

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).

1 **PROPERTY** 214 Brewster Drive, Lancaster, PA 17603

2 **SELLER** Estate of Howard L. Barron, Jr, Elizabeth Derr, Executor

INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW

3 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
4 real estate transfer must disclose all known **material defects** about the property being sold that are not readily observable. A **material defect**
5 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
6 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
7 of its normal useful life is not by itself a material defect.

8 This property disclosure statement ("Statement") includes disclosures beyond the basic requirements of the Law and is designed to assist
9 Seller in complying with disclosure requirements and to assist Buyer in evaluating the property being considered. Sellers who wish to see
10 or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statement
11 nor the basic disclosure form limits Seller's obligation to disclose a material defect.

12 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**
13 **inspections or warranties** that Buyer may wish to obtain. **This Statement is not a warranty of any kind by Seller or a warranty or rep-**
14 **resentation by any listing real estate broker, any selling real estate broker, or their licensees.** Buyer is encouraged to address concerns
15 about the condition of the Property that may not be included in this Statement.

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


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

COMMON LAW DUTY TO DISCLOSE

33 Although the provisions of the Real Estate Seller Disclosure Law exclude some transfers from the requirement of completing a disclo-
34 sure statement, the Law does not excuse the seller's common law duty to disclose any known material defect(s) of the Property in order
35 to avoid fraud, misrepresentation or deceit in the transaction. **This duty continues until the date of settlement.**

EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK

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

39  DATE 3/6/25

40 Seller's Initials ED Date 3/6/25

SPD Page 1 of 11

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? 11/2025
 56 2. By how many people? 2
 57 3. Was Seller the most recent occupant?
 58 4. If "no," when did Seller most recently occupy the Property? 12/2024

| | Yes | No | Unk | N/A |
|----|-------------------------------------|-------------------------------------|--------------------------|-----|
| A1 | | | <input type="checkbox"/> | |
| A2 | | | <input type="checkbox"/> | |
| A3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| A4 | | | <input type="checkbox"/> | |
| B1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| B2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| B3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| B4 | <input type="checkbox"/> | <input checked="" 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? JULY 2, 1998

65 (D) List any animals that have lived in the residence(s) or other structures during your ownership: _____

66 Cat, 3 dogs, 2 hamsters, 1 guinea pig, 4 pet rats

67 **Explain Section 2 (if needed):** Pet were present until 6/2022
 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 _____

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

| | 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"/> |

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| A2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| B1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| B2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

103 Seller's Initials ED Date 3/6/25

SPD Page 2 of 11

Buyer's Initials _____ Date _____

101 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
 102 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

106 Explain any "yes" answers in Section 4. Include the location and extent of any problem(s) and any repair or remediation efforts,
 107 the name of the person or company who did the repairs and the date they were done: See inspection report

108 Downspout Damaged, Exposed Spray foam - flashing

109 **5. BASEMENTS AND CRAWL SPACES**

110 (A) Sump Pump

- 111 1. Does the Property have a sump pit? If "yes," how many? _____
 112 2. Does the Property have a sump pump? If "yes," how many? _____
 113 3. If it has a sump pump, has it ever run?
 114 4. If it has a sump pump, is the sump pump in working order?

115 (B) Water Infiltration

- 116 1. Are you aware of any past or present water leakage, accumulation, or dampness within the base-
 117 ment or crawl space?
 118 2. Do you know of any repairs or other attempts to control any water or dampness problem in the
 119 basement or crawl space?
 120 3. Are the downspouts or gutters connected to a public sewer system?

121 Explain any "yes" answers in Section 5. Include the location and extent of any problem(s) and any repair or remediation efforts,
 122 the name of the person or company who did the repairs and the date they were done: _____
 123 _____
 124 _____

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

126 (A) Status

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

130 (B) Treatment

- 131 1. Is the Property currently under contract by a licensed pest control company?
 132 2. Are you aware of any termite/pest control reports or treatments for the Property?

133 Explain any "yes" answers in Section 6. Include the name of any service/treatment provider, if applicable: _____
 134 _____
 135 _____

136 **7. STRUCTURAL ITEMS**

137 (A) Are you aware of any past or present movement, shifting, deterioration, or other problems with walls,
 138 foundations or other structural components?

139 (B) Are you aware of any past or present problems with driveways, walkways, patios or retaining walls on
 140 the Property? Driveway cracking, see inspection report

141 (C) Are you aware of any past or present water infiltration in the house or other structures, other than the
 142 roof(s), basement or crawl space(s)?

143 (D) Stucco and Exterior Synthetic Finishing Systems

- 144 1. Is any part of the Property constructed with stucco or an Exterior Insulating Finishing System
 145 (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stone?
 146 2. If "yes," indicate type(s) and location(s) _____
 147 3. If "yes," provide date(s) installed _____

148 (E) Are you aware of any fire, storm/weather-related, water, hail or ice damage to the Property?

149 (F) Are you aware of any defects (including stains) in flooring or floor coverings?

150 Explain any "yes" answers in Section 7. Include the location and extent of any problem(s) and any repair or remediation efforts,
 151 the name of the person or company who did the repairs and the date the work was done: See inspection report

152 Stain on carpet, Bathroom Vinyl Scorched, Kitchen vinyl peeling, Hall carpet pulling

153 **8. ADDITIONS/ALTERATIONS**

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

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

164 Seller's Initials EO Date 3/6/25

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.

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

☐ A sheet describing other additions and alterations is attached.

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

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

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

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

9. WATER SUPPLY

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

1. Public
2. A well on the Property
3. Community water
4. A holding tank
5. A cistern
6. A spring
7. Other
8. If no water service, explain:

(B) **General**

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

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

1. Does your water source have a bypass valve?
2. If "yes," is the bypass valve working?

(D) **Well**

1. Has your well ever run dry?
2. Depth of well
3. Gallons per minute: , measured on (date)
4. Is there a well that is used for something other than the primary source of drinking water? If "yes," explain
5. If there is an unused well, is it capped?

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

Seller's Initials ED Date 3/6/25

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.

(E) Issues

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

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:

See inspection report

| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

10. SEWAGE SYSTEM

(A) General

- Is the Property served by a sewage system (public, private or community)?
- If "no," is it due to unavailability or permit limitations?
- When was the sewage system installed (or date of connection, if public)?
- Name of current service provider, if any: Suburban Lancaster Sewer Authority PA

(B) Type Is your Property served by:

- Public
- Community (non-public)
- An individual on-lot sewage disposal system
- Other, explain:

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

- Is your sewage system within 100 feet of a well?
- Is your sewage system subject to a ten-acre permit exemption?
- Does your sewage system include a holding tank?
- Does your sewage system include a septic tank?
- Does your sewage system include a drainfield?
- Does your sewage system include a sandmound?
- Does your sewage system include a cesspool?
- Is your sewage system shared?
- Is your sewage system any other type? Explain:
- Is your sewage system supported by a backup or alternate system?

(D) Tanks and Service

- Are there any metal/steel septic tanks on the Property?
- Are there any cement/concrete septic tanks on the Property?
- Are there any fiberglass septic tanks on the Property?
- Are there any other types of septic tanks on the Property? Explain
- Where are the septic tanks located?
- When were the tanks last pumped and by whom?

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

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

(F) Sewage Pumps

- Are there any sewage pumps located on the Property?
- If "yes," where are they located?
- What type(s) of pump(s)?
- Are pump(s) in working order?
- Who is responsible for maintenance of sewage pumps?

(G) Issues

- How often is the on-lot sewage disposal system serviced?
- When was the on-lot sewage disposal system last serviced and by whom?
- Is any waste water piping not connected to the septic/sewer system?
- 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 |
|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 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 type="checkbox"/> | <input type="checkbox"/> |
| B1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| C1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| D6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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"/> |
| F1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F5 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| G3 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Check yes, no, unknown (unk) or not applicable (N/A) for each question. Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

Explain any "yes" answers in Section 10. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:

Property is served by Public Sewage system

11. PLUMBING SYSTEM

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

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

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

If "yes," explain: See inspection report faucet needs replaced, tub surround past useful life

| | 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 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. DOMESTIC WATER HEATING

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

1. Electric
2. Natural gas
3. Fuel oil
4. Propane
- If "yes," is the tank owned by Seller?
5. Solar
- If "yes," is the system owned by Seller?
6. Geothermal
7. Other

(B) System(s)

1. How many water heaters are there? 1
Tanks 1 Tankless
2. When were they installed?
3. Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)?

(C) Are you aware of any problems with any water heater or related equipment?

If "yes," explain: See inspection report Cold water shut off missing Corrosion at supply fittings
TPR Discharge pipe missing

| | Yes | No | Unk | N/A |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| A1 | <input checked="" type="checkbox"/> | <input 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"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. HEATING SYSTEM

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

1. Electric
2. Natural gas
3. Fuel oil
4. Propane
- If "yes," is the tank owned by Seller?
5. Geothermal
6. Coal
7. Wood
8. Solar shingles or panels
- If "yes," is the system owned by Seller?
9. Other:

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

1. Forced hot air
2. Hot water
3. Heat pump
4. Electric baseboard
5. Steam
6. Radiant flooring
7. Radiant ceiling

| | Yes | No | Unk | N/A |
|----|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| A1 | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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"/> |

Seller's Initials ED Date 3/6/25

Buyer's Initials Date

131 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
135 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

| | Yes | No | Unk | N/A |
|------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 136 8. Pellet stove(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137 How many and location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 138 9. Wood stove(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 139 How many and location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 140 10. Coal stove(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 141 How many and location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 142 11. Wall-mounted split system(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 143 How many and location? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 144 12. Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 145 13. If multiple systems, provide locations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 146 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 147 (C) Status | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 148 1. Are there any areas of the house that are not heated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 149 If "yes," explain: <u>see inspection report : Basement</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 150 2. How many heating zones are in the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 151 3. When was each heating system(s) or zone installed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 152 4. When was the heating system(s) last serviced? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 153 5. Is there an additional and/or backup heating system? If "yes," explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 154 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 155 6. Is any part of the heating system subject to a lease, financing or other agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 156 If "yes," explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 157 (D) Fireplaces and Chimneys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 158 1. Are there any fireplaces? How many? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 159 2. Are all fireplaces working? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 160 3. Fireplace types (wood, gas, electric, etc.): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 161 4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 162 5. Are there any chimneys (from a fireplace, water heater or any other heating system)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 163 6. How many chimneys? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 164 7. When were they last cleaned? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 165 8. Are the chimneys working? If "no," explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 166 (E) Fuel Tanks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 167 1. Are you aware of any heating fuel tank(s) on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 168 2. Location(s), including underground tank(s): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 169 3. If you do not own the tank(s), explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 170 (F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes," | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 171 explain: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 172 14. AIR CONDITIONING SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 173 (A) Type(s). Is the air conditioning (check all that apply): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 174 1. Central air | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 175 a. How many air conditioning zones are in the Property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 176 b. When was each system or zone installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 177 c. When was each system last serviced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 178 2. Wall units | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 179 How many and the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 180 3. Window units | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 181 How many? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 182 4. Wall-mounted split units | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 183 How many and the location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 184 5. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 185 6. None | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 186 (B) Are there any areas of the house that are not air conditioned? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 187 If "yes," explain: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 188 (C) Are you aware of any problems with any item in Section 14? If "yes," explain: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 189 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

190 Seller's Initials ED Date 3/6/25

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.

15. ELECTRICAL SYSTEM

(A) Type(s)

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

(B) What is the system amperage? 200 Amp

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

(D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: See inspection report shared electrical wires, non compatible breakers, GFCI outlet protection missing

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

16. OTHER EQUIPMENT AND APPLIANCES

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

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

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwasher | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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"/> |

(C) Explain any "yes" answers in Section 16: See inspection report

17. POOLS, SPAS AND HOT TUBS

(A) Is there a swimming pool on the Property? If "yes,"

1. Above-ground or in-ground?
2. Saltwater or chlorine?
3. If heated, what is the heat source?
4. Vinyl-lined, fiberglass or concrete-lined?
5. What is the depth of the swimming pool?
6. Are you aware of any problems with the swimming pool?
7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder, lighting, pump, etc.)?

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

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

(C) Explain any problems in Section 17:

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

Seller's Initials ED Date 3/6/23

SPD Page 8 of 11

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?

(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: See inspection report Failed Seal on thermal pane, windowsills wood scratched up

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

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?

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:

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:

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:

| | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| A5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | 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"/> |

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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Seller's Initials ED Date 3/6/25

SPD Page 9 of 11

Buyer's Initials _____ Date _____

309 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
310 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

311 Explain any "yes" answers in Section 20(A). Include dates, the location and extent of flooding and the condition of any man-
312 made storm water management features: _____
313

314 (B) Boundaries

- 315 1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property?
316 2. Is the Property accessed directly (without crossing any other property) by or from a public road?
317 3. Can the Property be accessed from a private road or lane?
318 a. If "yes," is there a written right of way, easement or maintenance agreement?
319 b. If "yes," has the right of way, easement or maintenance agreement been recorded?
320 4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or mainte-
321 nance 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ba | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

322 *Note to Buyer: Most properties have easements running across them for utility services and other reasons. In many cases, the ease-
323 ments do not restrict the ordinary use of the property, and Seller may not be readily aware of them. Buyers may wish to determine
324 the existence of easements and restrictions by examining the property and ordering an Abstract of Title or searching the records in
325 the Office of the Recorder of Deeds for the county before entering into an agreement of sale.*

326 Explain any "yes" answers in Section 20(B): Property is attached semi to property next to it
327

328 21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

329 (A) Mold and Indoor Air Quality (other than radon)

- 330 1. Are you aware of any tests for mold, fungi, or indoor air quality in the Property?
331 2. Other than general household cleaning, have you taken any efforts to control or remediate mold or
332 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

333 *Note to Buyer: Individuals may be affected differently, or not at all, by mold contamination. If mold contamination or indoor air
334 quality is a concern, buyers are encouraged to engage the services of a qualified professional to do testing. Information on this
335 issue is available from the United States Environmental Protection Agency and may be obtained by contacting IAQ INFO, P.O. Box
336 37133, Washington, D.C. 20013-7133, 1-800-438-4318.*

337 (B) Radon

- 338 1. Are you aware of any tests for radon gas that have been performed in any buildings on the Property?
339 2. If "yes," provide test date and results _____
340 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| B3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

341 (C) Lead Paint

342 If the Property was constructed, or if construction began, before 1978, you must disclose any knowl-
343 edge of, and records and reports about, lead-based paint on the Property on a separate disclosure form.

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

| | 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"/> |

347 (D) Tanks

- 348 1. Are you aware of any existing underground tanks?
349 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"/> |

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

351 If "yes," location: _____

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

352 (F) Other

- 353 1. Are you aware of any past or present hazardous substances on the Property (structure or soil)
354 such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
355 2. Are you aware of any other hazardous substances or environmental concerns that may affect the
356 Property?
357 3. If "yes," have you received written notice regarding such concerns?
358 4. Are you aware of testing on the Property for any other hazardous substances or environmental
359 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| F4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

362 22. MISCELLANEOUS

363 (A) Deeds, Restrictions and Title

- 364 1. Are there any deed restrictions or restrictive covenants that apply to the Property?
365 2. Are you aware of any historic preservation restriction or ordinance or archeological designation
366 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"/> |

367 Seller's Initials ED Date 3/6/25

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.

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

(B) Financial

1. Are you aware of any public improvement, condominium or homeowner association assessments against the Property that remain unpaid or of any violations of zoning, housing, building, safety or fire ordinances or other use restriction ordinances that remain uncorrected?

2. Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of this sale?

3. Are you aware of any insurance claims filed relating to the Property during your ownership?

(C) Legal

1. Are you aware of any violations of federal, state, or local laws or regulations relating to this Property?

2. Are you aware of any existing or threatened legal action affecting the Property?

(D) Additional Material Defects

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

Note to Buyer: A material defect is a problem with a residential real property or any portion of it that would have a significant adverse impact on the value of the property or that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or subsystem is not by itself a material defect.

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

Explain any "yes" answers in Section 22: See inspection report counter laminate defects, cabinets past useful life exterior door rust, door damage, paint needed, new post lose holes in ceiling walls, interior needs cleaned inside

23. ATTACHMENTS

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

☐ Seller's Property Disclosure Statement Addendum (PAR Form SDA)

☐ _____
☐ _____
☐ _____

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

| | | | |
|--------|---------------------------|------|----------------|
| SELLER | <u>Elisabeth Dan</u> exec | DATE | <u>3/10/25</u> |
| SELLER | | DATE | |
| SELLER | | DATE | |
| SELLER | | DATE | |
| SELLER | | DATE | |
| SELLER | | DATE | |

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