

# Buyer Info Packet

2395 Brookside Way

|                                |           |
|--------------------------------|-----------|
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### Seller's Property Disclosure – Residential

**Notice to Licensee and Seller:** Only the Seller should fill out this form.

**Notice to Seller:** Florida law<sup>1</sup> requires a **Seller** of a home to disclose to the **Buyer** all known facts that materially affect the value of the property being sold and that are not readily observable or known by the **Buyer**. This disclosure form is designed to help you comply with the law. However, this disclosure form may not address every significant issue that is unique to the Property. You should think about what you would want to know if you were buying the Property today; and if you need more space for additional information, comments, or explanations, check the Paragraph 12 checkbox and attach an addendum.

**Notice to Buyer:** The following representations are made by **Seller** and **not** by any real estate licensee. This disclosure is not a guaranty or warranty of any kind. It is not a substitute for any inspections, warranties, or professional advice you may wish to obtain. It is not a substitute for your own personal judgment and common sense. The following information is based only upon **Seller's** actual knowledge of the Property's condition. **Sellers** can disclose only what they actually know. **Seller** may not know about all material or significant items. You should have an independent, professional home inspection to verify the condition of the Property and determine the cost of repairs, if any. This disclosure is not a contract and is not intended to be a part of any contract for sale and purchase.

**Seller** makes the following disclosure regarding the property described as: 2395 BROOKSIDE WAY INDIALANTIC FL 32903  
(the "Property")

The Property is owner occupied tenant occupied unoccupied (If unoccupied, how long has it been since **Seller** occupied the Property? \_\_\_\_\_)

|   | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>1. Structures; Systems; Appliances</b>   |                                     |                                     |                                     |
| (a) Are the structures including roofs; ceilings; walls; doors; windows; foundation; and pool, hot tub, and spa, if any, structurally sound and free of leaks?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) Is seawall, if any, and dockage, if any, structurally sound?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (c) Are existing major appliances and heating, cooling, mechanical, electrical, security, and sprinkler systems, in working condition, i.e., operating in the manner in which the item was designed to operate? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (d) Does the Property have aluminum wiring other than the primary service line?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Are any of the appliances leased? If yes, which ones: _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) If any answer to questions 1(a) – 1(c) is no, please explain: _____<br>_____  |                                     |                                     |                                     |
| <b>2. Termites; Other Wood-Destroying Organisms; Pests</b>  |                                     |                                     |                                     |
| (a) Are termites; other wood-destroying organisms, including fungi; or pests present on the Property or has the Property had any structural damage by them?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has the Property been treated for termites; other wood-destroying organisms, including fungi; or pests?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) If any answer to questions 2(a) - 2(b) is yes, please explain: _____<br>_____   |                                     |                                     |                                     |
| <b>3. Water Intrusion; Drainage; Flooding</b>   |                                     |                                     |                                     |
| (a) Has past or present water intrusion affected the Property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Have past or present drainage or flooding problems affected the Property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Is any of the Property located in a special flood hazard area?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Is any of the Property located seaward of the coastal construction control line?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Does your lender require flood insurance?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f) Do you have an elevation certificate? If yes, please attach a copy.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) If any answer to questions 3(a) - 3(d) is yes, please explain: _____<br>_____   |                                     |                                     |                                     |

<sup>1</sup> Johnson v. Davis, 480 So.2d 625 (Fla. 1985).

Seller DHB KSP and Buyer (\_\_\_\_) (\_\_\_\_) acknowledge receipt of a copy of this page, which is Page 1 of 4  
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|  | <u>Yes</u>               | <u>No</u>                           | <u>Don't Know</u>        |
|--|--------------------------|-------------------------------------|--------------------------|
| <b>4. Plumbing</b>   |                          |                                     |                          |
| (a) What is your drinking water source? <input checked="" type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> well <input type="checkbox"/> other |                          |                                     |                          |
| (b) Have you ever had a problem with the quality, supply, or flow of potable water?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Do you have a water treatment system?<br>If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Do you have a <input checked="" type="checkbox"/> sewer or <input type="checkbox"/> septic system? If septic system, describe the location of each system: _____             |                          |                                     |                          |
| (e) Are any septic tanks, drain fields, or wells that are not currently being used located on the Property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Are there or have there been any defects to the water system, septic system, drain fields or wells?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Have there been any plumbing leaks since you have owned the Property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (h) Are any polybutylene pipes on the Property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (i) If any answer to questions 4(b), 4(c), and 4(e) - 4(h) is yes, please explain:<br>_____  |                          |                                     |                          |

|  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| <b>5. Roof and Roof-Related Items</b>  |                                     |                                     |                          |
| (a) To your knowledge, is the roof structurally sound and free of leaks?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (b) The age of the roof is <u>5</u> years OR date installed <u>May 18, 2020</u>  |                                     |                                     |                          |
| (c) Has the roof ever leaked during your ownership?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) To your knowledge, has there been any repair, restoration, replacement (indicate full or partial) or other work undertaken on the roof?<br>If yes, please explain: <u>previous owners had minor leak on outside lanai roof, repaired</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (e) Are you aware of any defects to the roof, fascia, soffits, flashings or any other component of the roof system?<br>If yes, please explain: _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| <b>6. Pools; Hot Tubs; Spas</b>   |                          |                                     |                          |
| <b>Note:</b> Florida law requires swimming pools, hot tubs, and spas that received a certificate of completion on or after October 1, 2000, to have at least one safety feature as specified by Section 515.27, Florida Statutes.   |                          |                                     |                          |
| (a) If the Property has a swimming pool, hot tub, or spa that received a certificate of completion on or after October 1, 2000, indicate the existing safety feature(s):<br><input type="checkbox"/> enclosure that meets the pool barrier requirements <input type="checkbox"/> approved safety pool cover <input type="checkbox"/> required door and window exit alarms <input type="checkbox"/> required door locks <input checked="" type="checkbox"/> none |                          |                                     |                          |
| (b) Has an in-ground pool on the Property been demolished and/or filled?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| <b>7. Sinkholes</b>  |                          |                                     |                          |
| <b>Note:</b> When an insurance claim for sinkhole damage has been made by the seller and paid by the insurer, Section 627.7073(2)(c), Florida Statutes, requires the seller to disclose to the buyer that a claim was paid and whether or not the full amount paid was used to repair the sinkhole damage. |                          |                                     |                          |
| (a) Does past or present settling, soil movement, or sinkhole(s) affect the Property or adjacent properties?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Has any insurance claim for sinkhole damage been made?<br>If yes, was the claim paid? <input type="checkbox"/> yes <input type="checkbox"/> no If the claim was paid, were all the proceeds used to repair the damage? <input type="checkbox"/> yes <input type="checkbox"/> no                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) If any answer to questions 7(a) - 7(b) is yes, please explain:<br>_____  |                          |                                     |                          |

|   | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>        |
|---|-------------------------------------|-------------------------------------|--------------------------|
| <b>8. Homeowners' Association Restrictions; Boundaries; Access Roads</b>  |                                     |                                     |                          |
| (a) Is membership in a homeowner's association mandatory or do any covenants, conditions or restrictions (CCRs) affect the Property? (CCRs include deed restrictions, restrictive covenants and declaration of covenants.)<br><b>Notice to Buyer:</b> If yes, you should read the association's official records and/or the CCRs before making an offer to purchase. These documents contain information on significant matters, such as recurring dues or fees; special assessments; capital contributions, penalties; and architectural, building, landscaping, leasing, parking, pet, resale, vehicle and other types of restrictions. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Are there any proposed changes to any of the restrictions?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Are any driveways, walls, fences, or other features shared with adjoining landowners?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are there any encroachments on the Property or any encroachments by the Property's improvements on other lands?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Are there boundary line disputes or easements affecting the Property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Are you aware of any existing, pending or proposed legal or administrative action affecting homeowner's association common areas (such as clubhouse, pools, tennis courts or other areas)?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Have any subsurface rights, as defined by Section 689.29(3)(b), Florida Statutes, been severed from the Property?<br>If yes, is there a right of entry? <input type="checkbox"/> yes <input type="checkbox"/> no  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (h) Are access roads <input type="checkbox"/> private <input type="checkbox"/> public? If private, describe the terms and conditions of the maintenance agreement: _____<br>_____   |                                     |                                     |                          |
| (i) If any answer to questions 8(a) - 8(g) is yes, please explain: _____<br>NO HOA  |                                     |                                     |                          |
| <b>9. Environmental</b>   |                                     |                                     |                          |
| (a) Was the Property built before 1978?<br>If yes, please see Lead-Based Paint Disclosure.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (b) Does anything exist on the Property that may be considered an environmental hazard, including but not limited to, lead-based paint; asbestos; mold; urea formaldehyde; radon gas; methamphetamine contamination; defective drywall; fuel, propane, or chemical storage tanks (active or abandoned); or contaminated soil or water?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Has there been any damage, clean up, or repair to the Property due to any of the substances or materials listed in subsection (b) above?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are any mangroves, archeological sites, or other environmentally sensitive areas located on the Property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) If any answer to questions 9(b) - 9(d) is yes, please explain: _____<br>_____   |                                     |                                     |                          |
| <b>10. Governmental, Claims and Litigation</b>  |                                     |                                     |                          |
| (a) Are there any existing, pending or proposed legal or administrative claims affecting the Property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Are you aware of any existing or proposed municipal or county special assessments affecting the Property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Is the Property subject to any Qualifying Improvements assessment per Section 163.081, Florida Statutes?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are you aware of the Property ever having been, or is it currently, subject to litigation or claim, including but not limited to, defective building products, construction defects and/or title problems?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Have you ever had any claims filed against your homeowner's Insurance policy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- (f) Are there any zoning violations or nonconforming uses?
- (g) Are there any zoning restrictions affecting improvements or replacement of the Property?
- (h) Do any zoning, land use or administrative regulations conflict with the existing use of the Property?
- (i) Do any restrictions, other than association or flood area requirements, affect improvements or replacement of the Property?
- (j) Are any improvements located below the base flood elevation?
- (k) Have any improvements been constructed in violation of applicable local flood guidelines?
- (l) Have any improvements to the Property, whether by your or by others, been constructed in violation of building codes or without necessary permits?
- (m) Are there any active permits on the Property that have not been closed by a final inspection?
- (n) Is there any violation or non-compliance regarding any unrecorded liens; code enforcement violations; or governmental, building, environmental and safety codes, restrictions or requirements?
- (o) If any answer to questions 10(a) - 10(n) is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- (p) Is the Property located in a historic district?
- (q) Is the Seller aware of any restrictions as a result of being located in a historic district?
- (r) Are there any active or pending applications or permits with a governing body over the historic district?
- (s) Are there any violations of the rules applying to properties in a historic district?
- (t) If the answer to 10(q) – 10(s) is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**11. Foreign Investment in Real Property Tax Act ("FIRPTA")**

- (a) Is the Seller subject to FIRPTA withholding per Section 1445 of the Internal Revenue Code?     
**If yes, Buyer and Seller should seek legal and tax advice regarding compliance.**

12.  (If checked) **Other Matters; Additional Comments:** The attached addendum contains additional information, explanation, or comments.

**Seller** represents that the information provided on this form and any attachments is accurate and complete to the best of **Seller's** knowledge on the date signed by **Seller**. **Seller** authorizes listing broker to provide this disclosure statement to real estate licensees and prospective buyers of the Property. **Seller** understands and agrees that **Seller** will promptly notify **Buyer** in writing if any information set forth in this disclosure statement becomes inaccurate or incorrect.

Seller: David M. Preston / David M. Preston Date: March 26, 2026  
 (signature) (print)

Seller: Kimberly S. Preston / Kimberly S. Preston Date: March 20, 2026  
 (signature) (print)

**Buyer** acknowledges that **Buyer** has read, understands, and has received a copy of this disclosure statement.

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature) (print)

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature) (print)

# Comprehensive Rider to the Residential Contract For Sale And Purchase

THIS FORM HAS BEEN APPROVED BY THE FLORIDA REALTORS AND THE FLORIDA BAR

If initialed by all parties, the clauses below will be incorporated into the Florida Realtors®/Florida Bar Residential Contract For Sale And Purchase between David M. Preston Kimberly S. Preston (SELLER) and \_\_\_\_\_ (BUYER) concerning the Property described as 2395 BROOKSIDE WAY INDIALANTIC FL 32903

Buyer's Initials \_\_\_\_\_ Seller's Initials DMP KSP

## P. LEAD-BASED PAINT DISCLOSURE (Pre-1978 Housing)

### Lead-Based Paint Warning Statement

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

### Seller's Disclosure (INITIAL)

- DMP KSP (a) Presence of lead-based paint or lead-based paint hazards (CHECK ONE BELOW):
  - Known lead-based paint or lead-based paint hazards are present in the housing.
  - Seller has no knowledge of lead-based paint or lead-based paint hazards in the housing.
- DMP KSP (b) Records and reports available to the Seller (CHECK ONE BELOW):
  - Seller has provided the Buyer with all available records and reports pertaining to lead-based paint or lead-based paint hazards in the housing. List documents: \_\_\_\_\_
  - Seller has no reports or records pertaining to lead-based paint or lead-based paint hazards in the housing.

### Buyer's Acknowledgement (INITIAL)

- \_\_\_\_\_ (c) Buyer has received copies of all information listed above.
- \_\_\_\_\_ (d) Buyer has received the pamphlet *Protect Your Family from Lead in Your Home*.
- \_\_\_\_\_ (e) Buyer has (CHECK ONE BELOW):
  - Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint or lead-based paint hazards; or
  - Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint or lead-based paint hazards.

### Licensee's Acknowledgement (INITIAL)

- DC (f) Licensee has informed the Seller of the Seller's obligations under 42 U.S.C. 4852(d) and is aware of Licensee's responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

|                            |                |                  |       |
|----------------------------|----------------|------------------|-------|
| <u>David M. Preston</u>    | March 26, 2026 | _____            | _____ |
| SELLER                     | Date           | BUYER            | Date  |
| <u>Kimberly S. Preston</u> | March 20, 2026 | _____            | _____ |
| SELLER                     | Date           | BUYER            | Date  |
| <u>Denaygne Carpenter</u>  | March 26, 2026 | _____            | _____ |
| Listing Licensee           | Date           | Selling Licensee | Date  |

Any person or persons who knowingly violate the provisions of the Residential Lead-Based Paint Hazard Reduction Act of 1992 may be subject to civil and criminal penalties and potential triple damages in a private civil lawsuit.

### Flood Disclosure

Florida Statute 689.302 requires a seller to complete and provide a flood disclosure to a purchaser of residential real property **at or before** the time the sales contract is executed.

Seller, David M. Preston Kimberly S. Preston, provides Buyer the following flood disclosure **at or before** the time the sales contract is executed.

Property address: 2395 BROOKSIDE WAY INDIALANTIC FL 32903

Seller, please check the applicable boxes in paragraphs (1) through (3) below.

#### FLOOD DISCLOSURE

Flood Insurance: Homeowners' insurance policies do not include coverage for damage resulting from floods. Buyer is encouraged to discuss the need to purchase separate flood insurance coverage with Buyer's insurance agent.

- (1) Seller  has  has no knowledge of any flooding that has damaged the property during Seller's ownership of the property.
- (2) Seller  has  has not filed a claim with an insurance provider relating to flood damage on the property, including, but not limited to, a claim with the National Flood Insurance Program.
- (3) Seller  has  has not received assistance for flood damage to the property, including, but not limited to, assistance from the Federal Emergency Management Agency.
- (4) For the purposes of this disclosure, the term "flooding" means a general or temporary condition of partial or complete inundation of the property caused by any of the following:
  - a. The overflow of inland or tidal waters.
  - b. The unusual and rapid accumulation of runoff or surface waters from any established water source, such as a river, stream, or drainage ditch.
  - c. Sustained periods of standing water resulting from rainfall.

Seller: David M. Preston

Date: March 26, 2026

Seller: Kimberly S. Preston

Date: March 20, 2026

Copy provided to Buyer on \_\_\_\_\_ by  email  facsimile  mail  personal delivery.



**PERSONAL PROPERTY INVENTORY**

|   |   |
|---|---|
| Seller 1:<br><p style="text-align: center;">David M. Preston</p>                                | Seller 2:<br><p style="text-align: center;">Kimberly S. Preston</p> |
| Property Address:<br><p style="text-align: center;">2395 BROOKSIDE WAY INDIALANTIC FL 32903</p> |   |

**This addendum is referenced in the Contract for Purchase and Sale between parties that have signed below and is incorporated therein by reference. The personal property included in the purchase price and listed below shall be the same property existing on the property as of the date of initial offer, with no substitutions unless agreed upon by the parties in writing. Be as specific as possible. Make an entry for EACH item.**

**YES = It's on the property and WILL CONVEY | NO = It's on the property and WILL NOT convey | N/A = It's NOT ON THE PROPERTY and doesn't apply**

| Item   | Yes                                 | No                                  | N/A |
|--|-------------------------------------|-------------------------------------|-----|
| Range (Oven & Cooktop): <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas<br><p style="text-align: center;">----- OR -----</p> |                                     |                                     |     |
| Wall Oven(s): <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas<br><p style="text-align: center;">----- AND -----</p>          |                                     |                                     |     |
| Cooktop: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas   |                                     |                                     |     |
| Refrigerator with Freezer  | <input checked="" type="checkbox"/> |                                     |     |
| Microwave Oven   | <input checked="" type="checkbox"/> |                                     |     |
| Dishwasher   | <input checked="" type="checkbox"/> |                                     |     |
| Disposal   | <input checked="" type="checkbox"/> |                                     |     |
| Water Softener   Purifier <input type="checkbox"/> Owned <input type="checkbox"/> Leased   |                                     | <input checked="" type="checkbox"/> |     |
| Bar Refrigerator   |                                     |                                     |     |
| Separate Refrigerator   Freezer   Stand Alone Ice Maker  |                                     |                                     |     |
| Wine Cooler  | <input checked="" type="checkbox"/> |                                     |     |
| Compactor  |                                     |                                     |     |
| Washer   | <input checked="" type="checkbox"/> |                                     |     |
| Dryer: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas   | <input checked="" type="checkbox"/> |                                     |     |
| Chandelier/Hanging Lamp Qty ____   | <input checked="" type="checkbox"/> |                                     |     |
| Ceiling   Paddle Fan Qty ____  | <input checked="" type="checkbox"/> |                                     |     |
| Sconce(s): Qty ____  | <input checked="" type="checkbox"/> |                                     |     |
| Draperies: Qty ____ Rods: Qty ____   | <input checked="" type="checkbox"/> |                                     |     |
| Plantation Shutters: Qty ____  |                                     | <input checked="" type="checkbox"/> |     |
| Shades   Blinds: Qty ____  | <input checked="" type="checkbox"/> |                                     |     |
| Mirrors   Location:  |                                     |                                     |     |
| Fireplace(s) Qty ____<br><input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Gas <input type="checkbox"/> Both                   |                                     | <input checked="" type="checkbox"/> |     |
| Boat Lift: Weight <sup>10000</sup><br>Davits: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Manual                             | <input checked="" type="checkbox"/> |                                     |     |
| Appliances Leased<br>Describe:   |                                     |                                     |     |
| Pool Table   Game Table  |                                     | <input checked="" type="checkbox"/> |     |

| Item  | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Water Heater(s): Qty ____<br><input checked="" type="checkbox"/> Tankless <input type="checkbox"/> Gas <input type="checkbox"/> Electric                        | <input checked="" type="checkbox"/> |                                     |                                     |
| Generator:<br><input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas   |                                     | <input checked="" type="checkbox"/> |                                     |
| Storm Shutters   Panels:<br><input type="checkbox"/> Electric <input type="checkbox"/> Manual <input type="checkbox"/> Both                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| Awnings: <input type="checkbox"/> Electric <input type="checkbox"/> Manual  |                                     |                                     |                                     |
| Propane Tank: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased   | <input checked="" type="checkbox"/> |                                     |                                     |
| Central Vac System   Equip + Accessories  |                                     |                                     |                                     |
| Security Gate Remotes(s): Qty ____  |                                     |                                     |                                     |
| Garage Door Opener(s): Qty ____   |                                     |                                     |                                     |
| Garage Door Remote(s): Qty <u>2</u>   | <input checked="" type="checkbox"/> |                                     |                                     |
| Smart Doorbell  | <input checked="" type="checkbox"/> |                                     |                                     |
| Smart Thermostat(s) Qty <u>2</u>  | <input checked="" type="checkbox"/> |                                     |                                     |
| Summer Kitchen Grill  |                                     |                                     |                                     |
| Pool: <input checked="" type="checkbox"/> Salt <input type="checkbox"/> Chlorine  | <input checked="" type="checkbox"/> |                                     |                                     |
| Pool Heater: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Elec <input type="checkbox"/> Solar   | <input checked="" type="checkbox"/> |                                     |                                     |
| Hot Tub   Spa: Heated: Yes <input checked="" type="checkbox"/> No   |                                     |                                     |                                     |
| Pool Cleaning Equipment   |                                     | <input checked="" type="checkbox"/> |                                     |
| Pool - Child Fence   Barrier  |                                     |                                     | <input checked="" type="checkbox"/> |
| Storage Shed  |                                     | <input checked="" type="checkbox"/> |                                     |
| Potted Plants   Lawn Ornaments   Fountains  | <input checked="" type="checkbox"/> |                                     |                                     |
| Intercom  |                                     | <input checked="" type="checkbox"/> |                                     |
| TV's: Qty ____ TV Mounts: Qty <u>1</u>  |                                     |                                     |                                     |
| Security System: <input type="checkbox"/> Owned <input type="checkbox"/> Leased<br>Cameras: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |                                     |                                     |
| Surround Sound (With Components)<br>Speakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |                                     |                                     |
| Satellite Dish   TV Antenna<br><input type="checkbox"/> Leased <input type="checkbox"/> Owned   |                                     | <input checked="" type="checkbox"/> |                                     |
| Other   Notes:  |                                     |                                     |                                     |

Seller 1: David M Preston Date: Mar 26, 2026 Buyer 1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Seller 2: Kimberly S Preston Date: Mar 20, 2026 Buyer 2: \_\_\_\_\_ Date: \_\_\_\_\_



**FREQUENTLY ASKED QUESTIONS**

Important Information for Prospective Buyers

**Property Information**

|   |   |                           |
|---|---|---------------------------|
| Address:<br>2395 BROOKSIDE WAY INDIALANTIC FL 32903     |   |                           |
| Home Warranty: Yes                                      | No <input checked="" type="checkbox"/>                    | If yes, Company   Number: |
| Lawn Service   Number:<br>Shades of Green. 321 216 7312 | Pool Company   Number:<br>SaveABuck Pool Svc 321 508 3872 |                           |
| Pest Company   Number:<br>Honor Svc                     | Termite Company   Number:<br>Honor Svc 321 327 2950       | Transferable Bond: Yes No |

**Utility Information**

|   |   |               |                 |
|---|---|---------------|-----------------|
| Trash Pick-Up Days<br>Mon/Thur                                    | Trash:<br>Thur  | Yard:<br>Thur | Recycle:<br>Wed |
| Approximate Utility Cost Per Month<br>300                         | Electric:<br>300  | Gas:<br>200   | Water:<br>100   |
| Water Source: City Water <input checked="" type="checkbox"/> Well | Sprinkler System Runs On: Well <input checked="" type="checkbox"/> City Reclaimed |               |                 |
| Plumbing Source: Sewer <input checked="" type="checkbox"/> Septic | Septic Location:  |               |                 |

**Property Specifics**

|   |  |  |
|---|--|--|
| Roof Age:<br>2020   | Heating & A/C System Age:<br>2021 - 5 yr | Water Heater Age:<br>2021 - 5 years                    |
| Water Level at Dock:<br>6 ft  | Waterfront Footage:<br>Unknown           | Age of Seawall   |
| Type of Flooring:   | Type of Countertops:<br>Granite          |  |
| Type of Fencing:  | Plumbing Pipe Type                       | Windows/Door Type (impact, soundproof, etc.)<br>Impact |
| Property Features   Updates   Year:<br><br>Pool Resurfaced and New Garage Door 2023<br>Dock Updates and Boat Lift 2025<br><br>Pool Basketball net & Viper Cleaner do NOT convey |  |  |

**Are You Providing a Copy of:**

|                                    |                                      |                |
|------------------------------------|--------------------------------------|----------------|
| Wind Mitigation: Yes No            | Four-Point Inspection: Yes No        | Survey: Yes No |
| Insurance Declaration Page: Yes No | Approximate Insurance Cost Per Year: |                |

Seller 1 Signature: David M. Preston Date: March 26, 2026  
 Seller 2 Signature: Kimberly S. Preston Date: March 20, 2026



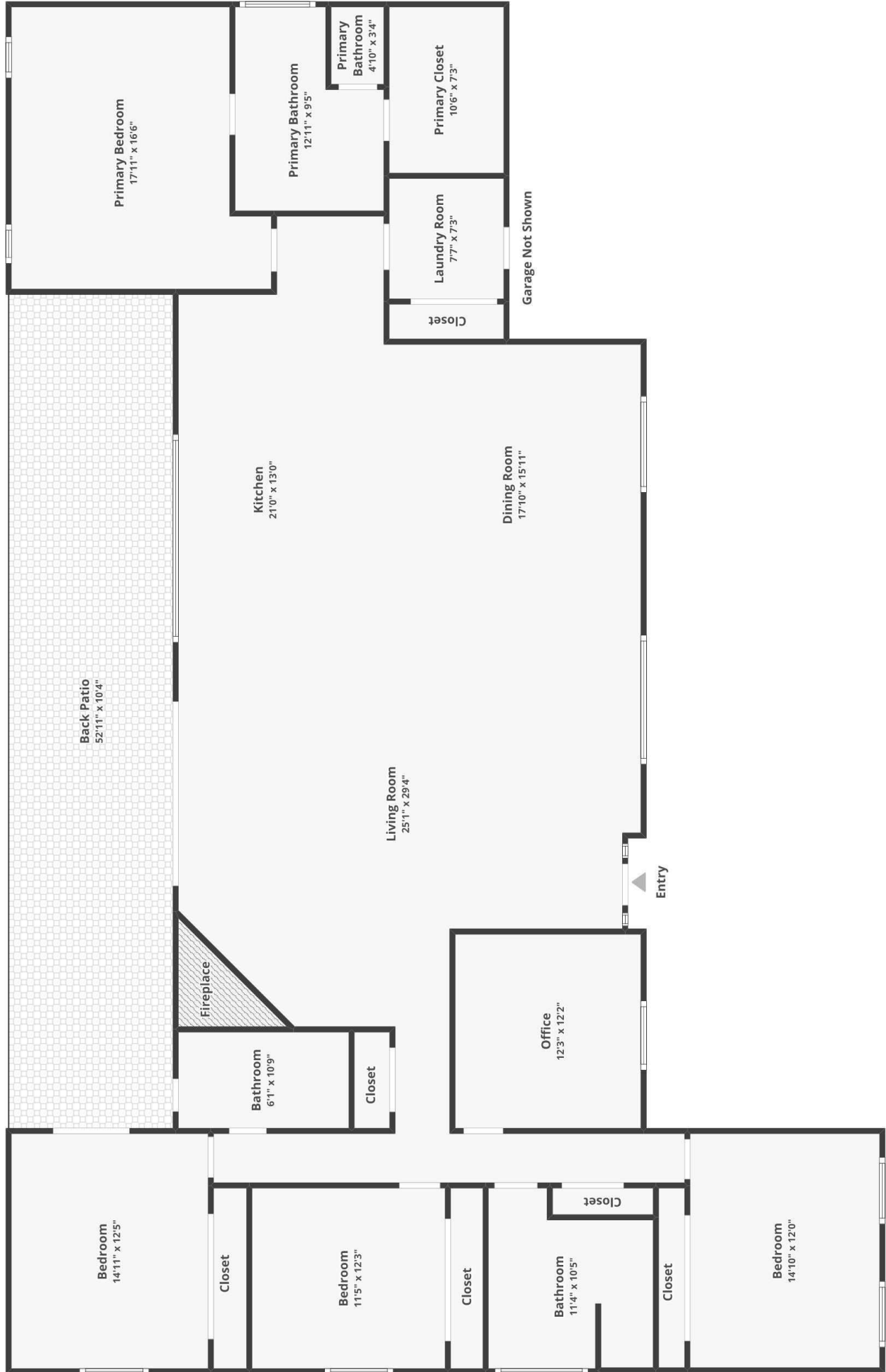
### FREQUENTLY ASKED QUESTIONS

Important Information for Prospective Buyers

#### Property Defects

Please list any items on the property that are not working and/or are defective (e.g. pool light does not turn on, ice maker does not work, etc.)

Seller 1 Signature: David M. Preston Date: March 26, 2026  
Seller 2 Signature: Kimberly S. Preston Date: March 20, 2026



2395 Brookside Way, Melbourne, FL 32903

Floor 1

Floor plans/tour cannot be used for building or design purposes. Sizes and dimensions are approximate.