed Name: \_\_\_\_\_

**EXHIBIT 'A'**

**ALL THAT CERTAIN** message, tenement and tract of land, situated in the Township of Marion, County of Berks and Commonwealth of Pennsylvania, bounded and described as follows, to wit:

**BEGINNING** at a stone in a public road, a corner of property now or late of Yost and Fink; thence North  $17\frac{1}{2}$  degrees, 141.7 perches to a stone; thence North  $12\frac{1}{4}$  degrees West, 43 perches to a stone; thence South  $81\frac{1}{2}$  degrees East, 21.5 perches to a stone; thence North  $21\frac{1}{2}$  degrees East, 18.5 perches to a stone; thence North  $83\frac{1}{4}$  degrees East, 15.4 perches to a stone corner, line of land now or late of Levi Stoltz and Isaac Klopp Estate; thence along the same, South  $12\frac{3}{4}$  degrees East, 111.8 perches to a stone; thence along the same, South  $80\frac{1}{4}$  degrees East, 7.4 perches to a Cherry Tree; thence along the same, South  $3\frac{1}{4}$  degrees East, 28.2 perches to a stone; thence along the same, South 78 degrees West, 13.3 perches to a stone; thence along the same, South  $5\frac{1}{4}$  degrees East, 58.7 perches to a stone in a line of land now or late of Henry B. Fidler; South  $17\frac{1}{2}$  degrees West, 20.3 perches to a stone in line of lands now or late of Franklin Reedy and the late Andrew J. Klopp, deceased; North  $73\frac{3}{4}$  degrees West, 94.5 perches to the place of **BEGINNING**,

**CONTAINING** 88 acres 49 perches of land, strict measure.

**BEING THE SAME PREMISES** which Clarence M. Martin and Anna M. Martin, husband and wife, and Aaron Z. Stauffer and Elva Stauffer, husband and wife, by Deed dated April 12, 1966 and recorded on April 12, 1966 in the Office of Recorder of Deeds in and for the County of Berks, Pennsylvania, in record Book 1484, Page 503, granted and conveyed unto Carl D. Kline and Marilyn K. Kline, husband and wife, Grantors hereto.

**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: 875 School Rd Womelsdorf PA  
SELLER: Carol Kline Marilyn K Kline

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

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 disclose all known material defects about the property being sold that are not readily observable. 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 its normal useful life is not by itself a material defect.

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 see or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statement nor the basic disclosure form limits Seller's obligation to disclose a material defect.

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.

The Law provides exceptions (listed below) where a property disclosure statement does not have to be completed. All other sellers are obligated to complete a property disclosure statement, even if they do not occupy or have never occupied the Property.

1. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.
2. Transfers as a result of a court order.
3. Transfers to a mortgage lender that results from a buyer's default and subsequent foreclosure sales that result from default.
4. Transfers from a co-owner to one or more other co-owners.
5. Transfers made to a spouse or direct descendant.
6. Transfers between spouses as a result of divorce, legal separation or property settlement.
7. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of liquidation.
8. Transfers of a property to be demolished or converted to non-residential use.
9. Transfers of unimproved real property.
10. Transfers of new construction that has never been occupied and:
  - 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.

**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 statement, the Law does not excuse the seller's common law duty to disclose any known material defect(s) of the Property in order to avoid fraud, misrepresentation or deceit in the transaction. This duty continues until the date of settlement.

**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 03/09/2024

Seller's Initials CK MK Date 03/09/2024

Buyer's Initials           Date

44 **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  
 45 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

46 **1. SELLER'S EXPERTISE**

- 47 (A) Does Seller possess expertise in contracting, engineering, architecture, environmental assessment or  
 48 other areas related to the construction and conditions of the Property and its improvements?  
 49 (B) Is Seller the landlord for the Property?  
 50 (C) Is Seller a real estate licensee?

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

51 Explain any "yes" answers in Section 1: \_\_\_\_\_  
 52 \_\_\_\_\_

53 **2. OWNERSHIP/OCCUPANCY**

- 54 (A) **Occupancy**  
 55 1. When was the Property most recently occupied? Present  
 56 2. By how many people? Two  
 57 3. Was Seller the most recent occupant?  
 58 4. If "no," when did Seller most recently occupy the Property?

|    | Yes                                 | No                       | Unk                      | N/A |
|----|-------------------------------------|--------------------------|--------------------------|-----|
| A1 |                                     |                          | <input type="checkbox"/> |     |
| A2 |                                     |                          | <input type="checkbox"/> |     |
| A3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |     |
| A4 |                                     |                          | <input type="checkbox"/> |     |
| B1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                          |     |
| B2 | <input type="checkbox"/>            | <input type="checkbox"/> |                          |     |
| B3 | <input type="checkbox"/>            | <input type="checkbox"/> |                          |     |
| B4 | <input type="checkbox"/>            | <input type="checkbox"/> |                          |     |
| C  |                                     |                          | <input type="checkbox"/> |     |

- 59 (B) **Role of Individual Completing This Disclosure.** Is the individual completing this form:  
 60 1. The owner  
 61 2. The executor or administrator  
 62 3. The trustee  
 63 4. An individual holding power of attorney  
 64 (C) When was the Property acquired? 1966  
 65 (D) List any animals that have lived in the residence(s) or other structures during your ownership:  
 66 Farm Livestock

67 Explain Section 2 (if needed): \_\_\_\_\_  
 68 \_\_\_\_\_

69 **3. CONDOMINIUMS/PLANNED COMMUNITIES/HOMEOWNERS ASSOCIATIONS**

- 70 (A) Disclosures for condominiums and cooperatives are limited to Seller's particular unit(s). Disclosures  
 71 regarding common areas or facilities are not required by the Real Estate Seller Disclosure Law.  
 72 (B) **Type.** Is the Property part of a(n):  
 73 1. Condominium  
 74 2. Homeowners association or planned community  
 75 3. Cooperative  
 76 4. Other type of association or community  
 77 (C) If "yes," how much are the fees? \$ \_\_\_\_\_, paid  Monthly  Quarterly  Yearly  
 78 (D) If "yes," are there any community services or systems that the association or community is responsi-  
 79 ble for supporting or maintaining? Explain:  
 80 (E) If "yes," provide the following information:  
 81 1. Community Name \_\_\_\_\_  
 82 2. Contact \_\_\_\_\_  
 83 3. Mailing Address \_\_\_\_\_  
 84 4. Telephone Number \_\_\_\_\_

|    | Yes                      | No                                  | Unk                      | N/A                                 |
|----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| B2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| B3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| B4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                     |
| C  |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E1 |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E2 |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E3 |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E4 |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F  |                          |                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- 85 (F) How much is the capital contribution/initiation fee(s)? \$ \_\_\_\_\_

86 **Notice to Buyer:** A buyer of a resale unit in a condominium, cooperative, or planned community must receive a copy of the declaration  
 87 (other than the plats and plans), the by-laws, the rules or regulations, and a certificate of resale issued by the association, condominium,  
 88 cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition  
 89 to regular maintenance fees. The buyer will have the option of canceling the agreement with the return of all deposit monies until the cer-  
 90 tificate has been provided to the buyer and for five days thereafter or until conveyance, whichever occurs first.

91 **4. ROOFS AND ATTIC**

- 92 (A) **Installation**  
 93 1. When was or were the roof or roofs installed?  
 94 2. Do you have documentation (invoice, work order, warranty, etc.)?  
 95 (B) **Repair**  
 96 1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership?  
 97 2. If it or they were replaced or repaired, were any existing roofing materials removed?  
 98 (C) **Issues**  
 99 1. Has the roof or roofs ever leaked during your ownership?  
 100 2. Have there been any other leaks or moisture problems in the attic?  
 101 3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or down-  
 102 spouts?

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 |                                     |                                     | <input checked="" type="checkbox"/> |                          |
| A2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/> |
| B1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| B2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| C1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |
| C2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |                          |

103 Seller's Initials CK MK Date \_\_\_\_\_

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

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 4. 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 they were done:

**5. BASEMENTS AND CRAWL SPACES**

**(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? \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                      | N/A                                 |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A4 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| B2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| B3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**(B) Water Infiltration**

- Are you aware of any past or present 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 sewer system?

Explain any "yes" answers in Section 5. 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 they were done:

*Farm House Basement Control dampness w/ dehumidifier*

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

**(A) Status**

- Are you aware of past or present dryrot, termites/wood-destroying insects or other pests on the Property?
- Are you aware of any damage caused by dryrot, termites/wood-destroying insects or other pests?

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**(B) Treatment**

- Is the 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. Include the name of any service/treatment provider, if applicable:

**7. STRUCTURAL ITEMS**

- Are you aware of any past or present movement, shifting, deterioration, or other problems with walls, foundations or other structural components?
- Are you aware of any past or present problems with driveways, walkways, patios or retaining walls on the Property?
- Are you aware of any past or present water infiltration in the house or other structures, other than the roof(s), basement or crawl space(s)?
- Stucco and Exterior Synthetic Finishing Systems**
  - Is any part of the Property constructed with stucco or an Exterior Insulating Finishing System (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stone?
  - If "yes," indicate type(s) and location(s) \_\_\_\_\_
  - If "yes," provide date(s) installed \_\_\_\_\_
- Are you aware of any fire, storm/weather-related, water, hail or ice damage to the Property?
- Are you aware of any defects (including stains) in flooring or floor coverings?

|    | Yes                      | No                                  | Unk                                 | N/A                      |
|----|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| B  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| D1 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D3 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| F  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Explain any "yes" answers in Section 7. 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:

**8. ADDITIONS/ALTERATIONS**

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

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

| Addition, structural change or alteration<br>(continued on following page) | Approximate date<br>of work | Were permits<br>obtained?<br>(Yes/No/Unk/NA) | Final inspections/<br>approvals obtained?<br>(Yes/No/Unk/NA) |
|--|-----------------------------|--|--|
|  |                             |  |  |
|  |                             |  |  |

Seller's Initials CK MK Date \_\_\_\_\_

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



162 **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  
 163 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

| Addition, structural change or alteration | Approximate date of work | Were permits obtained? (Yes/No/Unk/NA) | Final inspections/ approvals obtained? (Yes/No/Unk/NA) |
|---|--------------------------|--|--|
|   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |
|   |                          |  |  |

173  A sheet describing other additions and alterations is attached.

174 (B) Are you aware of any private or public architectural review control of the Property other than zoning  
 175 codes? If "yes," explain: \_\_\_\_\_

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

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

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

187 **9. WATER SUPPLY**

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

- 189 1. Public
- 190 2. A well on the Property
- 191 3. Community water
- 192 4. A holding tank
- 193 5. A cistern
- 194 6. A spring
- 195 7. Other Small Stream Seasonal
- 196 8. If no water service, explain: \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                                 | N/A                                 |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| A1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A6 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| A7 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| B2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B6 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| C1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

197 (B) **General**

- 198 1. When was the water supply last tested? tested one time  
 199 Test results: \_\_\_\_\_
- 200 2. Is the water system shared? \_\_\_\_\_
- 201 3. If "yes," is there a written agreement? \_\_\_\_\_
- 202 4. Do you have a softener, filter or other conditioning system? \_\_\_\_\_
- 203 5. Is the softener, filter or other treatment system leased? From whom? \_\_\_\_\_
- 204 6. If your drinking water source is not public, is the pumping system in working order? If "no,"  
 205 explain: \_\_\_\_\_

206 (C) **Bypass Valve** (for properties with multiple sources of water)

- 207 1. Does your water source have a bypass valve? \_\_\_\_\_
- 208 2. If "yes," is the bypass valve working? \_\_\_\_\_

209 (D) **Well**

- 210 1. Has your well ever run dry? \_\_\_\_\_
- 211 2. Depth of well Approx 80ft.
- 212 3. Gallons per minute: \_\_\_\_\_, measured on (date) \_\_\_\_\_
- 213 4. Is there a well that is used for something other than the primary source of drinking water?  
 214 If "yes," explain Old Hand dug Well No longer used
- 215 5. If there is an unused well, is it capped? \_\_\_\_\_

217 **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  
 218 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

219 **(E) Issues**

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

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| E1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

223 **Explain any problem(s) with your water supply. 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:** \_\_\_\_\_  
 224  
 225

226 **10. SEWAGE SYSTEM**

227 **(A) General**

- 228 1. Is the Property served by a sewage system (public, private or community)?  
 229 2. If "no," is it due to unavailability or permit limitations?  
 230 3. When was the sewage system installed (or date of connection, if public)? \_\_\_\_\_  
 231 4. Name of current service provider, if any: \_\_\_\_\_

|    | Yes                                 | No                       | Unk                                 | N/A                                 |
|----|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| A1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A2 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A3 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| A4 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

232 **(B) Type** Is your Property served by:

- 233 1. Public  
 234 2. Community (non-public)  
 235 3. An individual on-lot sewage disposal system  
 236 4. Other, explain: \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                      | N/A                      |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| B1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

237 **(C) Individual On-lot Sewage Disposal System.** (check all that apply):

- 238 1. Is your sewage system within 100 feet of a well?  
 239 2. Is your sewage system subject to a ten-acre permit exemption?  
 240 3. Does your sewage system include a holding tank?  
 241 4. Does your sewage system include a septic tank?  
 242 5. Does your sewage system include a drainfield?  
 243 6. Does your sewage system include a sandmound?  
 244 7. Does your sewage system include a cesspool?  
 245 8. Is your sewage system shared?  
 246 9. Is your sewage system any other type? Explain: \_\_\_\_\_  
 247 10. Is your sewage system supported by a backup or alternate system?

|     | Yes                                 | No                                  | Unk                                 | N/A                      |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| C1  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C2  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C4  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| C5  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| C6  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C7  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C8  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C9  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C10 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

248 **(D) Tanks and Service**

- 249 1. Are there any metal/steel septic tanks on the Property?  
 250 2. Are there any cement/concrete septic tanks on the Property?  
 251 3. Are there any fiberglass septic tanks on the Property?  
 252 4. Are there any other types of septic tanks on the Property? Explain \_\_\_\_\_  
 253 5. Where are the septic tanks located? East of the House  
 254 6. When were the tanks last pumped and by whom? Approx. 4 yrs. Ago

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| D1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| D2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| D3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| D4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D5 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| D6 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- 257 1. Are you aware of any abandoned septic systems or cesspools on the Property?  
 258 2. If "yes," have these systems, tanks or cesspools been closed in accordance with the municipality's ordinance?

|    | Yes                      | No                                  | Unk                      | N/A                                 |
|----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| E1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| E2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

260 **(F) Sewage Pumps**

- 261 1. Are there any sewage pumps located on the Property?  
 262 2. If "yes," where are they located? \_\_\_\_\_  
 263 3. What type(s) of pump(s)? \_\_\_\_\_  
 264 4. Are pump(s) in working order?  
 265 5. Who is responsible for maintenance of sewage pumps? \_\_\_\_\_

|    | Yes                      | No                                  | Unk                      | N/A                                 |
|----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| F1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| F2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F3 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F5 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

267 **(G) Issues**

- 268 1. How often is the on-lot sewage disposal system serviced? 4 yrs. ?  
 269 2. When was the on-lot sewage disposal system last serviced and by whom? \_\_\_\_\_  
 270  
 271 3. Is any waste water piping not connected to the septic/sewer system?  
 272 4. Are you aware of any past or present leaks, backups, or other problems relating to the sewage system and related items?

|    | Yes                      | No                                  | Unk                                 | N/A                      |
|----|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| G1 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| G4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

274 Seller's Initials CK MK Date \_\_\_\_\_

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

275 **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**  
 276 **Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.**

277 **Explain any "yes" answers in Section 10. Include the location and extent of any problem(s) and any repair or remediation ef-**  
 278 **forts, the name of the person or company who did the repairs and the date the work was done:** \_\_\_\_\_  
 279 \_\_\_\_\_

280 **11. PLUMBING SYSTEM**

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

- 282 1. Copper
- 283 2. Galvanized
- 284 3. Lead
- 285 4. PVC
- 286 5. Polybutylene pipe (PB)
- 287 6. Cross-linked polyethylene (PEX)
- 288 7. Other \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| A2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| A4 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| A5 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

289 (B) Are you aware of any past or present problems with any of your plumbing fixtures (e.g., including but  
 290 not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?  
 291 If "yes," explain: \_\_\_\_\_  
 292 \_\_\_\_\_

293 **12. DOMESTIC WATER HEATING**

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

- 295 1. Electric
- 296 2. Natural gas
- 297 3. Fuel oil
- 298 4. Propane
- 299 If "yes," is the tank owned by Seller?
- 300 5. Solar
- 301 If "yes," is the system owned by Seller?
- 302 6. Geothermal
- 303 7. Other \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A3 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| A4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A6 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A7 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| B1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| B2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| C  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

304 (B) **System(s)**  
 305 1. How many water heaters are there? One  
 306 Tanks 1 Tankless \_\_\_\_\_  
 307 2. When were they installed? \_\_\_\_\_  
 308 3. Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)?

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

312 **13. HEATING SYSTEM**

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

- 314 1. Electric
- 315 2. Natural gas
- 316 3. Fuel oil
- 317 4. Propane
- 318 If "yes," is the tank owned by Seller?
- 319 5. Geothermal
- 320 6. Coal
- 321 7. Wood
- 322 8. Solar shingles or panels
- 323 If "yes," is the system owned by Seller?
- 324 9. Other: \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                      | N/A                      |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A6 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A8 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B6 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B7 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

325 (B) **System Type(s)** (check all that apply):  
 326 1. Forced hot air  
 327 2. Hot water  
 328 3. Heat pump  
 329 4. Electric baseboard  
 330 5. Steam  
 331 6. Radiant flooring  
 332 7. Radiant ceiling

333 Seller's Initials CK MK Date \_\_\_\_\_

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

334 **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  
 335 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

- 336 8. Pellet stove(s)  
 337 How many and location? \_\_\_\_\_  
 338 9. Wood stove(s)  
 339 How many and location? Outdoor Wood furnace Asis  
 340 10. Coal stove(s)  
 341 How many and location? \_\_\_\_\_  
 342 11. Wall-mounted split system(s)  
 343 How many and location? \_\_\_\_\_  
 344 12. Other: \_\_\_\_\_  
 345 13. If multiple systems, provide locations \_\_\_\_\_  
 346 \_\_\_\_\_

347 **(C) Status**

- 348 1. Are there any areas of the house that are not heated?  
 349 If "yes," explain: unfinished Basement  
 350 2. How many heating zones are in the Property? \_\_\_\_\_  
 351 3. When was each heating system(s) or zone installed? \_\_\_\_\_  
 352 4. When was the heating system(s) last serviced? \_\_\_\_\_  
 353 5. Is there an additional and/or backup heating system? If "yes," explain: \_\_\_\_\_  
 354 \_\_\_\_\_  
 355 6. Is any part of the heating system subject to a lease, financing or other agreement?  
 356 If "yes," explain: \_\_\_\_\_

357 **(D) Fireplaces and Chimneys**

- 358 1. Are there any fireplaces? How many? \_\_\_\_\_  
 359 2. Are all fireplaces working? \_\_\_\_\_  
 360 3. Fireplace types (wood, gas, electric, etc.): \_\_\_\_\_  
 361 4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative?  
 362 5. Are there any chimneys (from a fireplace, water heater or any other heating system)?  
 363 6. How many chimneys? \_\_\_\_\_  
 364 7. When were they last cleaned? \_\_\_\_\_  
 365 8. Are the chimneys working? If "no," explain: \_\_\_\_\_

366 **(E) Fuel Tanks**

- 367 1. Are you aware of any heating fuel tank(s) on the Property?  
 368 2. Location(s), including underground tank(s): 275 Gal in Basement  
 369 3. If you do not own the tank(s), explain: \_\_\_\_\_

370 **(F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes,"**  
 371 **explain:** \_\_\_\_\_

372 **14. AIR CONDITIONING SYSTEM**

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

- 374 1. Central air  
 375 a. How many air conditioning zones are in the Property? \_\_\_\_\_  
 376 b. When was each system or zone installed? \_\_\_\_\_  
 377 c. When was each system last serviced? \_\_\_\_\_  
 378 2. Wall units  
 379 How many and the location? \_\_\_\_\_  
 380 3. Window units  
 381 How many? \_\_\_\_\_  
 382 4. Wall-mounted split units  
 383 How many and the location? \_\_\_\_\_  
 384 5. Other \_\_\_\_\_  
 385 6. None \_\_\_\_\_

386 **(B) Are there any areas of the house that are not air conditioned?**

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

388 **(C) Are you aware of any problems with any item in Section 14? If "yes," explain:** \_\_\_\_\_  
 389 \_\_\_\_\_

|     | Yes                                 | No                                  | Unk                                 | N/A                                 |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| B8  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B9  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B10 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B11 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B12 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B13 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| C1  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| C2  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C4  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C5  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| C6  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D1  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D2  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D4  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D5  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D6  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D7  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D8  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E1  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E2  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| F   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| A1  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 1a  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 1b  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 1c  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A2  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A3  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A4  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A5  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| A6  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| B   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| C   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

391 **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  
 392 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

393 **15. ELECTRICAL SYSTEM**

394 (A) Type(s)

- 395 1. Does the electrical system have fuses?  
 396 2. Does the electrical system have circuit breakers?  
 397 3. Is the electrical system solar powered?  
 398 a. If "yes," is it entirely or partially solar powered? \_\_\_\_\_  
 399 b. If "yes," is any part of the system subject to a lease, financing or other agreement? If "yes,"  
 400 explain: \_\_\_\_\_

|    | Yes                                 | No                                  | Unk                      | N/A                                 |
|----|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| A1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| A3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3a | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| D  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

401 (B) What is the system amperage? 100

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

403 (D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: \_\_\_\_\_  
 404

405 **16. OTHER EQUIPMENT AND APPLIANCES**

406 (A) **THIS SECTION IS INTENDED TO IDENTIFY PROBLEMS OR REPAIRS** and must be completed for each item that  
 407 will, or may, be included with the Property. The terms of the Agreement of Sale negotiated between Buyer and Seller will deter-  
 408 mine which items, if any, are included in the purchase of the Property. **THE FACT THAT AN ITEM IS LISTED DOES NOT**  
 409 **MEAN IT IS INCLUDED IN THE AGREEMENT OF SALE.**

410 (B) Are you aware of any problems or repairs needed to any of the following:

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

431 (C) Explain any "yes" answers in Section 16: \_\_\_\_\_  
 432

433 **17. POOLS, SPAS AND HOT TUBS**

- 434 (A) Is there a swimming pool on the Property? If "yes," N/A  
 435 1. Above-ground or in-ground? \_\_\_\_\_  
 436 2. Saltwater or chlorine? \_\_\_\_\_  
 437 3. If heated, what is the heat source? \_\_\_\_\_  
 438 4. Vinyl-lined, fiberglass or concrete-lined? \_\_\_\_\_  
 439 5. What is the depth of the swimming pool? \_\_\_\_\_  
 440 6. Are you aware of any problems with the swimming pool?  
 441 7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder,  
 442 lighting, pump, etc.)?

|    | Yes                      | No                       | Unk                      | N/A                                 |
|----|--------------------------|--------------------------|--------------------------|-------------------------------------|
| A  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| A7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| B  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

443 (B) Is there a spa or hot tub on the Property?

- 444 1. Are you aware of any problems with the spa or hot tub?  
 445 2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets,  
 446 cover, etc.)?

447 (C) Explain any problems in Section 17: \_\_\_\_\_  
 448

449 Seller's Initials CK Mk Date \_\_\_\_\_

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

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.

**18. WINDOWS**

(A) Have any windows or skylights been replaced during your ownership of the Property?

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

(B) Are you aware of any problems with the windows or skylights?

Explain any "yes" answers in Section 18. Include the location and extent of any problem(s) and any repair, replacement or remediation efforts, the name of the person or company who did the repairs and the date the work was done:

**19. LAND/SOILS**

(A) Property

- 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?
- 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 on the Property?

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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 further information on mine subsidence insurance are available through Department of Environmental Protection Mine Subsidence Insurance Fund, (800) 922-1678 or ra-epmsi@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 development rights under the:

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

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| B1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| B2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| B4 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*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):

- Timber
- Coal
- Oil
- Natural gas
- Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain:

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| C1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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 19:

**20. FLOODING, DRAINAGE AND BOUNDARIES**

(A) Flooding/Drainage

- Is any part of this Property located in a wetlands area?
- Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?
- Do you maintain flood insurance on this Property?
- Are you aware of any past or present drainage or flooding problems affecting the Property?
- Are you aware of any drainage or flooding mitigation on the Property?
- 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?
- If "yes," are you responsible for maintaining or repairing that feature which conveys or manages storm water for the Property?

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A6 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| A7 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

Seller's Initials CK M/K Date \_\_\_\_\_

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

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 man-made storm water management features:

(B) Boundaries

1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property?
2. Is the Property accessed directly (without crossing any other property) by or from a public road?
3. Can the Property be accessed from a private road or lane?
  - a. If "yes," is there a written right of way, easement or maintenance agreement?
  - b. If "yes," has the right of way, easement or maintenance agreement been recorded?
4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or maintenance agreements?

|    | Yes                                 | No                                  | Unk                                 | N/A                      |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| B1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| B2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| B3 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3a | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3b | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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 "yes" answers in Section 20(B):

21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

(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?

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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?
2. If "yes," provide test date and results \_\_\_\_\_
3. Are you aware of any radon removal system on the Property?

|    | Yes                      | No                                  | Unk                      | N/A                                 |
|----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| B2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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

|    | Yes                                 | No                                  | Unk                      | N/A                      |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| C1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(D) Tanks

1. Are you aware of any existing underground tanks?
2. Are you aware of any underground tanks that have been removed or filled?

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| D1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(E) Dumping. Has any portion of the Property been used for waste or refuse disposal or storage?

If "yes," location: \_\_\_\_\_

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

(F) Other

1. Are you aware of any past or present hazardous substances on the Property (structure or soil) such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
2. Are you aware of any other hazardous substances or environmental concerns that may affect the Property?
3. If "yes," have you received written notice regarding such concerns?
4. Are you aware of testing on the Property for any other hazardous substances or environmental concerns?

|    | Yes                      | No                                  | Unk                      | N/A                      |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|
| F1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers in Section 21. Include test results and the location of the hazardous substance(s) or environmental issue(s):

22. MISCELLANEOUS

(A) Deeds, Restrictions and Title

1. Are there any deed restrictions or restrictive covenants that apply to the Property?
2. Are you aware of any historic preservation restriction or ordinance or archeological designation associated with the Property?

|    | Yes                      | No                                  | Unk                                 | N/A                      |
|----|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Seller's Initials CK MK Date \_\_\_\_\_

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

568 **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**  
 569 **Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.**

570 3. Are you aware of any reason, including a defect in title or contractual obligation such as an option  
 571 or right of first refusal, that would prevent you from giving a warranty deed or conveying title to the  
 572 Property?

|    | Yes                      | No                                  | Unk | N/A |
|----|--------------------------|-------------------------------------|-----|-----|
| A3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| B2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| B3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| C1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| C2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |
| D1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |     |     |

- 573 (B) **Financial**
- 574 1. Are you aware of any public improvement, condominium or homeowner association assessments  
 575 against the Property that remain unpaid or of any violations of zoning, housing, building, safety or  
 576 fire ordinances or other use restriction ordinances that remain uncorrected?
- 577 2. Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support  
 578 obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of  
 579 this sale?
- 580 3. Are you aware of any insurance claims filed relating to the Property during your ownership?

- 581 (C) **Legal**
- 582 1. Are you aware of any violations of federal, state, or local laws or regulations relating to this Prop-  
 583 erty?
- 584 2. Are you aware of any existing or threatened legal action affecting the Property?

- 585 (D) **Additional Material Defects**
- 586 1. Are you aware of any material defects to the Property, dwelling, or fixtures which are not dis-  
 587 closed elsewhere on this form?
- 588 *Note to Buyer: A material defect is a problem with a residential real property or any portion of it that would have a significant*  
 589 *adverse impact on the value of the property or that involves an unreasonable risk to people on the property. The fact that a*  
 590 *structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or*  
 591 *subsystem is not by itself a material defect.*
- 592 2. After completing this form, if Seller becomes aware of additional information about the Property, including through  
 593 inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the  
 594 inspection report(s). These inspection reports are for informational purposes only.

595 Explain any "yes" answers in Section 22: Selling AS IS

597 **23. ATTACHMENTS**

- 598 (A) The following are part of this Disclosure if checked:
- 599  Seller's Property Disclosure Statement Addendum (PAR Form SDA)
- 600  \_\_\_\_\_
- 601  \_\_\_\_\_
- 602  \_\_\_\_\_

603 The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to the best  
 604 of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers of the prop-  
 605 erty and to other real estate licensees. **SELLER ALONE IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMA-**  
 606 **TION CONTAINED IN THIS STATEMENT.** If any information supplied on this form becomes inaccurate following comple-  
 607 tion of this form, Seller shall notify Buyer in writing.

|            |       |      |            |
|------------|-------|------|------------|
| 608 SELLER | _____ | DATE | 03/09/2024 |
| 609 SELLER | _____ | DATE | _____      |
| 610 SELLER | _____ | DATE | _____      |
| 611 SELLER | _____ | DATE | _____      |
| 612 SELLER | _____ | DATE | _____      |
| 613 SELLER | _____ | DATE | _____      |

614 **RECEIPT AND ACKNOWLEDGEMENT BY BUYER**

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

|           |       |      |       |
|-----------|-------|------|-------|
| 619 BUYER | _____ | DATE | _____ |
| 620 BUYER | _____ | DATE | _____ |
| 621 BUYER | _____ | DATE | _____ |



RESIDENTIAL LEAD-BASED PAINT HAZARDS DISCLOSURE FORM

LPD

THIS FORM MUST BE COMPLETED FOR ANY PROPERTY BUILT PRIOR TO 1978

PROPERTY 875 School Rd.
SELLER Carl D. Kline Macklyn K. Kline

LEAD WARNING STATEMENT

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, 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 provide the Buyer with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

SELLER'S DISCLOSURE

Seller has no knowledge of the presence of lead-based paint and/or lead-based paint hazards in or about the Property.
Seller has knowledge of the presence of lead-based paint and/or lead-based paint hazards in or about the Property. (Provide the basis for determining that lead-based paint and/or hazards exist, the location(s), the condition of the painted surfaces, and other available information concerning Seller's knowledge of the presence of lead-based paint and/or lead-based paint hazards.)
Age of Buildings

SELLER'S RECORDS/REPORTS

Seller has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in or about the Property.
Seller has provided Buyer with all available records and reports regarding lead-based paint and/or lead-based paint hazards in or about the Property. (List documents):

Seller certifies that to the best of Seller's knowledge the above statements are true and accurate.

SELLER DATE
SELLER DATE
SELLER DATE

BUYER Michael R. Davis and Cindy L. Davis

DATE OF AGREEMENT 03/09/2024

BUYER'S ACKNOWLEDGMENT

Buyer has received the pamphlet Protect Your Family from Lead in Your Home and has read the Lead Warning Statement.
Buyer has reviewed Seller's disclosure of known lead-based paint and/or lead-based paint hazards and has received the records and reports regarding lead-based paint and/or lead-based paint hazards identified above.

Buyer has (initial one):

received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Buyer certifies that to the best of Buyer's knowledge the statements contained in Buyer's Acknowledgement are true and accurate.

BUYER DATE
BUYER DATE
BUYER DATE

AGENT ACKNOWLEDGEMENT AND CERTIFICATION

Agent/Licensee represents that Agent has informed Seller of Seller's obligations under the Residential Lead-Based-Paint Hazard Reduction Act, 42 U.S.C. §4852(d), and is aware of Agent's responsibility to ensure compliance.

The following have reviewed the information above and certify that the Agent statements are true to the best of their knowledge and belief.
Seller Agent and Buyer Agent must both sign this form.

BROKER FOR SELLER (Company Name)
LICENSEE DATE
BROKER FOR BUYER (Company Name)
LICENSEE DATE