



# SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER



Date Prepared: 08/02/2024

Seller's Name(s): Eugene Van Schaick

Patricia Van Schaick

Physical Property Address: 2234 Common Road  
Street

Waitsfield  
City/Town

Type of Property:  Single Family Residence  Multi-Family Residence (duplex, triplex, etc.)  
 Condominium/Townhouse  Land Only  Commercial

Use of Property:  Primary Residence  Vacation Property  Rental Property  Other: \_\_\_\_\_

**INTRODUCTION:** This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

**INSTRUCTIONS TO SELLER:** (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

**THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.  
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).**

## 1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

|     |                                                                                                                                                                                                                                                                                              |                                         |                                        |                                     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (a) | Has any fill or off-site material been placed on the Property?                                                                                                                                                                                                                               | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (b) | Do you know of any sliding, settling, subsidence, earth movement, upheaval or earth stability problems that have affected the Property?                                                                                                                                                      | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (c) | Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?                                                                                                              | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (d) | Do you know of any past or present drainage, high water table, or flood problems affecting the Property?                                                                                                                                                                                     | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (e) | Is the Property served by a road maintained by the municipality?                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (f) | If the answer to (e) above is "No," how is the road serving the property maintained?<br><input type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Shared Driveway<br>Other (explain): _____<br>Annual Cost(s): _____ |                                         |                                        |                                     |
| (g) | Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?                                                                                                                                                                         | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

Seller's Initials

Purchaser's Initials



|     |                                                                                                                                                                                                                  |                                         |                                        |                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------------------------|
| (h) | Are there currently any underground fuel storage tanks on the Property?<br>If "Yes," Fuel Type: <u>PROPANE FOR EXISTING BOILER SYSTEM</u>                                                                        | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW            |
| (i) | Have there been any underground fuel storage tanks on the Property in the past?<br>If "Yes," have they been removed? _____<br>When? _____ By whom? _____                                                         | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW            |
| (j) | Do you know the location of the boundary lines of the Property?                                                                                                                                                  | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW            |
| (k) | Are the boundary lines of the Property marked in any way?<br>If "Yes," how are they marked? _____                                                                                                                | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW            |
| (l) | Has the Property been surveyed?<br>If "Yes," when? _____ By whom? _____                                                                                                                                          | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW            |
| (m) | Are copies of any of the following available? <input type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input checked="" type="checkbox"/> Tax Map<br><input type="checkbox"/> Subdivision Plan/Sketch | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW            |
| (n) | Are there any easements or rights of way affecting the Property?                                                                                                                                                 | <input type="checkbox"/> YES            | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> DON'T KNOW |
| (o) | Are there any boundary line disputes, claims of adverse possession, encroachments,<br>or zoning set back violations affecting the Property?                                                                      | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW            |

Further explanation of any of the above:

## 2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

### HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                        |                                     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------|
| (a) | <b>Heating System (check all that apply):</b> <input checked="" type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input checked="" type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct <input type="checkbox"/> Vent <input type="checkbox"/> Steam<br>Other (explain): _____ Age of Furnace/Boiler: 2015 <input type="checkbox"/> Don't Know<br>Primary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal<br><input type="checkbox"/> Other (explain) _____<br>Primary Annual Fuel Usage: <u>1 CORD</u> Gallons (or other measure) Date Range _____ Provider: _____<br>Secondary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal<br><input type="checkbox"/> Other (explain) _____<br>Secondary Annual Fuel Usage: _____ Gallons (or other measure) Date Range _____ Provider: _____<br>If propane, who owns propane tank? <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Propane Supplier <input type="checkbox"/> Association<br>Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally <i>Fuel consumption may vary by user, number of occupants and weather conditions.</i> |                              |                                        |                                     |
| (b) | <b>Air Conditioning:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe type and number of units (central, heat pump, window, etc.) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                        |                                     |
| (c) | <b>Hot Water System (check all that apply):</b> <input type="checkbox"/> Hot Water Tank <input checked="" type="checkbox"/> Domestic/Off Boiler <input checked="" type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater<br>Age of Hot Water System: 2015 <input type="checkbox"/> Don't Know<br>Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____<br>Hot Water Tank is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                                        |                                     |
| (d) | <b>Alternative Energy System(s) (check all that apply):</b> <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown<br>Energy returned to grid: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Owned or Leased: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                     |
| (e) | <b>Electrical System:</b> Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) _____<br>Annual electricity usage: \$ _____ Date Range: _____ Electric utility provider: <u>Green Mtn Power</u><br>Property used: <input checked="" type="checkbox"/> Full <input type="checkbox"/> Time Seasonally <i>Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions.</i><br>Main Breaker Amperes: <u>200</u> _____ Amps <input type="checkbox"/> Don't Know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                        |                                     |
| (f) | Has a Vermont Home Energy Profile been created?<br>If yes, when? _____ By whom? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (g) | Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                        |                                     |

Seller's Initials

PVS EVS

Purchaser's Initials



**TELEPHONE/INTERNET/TELEVISION**

|     |                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (h) | Is landline telephone service present at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: _____                                                                                                                                                                                                                                                  |
| (i) | Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: _____                                                                                                                                                                                                                                        |
| (j) | Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: Waitsfield Telecom<br>If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input checked="" type="checkbox"/> Fiber Optic |
| (k) | Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: Waitsfield Telecom<br>If "Yes," source is: <input type="checkbox"/> Antenna <input type="checkbox"/> Cable <input type="checkbox"/> Satellite <input type="checkbox"/> DSL <input checked="" type="checkbox"/> Fiber Optic                                   |

**OTHER EQUIPMENT AND APPLIANCES**

(l) Check the items that will be **included** in the sale of the Property:

Electric Garage Door Opener - Number of Transmitters 1  Security Alarm System  Owned  Leased

Humidifier  Dehumidifier  Lawn Sprinklers  Automatic Timer  Smoke Detectors - How Many? 4

Whirlpool Bath  Swimming Pool  Pool Heater  Spa/Hot Tub

Pool/Spa Equipment (list): \_\_\_\_\_  Refrigerator  Stove  Hood/Fan  Microwave Oven

Dishwasher  Garbage Disposal  Trash Compactor  Washer  Dryer  Central Vacuum  Freezer

Intercom  Ceiling Fans  Woodstove  Sump Pump  Well Pump  Satellite Dish  Indoor/Outdoor Grill

Attic Fan(s)  Window A/C  Mini Split  Compost Bin

Wood/Gas/Pellet/Other Stove (describe): Wood Stove in Basement

OTHER: \_\_\_\_\_

List additional equipment and appliances, including any AC units, that will be **excluded** from the sale of the Property:  
Window AC not included

Are any of the items that will be included in the sale of the Property in need of repair or replacement?  YES  NO  
If "yes", explain in detail: \_\_\_\_\_

**3. STRUCTURAL COMPONENTS**

Type of construction (check all that apply)

Manufactured  Modular  Wood Frame  Other (describe): \_\_\_\_\_

Age of Building(s): Main Bldg. 54 Additions to Main Bldg. 34 Additional Building(s): (a) \_\_\_\_\_ (b) \_\_\_\_\_

Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property?  Yes  No  
If "Yes," please explain:  
Garage & Deck

If "yes," did you obtain all necessary permits and approvals for such work?  Yes  No  Don't know

Check any of the following items that have significant defects or malfunctions or that need significant repair:

Foundation  Slab  Chimney  Fireplace  Interior Walls  Ceilings  Floors  Windows  Doors

Storms/Screens  Exterior Walls  Driveway  Sidewalks  Pool  Roof  Outside Retaining Walls

Other Structures/Components: \_\_\_\_\_

If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair: \_\_\_\_\_

Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides?  
 YES  NO  DON'T KNOW If "Yes," explain in detail, including any repairs: \_\_\_\_\_

Seller's Initials DVS EVS

Purchaser's Initials



**BASEMENT/CELLAR/CRAWL SPACE:**

Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space?  YES  NO  
If "Yes," explain in detail: \_\_\_\_\_

Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space?  YES  NO  DON'T KNOW If "Yes," explain in detail, including any repairs: \_\_\_\_\_

Are any of the above recurring problems?  YES  NO If "Yes," what are the problems and how often have they recurred? \_\_\_\_\_

**ROOF:**  Shingle  Slate  Metal  Tile  Other (describe) \_\_\_\_\_  Don't Know  
Approximate age of roof? 9 years

Has the roof ever leaked since you have owned the Property?  YES  NO  DON'T KNOW  
If "Yes," explain: \_\_\_\_\_

Has the roof been replaced or repaired since you have owned the Property?  YES  NO  DON'T KNOW  
If "Yes," when? 2015

Are there any current problems with the roof?  YES  NO  DON'T KNOW  
If "Yes," explain: \_\_\_\_\_

**4. WATER SUPPLY**

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. *Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a potable water supply that is not served by a public water system shall provide the Purchaser with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.*

**TYPE OF WATER SYSTEM** The Property is connected to and serviced by (check all applicable boxes):

Public or Municipal  Community  Private  Shared  Driven Point Well  On-site  Off-site  
 Drilled Well  Dug Well  Spring  Lake/Pond  None  Don't Know  Other

Water System Features:  Cistern/Reservoir/Holding Tank  Water Softener/Conditioner  Reverse Osmosis  
 Infrared Light  Ultraviolet  Other: \_\_\_\_\_  None  Don't Know

Water Pipes are:  Copper  Galvanized  Metal Lead  PVC (Plastic)  Combination  Don't Know

Age of Water System: +/- 10 yrs

If Drilled Well: Drilled by: HA Manosh Tag #: no tag Depth: 55'

Gallons Per Minute (at time of driller's report): \_\_\_\_\_ Date of driller's report: \_\_\_\_\_

What is the annual cost for municipal water \$0.00 Date Range: \_\_\_\_\_ Metered  YES  NO

**CONDITION OF WATER AND WATER SYSTEM**

Has the water been tested for coliform bacteria?  YES  NO  DON'T KNOW

If "Yes," when? originally 1970 By whom? Manosh Results: none

Has any other water quality or water chemistry testing been done?  YES  NO  DON'T KNOW

If "Yes," when? \_\_\_\_\_ By whom? \_\_\_\_\_ Results: \_\_\_\_\_

Water softener  YES  NO If "Yes,"  Own  Rent If rented, from whom: \_\_\_\_\_

Are you aware of low pressure in your water system?  YES  NO

Has your water supply ever run out or run low?  YES  NO If "Yes," describe: \_\_\_\_\_

Does the water have any odor, bad taste, cloudiness or discoloration?  YES  NO If "Yes," describe in detail: \_\_\_\_\_

Mitigated w/ Softener system

Describe in detail any other problems you have had with your water system, including water quality or quantity:  
none - annual service contract with Rainsoft rep.

Seller's Initials PJS EKS

Purchaser's Initials









|     |                                                                                                                                                                                                                                                                                                        |                                         |                                        |                                     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------|
| (j) | Has the Property been tested for Radon Gas?<br>If "Yes," when? <u>2015</u> By whom? <u>Building Perf. Svs.</u> Results: <u>Added mitigatio</u>                                                                                                                                                         | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO            | <input type="checkbox"/> DON'T KNOW |
| (k) | Has paint containing lead been used on the Property?                                                                                                                                                                                                                                                   | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (l) | Does the Property have evidence of mold?<br>If "Yes," what has been done about the mold?                                                                                                                                                                                                               | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (m) | Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail: | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO |                                     |
| (n) | Is there any infestation by pests that affect the property? If "Yes," explain:                                                                                                                                                                                                                         | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (o) | Do you have any knowledge of any damage to the Property caused by pests?                                                                                                                                                                                                                               | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (p) | Is the Property currently under warranty or other coverage by a pest control company?                                                                                                                                                                                                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (q) | Do you know of any termite/pest control reports or treatments for the Property in the last five years?                                                                                                                                                                                                 | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (r) | Does the Property have any audio and/or video surveillance or recording equipment?<br>If Yes, will said equipment be active during showings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  | <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (s) | Further explanation of answers to any of the above:                                                                                                                                                                                                                                                    |                                         |                                        |                                     |

### 7. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS

|                                          |                                                                                                                                                                                                                                                                                                        |                              |                             |                                     |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| (a)                                      | Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?                                                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                                     |
| (b)                                      | Is there any defect, damage, or problem with any common elements or common areas?<br>If "Yes," describe below.                                                                                                                                                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (c)                                      | Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.                                                                                                                                                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (d)                                      | Are pets allowed? If yes, what is allowed?                                                                                                                                                                                                                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (e)                                      | Are there any rental restrictions?                                                                                                                                                                                                                                                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                                     |
| (f)                                      | Are there any homeowners' association dues associated with the Property?<br>If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly                                                                                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                                     |
| (g)                                      | Are there any special assessments on the Property?<br>If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly<br>Purpose of special assessments: _____<br>Years or term remaining on any outstanding special assessments: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                                     |
| (h)                                      | Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.                                                                                                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (i)                                      | Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.                                                                                                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| (j)                                      | Contact person/manager for condominium/homeowner association: Name: _____<br>Phone number/e-mail _____                                                                                                                                                                                                 |                              |                             |                                     |
| Further explanation of any of the above: |                                                                                                                                                                                                                                                                                                        |                              |                             |                                     |

Seller's Initials

DS EVS

Purchaser's Initials

**IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY?** (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

YES  NO  DON'T KNOW OF ANYTHING ELSE. If "Yes," explain:

SELLER'S STATEMENT: Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. IN DELIVERING THIS REPORT TO A BUYER OR PROSPECTIVE BUYER, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY, THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY OR ANY OF THE INFORMATION PROVIDED IN THIS REPORT BY SELLER OR THAT THEY HAVE VERIFIED THE INFORMATION PROVIDED IN THIS REPORT BY THE SELLER. Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION. HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.

Seller:  (Signature) (Date)

Purchaser:  (Signature) (Date)

Seller:  (Signature) (Date)

Purchaser:  (Signature) (Date)

Seller:  (Signature) (Date)

Purchaser:  (Signature) (Date)

Seller:  (Signature) (Date)

Purchaser:  (Signature) (Date)

