

- i) Do you know of any temporary repairs that when made the repairmen advised that replacement would soon be needed? Yes No

If any of your answers in this section are "Yes," explain in detail. When describing repairs or control efforts, describe the location, extent, date, and name of the persons who did the repair or control effort. Also attach copies of any available insurance claims made within the last 5 years. _____

7. BASEMENTS, CRAWLSPACES AND FOUNDATIONS.

- a) Does the property have a sump pump? Yes No
- b) Has there ever been any water leakage, seepage, accumulation, moisture or dampness within or around the basement, crawlspace, foundation or slab? Yes No If "Yes," describe in detail: _____
- c) Have there been any repairs or other attempts to control any water or dampness problem relating to the basement, crawlspace, foundation or slab? Yes No If "Yes," describe the location, extent, date, and name of the person who did the repair or control effort: _____

8. ADDITIONS/REMODELS.

- a) Have you made any additions, improvements, structural changes, or other alterations to the property? Yes No If "Yes," did you obtain all necessary permits and approvals and was all work in compliance with building codes? Yes No Unknown If your answer is "No," explain: _____

9. HEATING AND AIR CONDITIONING.

- a) Air Conditioning: Central Electric Central Gas Window (#) Units
- b) Heating: Electric Propane Natural Gas Other: _____
- c) Water Heating: Electric Gas Solar
- Are you aware of any problems regarding these items? Yes No If "Yes," explain in detail: _____

- 10. ELECTRICAL SYSTEM.** Are you aware of any problems with the electrical system? Yes No If "Yes," explain in detail: _____

- 11. PLUMBING SYSTEM.** Are you aware of any problems with the plumbing system? Yes No If "Yes," explain in detail: _____

12. OTHER EQUIPMENT AND ITEMS.

Mark the number of items being sold with property:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Electric Garage Door Opener | <input type="checkbox"/> Transmitters | <input type="checkbox"/> Water Softener | <input type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> Security Alarm System | <input type="checkbox"/> Disposal | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Fire Suppression Equipment |
| <input type="checkbox"/> Spa/Hot Tub | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Automatic Timers |
| <input type="checkbox"/> Fireplace Doors and Covering | <input type="checkbox"/> Stove | <input type="checkbox"/> Microwave Oven | <input checked="" type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> TV Antennas | <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer | <input type="checkbox"/> FP Insert |
| <input checked="" type="checkbox"/> Wood Stove | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pool Heater | <input checked="" type="checkbox"/> Propane Tank |
| <input type="checkbox"/> Pool/spa Equipment (list) _____ | | | |

Other (describe): _____

If any of the above are not in working order, or are not owned by Seller, explain: _____

13. AVAILABLE RESOURCES.

- Sewer System Natural Gas Electricity
- Telephone Cable Television Cable
- a) What is your drinking water source: Public Private System Well on Property Shared Well
- b) If non-public, date last tested: 1999
Results: OK
- c) What is the type of sewage system: Public Sewer Connected Private Sewer Septic Tank None
Other: _____
Explain: _____
- d) Is there a sewage lift pump? Yes No
- e) When was the septic system last serviced? _____
- f) Do you know of any leaks, backups or other problems relating to any of the plumbing, water and sewage-related items? Yes No
If "Yes," explain in detail: heavy rains, backs up a little

- 14. NEIGHBORHOOD.** Are you aware of any annexation, school re-districting, threat of condemnation, zoning changes or street changes? Yes No If "Yes," explain in detail: _____

15. HAZARDOUS SUBSTANCES.

- a) Are you aware of the presence of any lead-based paint on the property? Yes No
- b) Are you aware of asbestos materials on the property, such as roof shingles, siding insulation, ceiling, flooring, pipe wrap, etc? Yes No
- c) Are you aware of the presence of other environmental concerns that may affect the property such as underground tanks, lead water supply pipes, polychlorinated biphenyls (PCB's), radon gas, mold, toxic waste, dump sites or any other hazardous substance? Yes No