



# RHODE ISLAND SINGLE FAMILY OR CONDOMINIUM REAL ESTATE SALES DISCLOSURE FORM

Rhode Island Association of REALTORS®



## SELLER

DATE 08/13/2025 PROPERTY ADDRESS 125 Dexter Lane  
Scituate, RI 02857

Seller: Matthew Blair, Elisabeth Blair

Current Address: 331 Elmwood Rd  
NORTH Scituate RI 02857

Seller has occupied subject property? ☒ Yes ☐ No If yes, number of years and when: 2014 - 2022

Pursuant to R.I.G.L. Section 5-20.8-2 "Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." It is recommended that, if selling a multi-unit property, Seller use the multi-unit sales disclosure and accompanying multi-unit addenda.

## STATEMENT

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the following property information is accurate, true and complete to the best of his/her knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all related transactions may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Listing Licensee(s) for such advice. Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.

## GENERAL DISCLAIMER

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

## STRUCTURE

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built 1951 Addition(s): RCAR ADDITION Year(s): 2020

2. Roof (Shingles)  
Age: 10 yrs # of Layers: 1 Previous Repairs: NONE  
Known Defects: NONE

3. Fireplaces  
# 2 # Working: 2 Maintenance History: AS NEEDED

4. Wood/Coal/Gas/Pellet Stove(s)  
☒ Yes ☐ No If yes, Type GAS + WOOD When installed? 6/15/2020 WOOD/2015 (IN BASEMENT)  
Permit received? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ No

5. Heating System  
System Type: OIL/HYDRONIC Age: CIRCA 1970 Fuel Type: OIL Number of zones: 2  
Size of onsite storage tank: 275 gal Owned by: ☐ Fuel Provider ☒ Seller  
Supplemental heating? ☒ Yes ☐ No ☐ Unknown If yes, type? GAS FP in ADD'N Do any defects/malfunctions exist? ☐ Yes (Explain) ☒ No ☐ Unknown

Modifications? ☐ Yes (Explain) ☒ No ☐ Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other]

Underground tank on property? ☐ Yes ☒ No ☐ Unknown

a. Tank in use? ☐ Yes ☐ No ☐ Unknown Tested? ☐ Yes ☐ No ☐ Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
Owned \_\_\_\_\_ Leased \_\_\_\_\_ Terms of Lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_  
Copy of lease available? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ No

b. Tank closed? ☐ Yes ☐ No ☐ Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
Tank filled? ☐ Yes ☐ No ☐ Unknown If yes, documentation available.  
Tank removed? ☐ Yes ☐ No ☐ Unknown If yes, documentation available.

7. Domestic Hot Water  
Heating Source: ELECTRIC HEAT PUMP If a separate tank, capacity: 50 gal. Age 5 yrs  
Tank rented? ☐ Yes ☒ No If yes, Company rented from \_\_\_\_\_  
Known Defects: NONE

BUYER'S INITIALS

SELLER'S INITIALS MB/EB

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**8. Plumbing**Type Copper ☒ Galvanized ☐ PVC ☒ Mixed ☐ None ☐ Other ☐ Unknown ☐Do any defects/malfunctions exist? ☐ Yes (Explain) NONE☒ No ☐ UnknownModifications? ☒ Yes (Explain) ALL NEW PLUMBING IN 2015 / PRIMARY IS PEX☐ No ☐ Unknown**9. Electrical Service**Fuses NONE Circuit Breakers YES Amps 150 Unknown ☐Type: Aluminum Wiring ☐ Knob & Tube ☐ BX Cable ☐ Romex ☒ Other ☐ Unknown ☐Do any defects/malfunctions exist? ☐ Yes (Explain) NONE☒ No ☐ UnknownModifications? ☒ Yes (Explain) ALL NEW ELECTRIC IN 2015☐ No ☐ Unknown**10. Solar Equipment/System**☐ Yes ☒ No ☐ Unknown Age: 10 yrs / 2015 Type of System: ☐ Space Heating ☐ Electrical ☐ Water Heating ☐ Unknown☐ Other (please specify) \_\_\_\_\_Owned ☐ Leased ☐ Terms of lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_Copy of lease available? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ No Operational? ☐ Yes ☐ No ☐ Unknown**11. Air Conditioning**☒ Yes ☐ No ☐ Unknown Age: 10 yrs / 2015Type of System: ☒ Central Air: Number of Zones 2 ☐ Ductless ☐ Window Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_☐ Built in Wall Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_Location \_\_\_\_\_ Maintenance History YEARLY MAINT. COMPLETEDDo any defects/malfunctions exist? ☐ Yes (Explain) NONE☒ No ☐ UnknownModifications? ☐ Yes (Explain) NEW IN 2015☐ No ☐ Unknown**12. Insulation**Wall: ☒ Yes ☐ No ☐ Unknown Type R-13 Ceiling: ☒ Yes ☐ No ☐ Unknown Type R value to codeFloor: ☐ Yes ☒ No ☐ Unknown Type \_\_\_\_\_ Ureaformaldehyde Insulation: ☐ Yes ☒ No ☐ Unknown

Additional Structural Information (Attach additional sheets if necessary.)

**UTILITIES****13. Sewer, Septic and Other Wastewater Disposal Systems**Type in Use: ☒ Private ☐ Public ☐ BothPublic System: Is it connected? ☐ Yes ☐ No If not, is sewer available? ☐ Yes ☒ No ☐ UnknownOutstanding Assessment? ☐ Yes ☒ No Minimum Annual Fee: \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_Is Seller aware of any sewer backup or failure? ☐ Yes ☒ No ☐ Unknown If yes, please explain. \_\_\_\_\_Sewer line maintenance and repair history (i.e. snaking, scoping): NONEPrivate System: (check all that apply), ☒ Cesspool ☐ Septic: ☒ Leach field ☐ Gallies ☐ Denitrification System ☐ Unknown☐ Other \_\_\_\_\_OWTS Design (DEM approved # of Bedrooms): \_\_\_\_\_ Copy Available? ☐ Yes ☒ NoCopy attached? ☐ Yes ☒ NoLocation: REAR OF HOUSE / COVER IS VISIBLE Date installed: UNKMaintenance Requirements (State/Local): NONE KNOWNSanitation Company used: SITUATE CESSPOOLLast pumped: 2024 Other Connections (Drywell, etc.): \_\_\_\_\_Is Seller aware of any backup or failure? ☐ Yes ☒ No ☐ Unknown If yes, please explain. \_\_\_\_\_

OWTS maintenance and repair history: \_\_\_\_\_

Is the System shared? ☐ Yes ☒ No ☐ Unknown If yes, please explain. \_\_\_\_\_Sewage Pumps? ☐ Yes ☒ No ☐ Unknown If yes, Type: ☐ Macerator/Grinder Pump ☐ Ejector Pump ☐ Both ☐ Unknown

Location: \_\_\_\_\_

Maintenance History (Any Failure): \_\_\_\_\_

"Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

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#### 14. Water System

☐ Public Filtration System? ☐ Yes ☐ No

☒ Private If private, "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health." "The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."

"If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3."

☐ Dug Well or ☒ Drilled Well? Depth: 200' Location: FRONT OF HOUSE

Well water inspection certificate available? ☒ Yes ☐ No Copy attached? ☒ Yes ☐ No

Water Quality Problems? ☐ Yes ☒ No If yes, explain \_\_\_\_\_

Whole House Filtration System? ☒ Yes ☐ No Rented? ☐ Yes ☒ No Terms of lease (\$ per month or year) \_\_\_\_\_

Duration of Lease \_\_\_\_\_

Treatment System? ☐ Yes ☒ No Rented? ☐ Yes ☒ No Terms of lease (\$ per month or year) \_\_\_\_\_

Duration of Lease \_\_\_\_\_

Additional Utilities Information (Attach additional sheets if necessary.)

NEW WELL DATED AUGUST 2025

#### MUNICIPAL INFORMATION

##### 15. Real Estate Property Tax

\$ 7414.12 for fiscal/calendar year ending 2025 Tax Rate: \$17.32 Current Exemptions: FARM FOREST,

##### 16. Municipal Fire District Tax

Name of Fire District NOT APPLICABLE / NO FIRE TAX ADD'L FOR LAND

\$ 0 for fiscal/calendar year ending \_\_\_\_\_ Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

##### 17. Easements/Encroachments

Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.

Does Seller have a copy of any surveys in his/her possession? ☒ Yes ☐ No ☐ Unknown Copy attached? ☒ Yes ☐ No

Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property? ☒ Yes ☐ No ☐ Unknown

If yes, describe RI ENERGY EASEMENT DATING TO 1940'S FIRE POWER LINES

Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?

☐ Yes ☒ No ☐ Unknown Copy attached? ☐ Yes ☒ No

Does Seller have any knowledge of Encroachments? ☐ Yes ☒ No ☐ Unknown If yes, describe \_\_\_\_\_

##### 18. Deed

Type of deed to be conveyed ☒ Warranty ☐ Quitclaim ☐ Trustee's ☐ Foreclosure ☐ Collector's ☐ Executor's

☐ Other \_\_\_\_\_ Number of parcels conveying: 1

##### 19. Zoning/Historical

"Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."

Classification: \_\_\_\_\_

Have you applied for or been granted a special use permit for this property? ☐ Yes ☒ No

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

Is the current use a permitted use under the current zoning regulations? ☒ Yes ☐ No ☐ Unknown

If no, explain: \_\_\_\_\_

Is the current use non-conforming in any other way? ☐ Yes ☒ No ☐ Unknown

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

Is this property located in a historic district? ☐ Yes ☒ No ☐ Unknown Historic restrictions? ☐ Yes ☒ No ☐ Unknown

##### 20. Property Restrictions

Are there any recorded Property restrictions? ☐ Yes (Explain) NO ☒ No ☐ Unknown

Type of Restriction: ☐ Deed ☐ Subdivision Copy attached? ☐ Yes ☐ No

##### 21. Building Permits

Have building permits been obtained for all required construction and/or renovation while you have owned the property? ☐ Yes ☒ No

If no, explain: PERMITS NOT PULLED BUT ALL WORK MEETS/EXCEEDS CODE

If yes, has final approval been obtained? ☐ Yes ☒ No

**22. Building Code/Minimum Housing**Outstanding Violations for which you have been cited while you have owned this property (attach copy) NONE**23. Flood Plain**Is the property located in a flood plain? ☐ Yes ☐ No ☐ Unknown Is there flood insurance on the property? ☐ Yes ☒ NoIs there an Elevation Certificate? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ NoIs there a Letter of Map Amendment (LOMA)? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

**24. Wetlands**

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.

Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp?

☐ Yes (Explain) \_\_\_\_\_☒ No ☐ Unknown Copy attached? ☐ Yes ☒ No**25. Farms**

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

**26. Shoreline Access**

"Members of the public shall have the right to access shoreline property as defined in § 5-20.8-1. The public's rights and privileges of the shore may be exercised, where shore exists, on wet sand or dry sand or rocky beach, up to ten feet (10') landward of the "recognizable high tide line" subject to the restrictions governed by § 46-23-26 and any general laws to the contrary. The seller of the real estate is required to notify the buyer of any public rights of way on the real estate that are known to the seller. The seller shall provide the buyer with a copy of any documentation evidencing such rights of way or conditions of public access that is in the seller's possession. The buyer is advised to contact the Coastal Resources Management Council, the municipality or applicable nonprofit organizations to determine whether any public rights of way exist. The seller shall provide the buyer with a copy of any permits relating to the real estate that were issued by the Coastal Resources Management Council and that are in the seller's possession."

Does Seller have any knowledge of public right(s) of way relating to shoreline access on the property? ☐ Yes ☒ No ☐ Unknown

If yes, describe \_\_\_\_\_

Does Seller have a copy of documentation of public right(s) of way in his/her possession? ☐ Yes ☒ No ☐ Unknown Copy attached? ☐ Yes ☒ No

Is Seller aware of any permit(s) relating to the property that were issued by the Coastal Resources Management Council (CRMC)?

If yes, describe NODoes Seller have a copy of any permits issued by CRMC in his/her possession? ☐ Yes ☒ No ☐ Unknown Copy attached? ☐ Yes ☒ No

Additional Municipal Information (Attach additional sheets if necessary.)

TRASH + RECYCLED ITEMS PICKED UP ON MONDAYS BY TOWN.**NOTICES/DISCLOSURES****27. Condo/Association Fees**Monthly Condo/Association Fee: \$ N/A Included in Condo Fee? (check all that apply) ☐ Heat ☐ Electric ☐ Water ☐ Sewer☐ Other \_\_\_\_\_Working Capital Deposit? ☐ Yes ☐ No If yes, Amount: \$ \_\_\_\_\_ Buyer to pay? ☐ Yes ☐ No

Current Outstanding Assessments: \$ \_\_\_\_\_

Fire Alarm System up to date? ☐ Yes ☐ No ☐ UnknownApproved Future Assessments: ☐ Yes If yes, describe \_\_\_\_\_ ☐ No ☐ Unknown**28. Rental Property**Are income and expense figures available? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ NoLease(s) period: N/A Copies available? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ NoSeller shall provide a copy of Confirmation of Rental Terms. Copy attached? ☐ Yes ☒ No

Security Deposits \_\_\_\_\_ Rental Income \_\_\_\_\_

**29. Pools & Equipment**Age of pool: N/A Maintenance History (Any Defects): \_\_\_\_\_Was a permit obtained for the pool? ☐ Yes ☐ No ☐ Unknown

### 30. Lead Contamination

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ No

Lead compliance certificate(s) available? ☐ Yes ☒ No Copy attached? ☐ Yes ☒ No

Are you aware of any lead in your water service line? ☐ Yes ☒ No ☐ Unknown

### 31. Smoke/Carbon Monoxide Detectors

Installed and functioning? ☒ Yes ☐ No R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. **Contact the local Fire Marshal to determine the requirements for this Property.**

### 32. Radon

"Radon has been determined to exist in the State of Rhode Island. Testing for the presence of radon in residential real estate prior to purchase is advisable."

Has property been tested for radon? ☐ Yes ☒ No If yes, # of Pico curies/liter: \_\_\_\_\_

Copy of test available? ☐ Yes ☐ No Copy attached? ☐ Yes ☒ No Any action taken? \_\_\_\_\_

Is a Radon Mitigation System in use? ☐ Yes ☒ No

### 33. Mold

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any severe mold conditions, including moisture penetration and/or damage? ☐ Yes ☒ No ☐ Unknown  
If yes, please describe: \_\_\_\_\_

Has the property previously been tested for mold? ☐ Yes ☒ No ☐ Unknown Copy attached? ☐ Yes ☐ No

Any previous mold mitigation action taken, including modifications to any ventilation system? ☐ Yes ☒ No ☐ Unknown If yes, please describe: \_\_\_\_\_

### 34. Homeowners Insurance Claims History

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?

☐ Yes ☒ No If yes, please list all claims. \_\_\_\_\_

### Additional Notices/Disclosures Information (Attach additional sheets if necessary.)

### STRUCTURE

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y   | N                        | UK                                  | NA                       |                          | Y  | N   | UK                                  | NA                                  |                          | Y                        | N                  | UK  | NA                       |                          |                          |                          |              |
|-----|--------------------------|-------------------------------------|--------------------------|--------------------------|--|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 35. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement                                     | 41. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway(s)        | 46. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks    |
| 36. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bulkhead/Hatchway                            | 42. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls     | 47. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| 37. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings                                     | 43. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Floors             | 48. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows      |
| 38. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney(s)                                   | 44. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s) |     |                          |                          |                          |                          |              |
| 39. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors  | 45. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Walls     |     |                          |                          |                          |                          |              |
| 40. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Components (Describe) _____ |     |                                     |                                     |                          |                          |                    |     |                          |                          |                          |                          |              |

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)

#43 - LAUNDRY ROOM FLOOR OUT OF LEVEL SINCE PRIOR TO 2014 PURCHASE.

## EQUIPMENT/SYSTEMS/APPLIANCES

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
49. Alarm/Security System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
50. Ceiling/Whole House Fan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Central Vac/Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Dehumidifier	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Dryer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Garage Door Opener(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Garbage Disposal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57. Generator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58. Hot Tub/Sauna	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59. Intercom System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60. Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
61. Kitchen Stove/Oven	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62. Lawn Sprinkler System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63. Microwave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
65. Satellite Dish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
66. Stand-Alone Freezer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
67. Sump Pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
68. Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
69. Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
70. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
71. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
72. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

NONE

## CONDITIONS

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Penetration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cemetery or Burial Ground on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Rot
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diseased Tree(s) within 100' of Dwelling/Outbuilding	Previous Flooding:				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endangered Species/Habitat on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Into the Improvements
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous or Toxic Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onto the Property
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous or Toxic Waste Site Within 1 Mile	Structural Repairs:				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Drainage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Foundation Repairs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landfill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Structural Repairs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Fire/Smoke Damage	Termites or Other Wood-Destroying Insects:				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Active Infestation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Treatment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Structure(s) or Pit(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Damage Repaired
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic Stucco / EIFS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damage Needing Repair
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Service Contract

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

#74 - CEASELY DATING TO 1800's / CIVIL WAR ERA ON FAR SOUTH  
PROPERTY LINE

COMMENTS

Additional Comments:

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Date 8/13/25 Seller [Signature] Date \_\_\_\_\_ Seller \_\_\_\_\_  
Date 8/13/25 Seller EL. Blum Date \_\_\_\_\_ Seller \_\_\_\_\_

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_  
Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_

CHANGES

Changes since property was first listed [If changes were made, initial below]:

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