



Property Conditions, Improvements, and Additional Information:

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| 1. Basement/Crawl Space: Has there been evidence of water?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| If yes, explain: _____   |                              |                             |                                  |
| 2. Insulation: Urea Formaldehyde Foam Insulation (UFFI) is installed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| In exterior walls?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| In ceiling/attic?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| In other areas?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. Roof: Any leaks?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Any existing fire retardant treated (FRT) plywood?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Approximate age, if known: _____   |                              |                             |                                  |
| 4. Well: Type of Well (depth/diameter, age, repair history, if known): _____   |                              |                             |                                  |
| _____  |                              |                             |                                  |
| Has the water been tested?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| If yes, date of last report and results: _____   |                              |                             |                                  |
| 5. Septic Tanks/Drain Fields: Is the system functioning properly?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| If no, explain: _____  |                              |                             |                                  |
| If septic, when was the system last pumped? _____  |                              |                             |                                  |
| 6. Heating System: Is heat supplied to all furnished rooms?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Type: _____  |                              |                             |                                  |
| Approximate Age: _____   |                              |                             |                                  |
| 7. Plumbing System: Is the system in working condition?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Type: <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Other _____   |                              |                             |                                  |
| 8. Electrical Systems: Does the system meet existing code requirements?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Any known problems: _____  |                              |                             |                                  |
| 9. Infestation: Any current infestations or existing damage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 10. Environment problems: Are there any substances, materials, or products that may be an environmental hazard (including, but not limited to, asbestos, radon gas, lead-based paint, underground storage tanks for fuel or chemicals, formaldehyde) on or affecting the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| If yes, please explain: _____  |                              |                             |                                  |
| 11. Flood Insurance: Do you have flood insurance on the property?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 12. Mineral Rights: Do you own the mineral rights of the property?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Other Items: Are you aware of any of the following:

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| 1. Features of the property shared in common with the adjoining landowners (walls, fences, roads, driveways, etc.) whose use or responsibility for maintenance may have an effect on the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. Any encroachments, easements, zoning violations, or nonconforming uses?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. Any "common areas" (pools, tennis courts, walkways, or other areas co-owned with others), or a homeowners' association that has any authority over the property?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 4. Structural modifications, alterations, or repairs made without necessary permits?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 5. Settling, flooding, drainage, structural, or grading problems?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 6. Major damage to the property from fire, wind, floods, or landslides?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 7. Farm or farm operation in the vicinity, or proximity to a landfill, airport, etc.?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 8. Any outstanding utility assessments or fees?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 9. Any outstanding municipal assessments or fees?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 10. Any pending litigation that could affect the property or selling of the property?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

If the answer to any of these questions is yes, please explain. Attach additional sheets, if necessary:

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The Seller has indicated the condition of all the items based on information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes to the Buyer.

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