# SELLER'S PROPERTY DISCLOSURE STATEMENT

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

| w                                                          | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                             |
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|                                                            | 2 SELLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PROPERTY                      |
| INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE L. | ER 4452 Division Highway East Fort (18) 1751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROPERTY John & Anneta Martin |
| ¥                                                          | No. of Commence of |                               |

- 5 4 0 seller in a residential real estate transfer must make certain disclosures regarding the property to potential buyers in a form defined by have. A residential real estate transfer is defined as a sale, exchange, installment sales contract, lease with an option to buy, grant or other law. UNITS are involved. The Law defines a number of exceptions where the disclosures do not have to be made: transfer of an interest in real property where NOT LESS THAN ONE AND NOT MORE THAN FOUR RESIDENTIAL DIVIDENTIAL Generally speaking, the Real Estate Seller Disclosure Law (68 P.S. §7301 et seq.) requires that before an agreement of sale is support
- Transfers that are the result of a court order.
- Transfers to a mortgage lender that result from a buyer's default and subsequent foreclosure sales that result from default
- w 4. Transfers from a co-owner to one or more other co-owners.
- Transfers made to a spouse or direct descendant.

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- 3 Transfers between spouses that result from divorce, legal separation, or property settlement
- 0 5 Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a phone
- 16 14
- 7 Transfer of a property to be demolished or converted to non-residential use
- 17 00 Transfer of unimproved real property.
- 19 9 Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust
- 10 Transfers of new construction that has never been occupied when:
- The buyer has received a one-year warranty covering the construction:

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23 22

- 5 The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized mean building code; and
- A certificate of occupancy or a certificate of code compliance has been issued for the dwelling
- 25 24 regarding common areas or facilities are not required, as those elements are already addressed in the laws that govern the resale of contractions minium and cooperative interests. In addition to these exceptions, disclosures for condominiums and cooperatives are limited to the seller's particular unit(s). Disclosure
- 27 29 wish to see or use the basic disclosure form can find the form on the Web site of the Pennsylvania State Real Estate Commission assist sellers in complying with seller disclosure requirements and to assist buyers in evaluating the property being considered. Sellers who While the Law requires certain disclosures, this statement includes disclosures beyond the basic requirements of the Law in an effort
- 32 31 30 a material defect that may not be addressed on this form. resentation by any listing real estate broker, any selling real estate broker, or their licensees. Buyer is encouraged to address concerns also any inspections or warranties that Buyer may wish to obtain. This Statement is not a warranty of any kind by Seller or a warranty of any the condition of the property that may not be included in this Statement. This Statement does not relieve Seller of the obligation to disclose This Statement discloses Seller's knowledge of the condition of the property as of the date signed by Seller and is not a substitute in
- 36 35 value of the property or that involves an unreasonable risk to people on the property. The fact that a structural element, system or substances A material defect is a problem with a residential real property or any portion of it that would have a significant adverse impact on the
- 37 is at or beyond the end of the normal useful life of such a structural element, system or subsystem is not by itself a material defect
- 39 the property. Check unknown when the question does apply to the property but you are not sure of the answer Check yes, no, unknown (unk) or not applicable (N/A) for each question. Be sure to check N/A when a question does not applie

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|---------------------------------------|--------------------------------|
|                                       | Seller's Ir                    |
| Pennsylvania Association of Realtors® | s Initials J W ASM Date 8-1-20 |
|                                       | SPD P                          |

age 1 of 10 **Buyer's Initials** 

Date

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| Seller's Initials 714 | × × × g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                     |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                     |                                         | 1                                      |                                             | -              | Yes                      |                             | -                                                                             |                                         |    |                                                             | ×            |                                                                                                                                                    | ×                                 | Yes No                                        | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.                                    | 4 7                                                                                          |                                                                                                       | Yes No             |
| nitials               | <b>→</b> N <sub>0</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             | T                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | _                                                   |                                         | X 5                                    | ٧ ٢                                         | -              | No.                      |                             |                                                                               | X                                       | ^; 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                                                                                                                                                                                                                       |                                                                       |                                                     | v                                       |                                        |                                             | 1              | Unk N/A                  |                             |                                                                               |                                         |    |                                                             |              |                                                                                                                                                    |                                   | K N/A                                         | -1                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                          | 5                                     |                                                                                              | 200                                                                                                   | -                  |
| Date 8/1/2            | Notice to Buyer: A buyer of a reso a copy of the declaration (other the of responsible for capital contribution in the certificate has be whichever occurs first.  4. ROOF AND ATTIC  (A) Installation  1. When was the roof installed? 2. Do you have documentation of the contribution of  | (E) How much is                                             | 4. Telephone Number | 2. Contact | 1. Community Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (D)If "ves " pro                                                      | (C) If "yes," are responsible f                     | (B) If "yes," how much are the fees? \$ | 4. Other typ                           | 2. Homeowner                                | 1. Condominium |                          | Š                           | (C) when was the property purchased: (D) Are you aware of any pets having his | 5. An indivi                            |    | <ol> <li>The executor</li> <li>The administrator</li> </ol> | 1. The owner | <ol> <li>How many</li> <li>(B)Role of Indiv</li> </ol>                                                                                             | 2. Was the Selle<br>the property? | (A) Occupancy  1. When was                    | OWNERSHIP/OCCUPANCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (C) Is Seller a real estate licensee? | other areas related to the construction :  (B) Is Seller the landlord for the property?      | (A)                                                                                                   | SELLER'S EXPERTISE |
| 120                   | claration (claration) tby the ass capital con es. The buy es certificate rrs first.  ATTIC  TTIC  TTIC  or any po en replaced en replaced for ever leak ware of any answers i answers i orts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s the cap                                                   | e Numb              | Advece     | ity Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vide the                                                              | or suppo                                            | much &                                  | e of ass                               | ners ass                                    | nium           | roperty                  | needed                      | e of any                                                                      | dual hol                                | e  | nistrator                                                   | -            | y persor                                                                                                                                           | ty?                               | the pro                                       | CCUP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | estate                                | ated to                                                                                      | ssess ex                                                                                              | ERTIS              |
| SPD Page 2 of 10      | ine unit in a condain the plats and prin the condonia in the plats and prons, initiation fe have the option gen provided to the provided the provided the plats the provided the plats and t | (E) How much is the capital contribution/initiation fee? \$ | ber                 | 2          | ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (D) If "wes" provide the following information about the association: | responsible for supporting or maintaining? Explain: | are the fees? \$                        | Other type of association or community | Homeowners association or planned community |                | y part of a(n):          | lain section 2 (if needed): | (C) When was the property purchased:                                          | An individual holding power of attorney |    | г                                                           |              | 3. How many persons most recently occupied the property?  (B)Role of Individual Completing This Disclosure. Is the individual completing this form | the property?                     | When was the property most recently occupied? | ANCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | licensee?                             | other areas related to the construction and condutions of the projectly and he improvements. | (A) Docs Seller possess expertise in contracting, engineering, architecture, environmental assessment | E                  |
| Buyer's Initials      | rder, warranty, etc.)?  rder, warranty, etc.)?  rder, warranty, etc.)?  rder goofing material restring you isting roofing material restring?  with the roof, gutters, flawith the location and extent the location  | ion fee? \$                                                 |                     |            | Andread and the second and the secon | about the associatio                                                  | Explain:                                            | paid (                                  |                                        | nmunity                                     |                | HELD) OH BHAZAN AR OLIVA | IES/OTHER HOM               | e house or other str                                                          | 17000                                   |    |                                                             |              | sure. Is the individual                                                                                                                            | II no, when did i                 | upied? 7/4                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | namons of the prop                                                                           | gineering, architectu                                                                                 |                    |
| 1                     | nules or regulation and the seas in additionent with the ays thereafter ur ownership removed?  If a control or do to fany probable to fany pro | nlamod co                                                   |                     |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n:                                                                    | a apococia                                          | hly)(∐Qu<br>he associa                  |                                        |                                             |                |                          | FOWNER                      | actures du                                                                    |                                         |    |                                                             |              | nal comple                                                                                                                                         |                                   |                                               | melingurand property of the control |                                       | city and in                                                                                  | re, environ                                                                                           |                    |
| Date                  | lations, and a certs munity. Buyers man on to regular mon return of all degre r or until conveyas  g  blem(s) and says r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A.D. I. I.S. HIR Approximates                               |                     |            | AND AND THE PROPERTY OF THE PR |                                                                       |                                                     | Monthly)(   Quarterly)(   Fear          |                                        |                                             |                |                          | S ASSOCIATIO                | ring your owners                                                              |                                         |    |                                                             |              | ting this form:                                                                                                                                    | Scher Hown recently one           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | э шромыны                                                                                    | mental assessme                                                                                       |                    |

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| displaying the second s | ns is attached.                                                                                                                                                          | sheet describing other additions and alterations is attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | shect describing oth                                 |                                            |          | J. (U | 153        |
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| 50)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                                                                                                                       | 6/2062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Swant Pouch                                          | e modled                                   | _        | -     | 178        |
| The second secon | No                                                                                                                                                                       | 12012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hitchen                                              | Remoded                                    | 73       |       | 147        |
| approvals obtained (Yes/No/Unknown)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Were permits obtained? (Yes/No/Unknown)                                                                                                                                  | Approximate date of work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ructural<br>Iteration                                | Addition, structural change, or alteration |          |       | 145<br>145 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B) Are you aware or any private or priorite architecture.                                                                                                               | S?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (B) Are you aware<br>zoning codes?                   | ×                                          |          | В     | 12.15      |
| of the property other share                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (A) Have any additions, structural changes, or other atterations below.  ownership? Itemize and date all additions/alterations below.                                    | Have any additions, structural changes, or other attentions below. ownership? Itemize and date all additions/alterations below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (A)Have any add<br>ownership? It                     |                                            | ×        | >     | 140        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          | LTERATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. ADDITIONS/ALTERATIONS                             | o Unk N/A                                  | Yes No   |       | 138        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Explain any "yes" answers in section 7, including the location and extent of                                                                                             | inswers in section 7, included the afforts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Explain any "yes" a                                  |                                            |          | ***   | 136        |
| y?<br>overings?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (E) Are you aware of any fire, storm, water or ice damage to the property?                                                                                               | re of any defects (including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (E) Are you awar                                     | X                                          |          | E C   | 134        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orick or synthetic stone?                                                                                                                                                | Dryvit or synthetic stucco, synthetic brick or synthetic stone?  If "yes " when was it installed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                            | ->       | , 12  | 133        |
| System (EIFS), such as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Is your property constructed with an Exterior Insulating Finishing System (FIPS), such                                                                                   | Is your property constructed with an External Structed with a | <ol> <li>Is your pro</li> <li>Is your pro</li> </ol> |                                            | < ×      | -     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g Systems                                                                                                                                                                | (D)Stucco and Exterior Synthetic Finishing Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (D)Stucco and E                                      |                                            |          |       | 130        |
| LOME! Su demi est onset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (C) Are you aware of any past or present water infiltration in the nouse or other surfacements or crawl spaces?                                                          | Are you aware of any past or present wat than the roof, basement or crawl spaces?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (C) Are you awar than the roof,                      | *                                          |          | C     | 851        |
| waya, paaxaa, waxaa cilaar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (B) Are you aware of any past or present problems with divoways, want ways, walls on the property?                                                                       | e of any past or present property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (B) Are you aware of any walls on the property?      | X                                          |          | B     | 126<br>127 |
| worse notice of the solution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nponents?                                                                                                                                                                | walls, foundations, or other structural components?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | walls, foundat                                       |                                            |          | ≯     | 124        |
| n, or other problems w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | שנה לה<br>אני לי                                                                                                                                                         | of any past or present mov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. STRUCTURAL ITEMS                                  | Unk N/A                                    | Yes No   |       | 123        |
| the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Was there when I wo Got the                                                                                                                                              | to danage Was Ti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | applicable: Tor mite                                 |                                            |          |       | 1312       |
| e/treatment provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. Are you aware of any termite/pest control reports or treatments for the property.                                                                                     | ware of any termite/pest con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Are you av                                        | X                                          | _        | 2     | 120        |
| company?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Is your property currently under contract by a licensed pest control company?                                                                                            | perty currently under conti-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Is your pro                                       |                                            | <u>-</u> | _     | 5 2        |
| g insects, drylot, or pro-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Are you aware of any damage caused by termites/wood-destroying insects, drylot, or perment                                                                               | ware of any damage caused                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. Are you av                                        |                                            | ×        | 2     | 17         |
| sts affecting the property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Are you aware of any termites/wood-destroying insects, dryrot, or pests affecting the property                                                                           | /are of any termites/wood-de-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (A)Status  1. Are you aw                             | Onk INA                                    | Yes No   |       | 5. 5       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CTS, DRYROT, PESTS                                                                                                                                                       | TERMITES/WOOD-DESTROYING INSECTS, DRYROT, PESTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. TERMITES/WO                                       |                                            |          | -     | -          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          | fforts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | repair or remediation efforts:                       |                                            |          |       | 3.5        |
| y problem(s) and any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. Are the downspouts or gutters connected to a public system?  The property "type" engages in this section, including the location and extent of any problem(s) and any | Are the downspouts or gutters connected to a public system?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. Are the dov                                       |                                            | ×        | ω     | _          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the basement or crawl space?                                                                                                                                             | the basement or crawl space?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. Do you kno<br>the baseme                          | >                                          |          | 2     | 000        |
| or dammess problem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tomate to control any water                                                                                                                                              | 69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                            | ×        | -     | 08         |
| ithin the basement or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ater Infiltration  Are you aware of any water leakage, accumulation, or dampness within the basement of                                                                  | vare of any water leakage, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (B) Water Infiltration  I. Are you aware (           |                                            |          | (Man) | 3 8        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | np in working order?                                                                                                                                                     | If it has a sump pump, is the sump pump in working order?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4 If it has a si                                     | *                                          |          | 4     | 05         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | If yes, how many?                                                                                                                                                        | Does the property have a sump pump? If yes, how many? If it has a sump pump, has it ever run?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ol><li>Does the pr</li><li>If it has a st</li></ol> |                                            | ~        | N N   | 23         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cs, how many?                                                                                                                                                            | Does the property have a sump pit? If yes, how many?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Does the pr                                       | Unk N/A                                    | Yes No   | _     | 2 3        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          | BASEMENTS AND CRAWL SPACES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      | -                                          |          | 1     | 00         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                          | Charles and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                            |          |       |            |

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Note to Buyer: The PA Construction Code Act, 35 P.S. §7210 et seq. (effective 2004), and local codes et tablish standards for building and altering properties. Buyers should check with the municipality to determine if permits and/or approvals were necessary for disclosed work and if so, whether they were acted to be municipality might require the current owner. act a Storm ming pools determine erty. Buyers e property d by an ex available H OWHER IS

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|                                    | 7                                                                                                                                                                                                      | ×                                                                                                                                                          |                                           |                            | ×<br>×                                                                                                                                                        | *                                                                                                      |   | × ×                                                                                                                                                          | . 🗴 | ××                                             |          | \<br>\                                    | <b>X</b>                                       |                                                                  | 88       | X           | * | 7                 | 8                         | X NO ONK N/A                                                                       | 111111111111111111111111111111111111111 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------|----------|-------------------------------------------|------------------------------------------------|------------------------------------------------------------------|----------|-------------|---|-------------------|---------------------------|------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| any repair or remediation efforts: | <ol> <li>Have you ever had a problem with your water supply?</li> <li>Explain any "ves" answers in section 9, including the location and extent of any problem is an extent of any problem.</li> </ol> | (F) Issues <ol> <li>Are you aware of any leaks or other problems, past or present, relating to the water supplemping system, and related items?</li> </ol> | 2. Is the water system shared? With whom? | (E) General Test recentle: | <ol> <li>Do you have a softener, filter, or other treatment system?</li> <li>Is the softener, filter, or other treatment system leased? From whom?</li> </ol> | 1. If your drinking water source is not public, is the pumping system in working order? it is explain: | 5 | <ol> <li>Is there a well used for something other than the primary source of difficults where:</li> <li>If there is an unused well, is it capped?</li> </ol> |     | Has your well ever run dry?      Depth of Well | (C) Well | 2. If "yes," is the bypass valve working? | 1. Does your water source have a bypass valve? | (B) Rynass Valve (for properties with multiple sources of water) | /. Other | 6. A spring |   | 4. A holding tank | 2. A well on the property | (A)Source, is the source of your drinking water (check an that approx).  1. Public | 9. WATER SUPPLY                         | upgrade or remove changed made by the prior owners. Buyers can have the property inspected by an expert in codes compliance to determine if issues exist. Expanded title insurance policies may be awithing for Buyers to cover the risk of work done to the property by previous owners without a permit or approach. Note to Buyer: According to the PA Stormwater Management Act, each municipality must enact a Storm Water Management Plan for drainage control and flood reduction. The municipality where the property is located may impose restrictions on impervious or semi-pervious surfaces added to the property. Buyers is located may impose restrictions on impervious or semi-pervious surfaces added to the property. Buyers should contact the local office charged with overseeing the Stormwater Management Plan to determine if the prior addition of impervious or semi-pervious areas, such as walkways, decks, and swimming pools, might affect your ability to make future changes. |

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### (A)General

- Is your property served by a sewage system (public, private or community)?
- If no, is it due to availability or permit limitations?
- When was the sewage system installed (or date of connection, if public)?
- (B) Type Is your property served by:

  1. Public (if "yes," continue to D through G below)
- Community (non-public)
  An individual on-lot sewage disposal system
- Other, explain:

Seller's Initials JM/ Date 000 120 SPD Page 4 of 10 **Buyer's Initials** Bate

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| 271                                                                         | 257<br>258<br>259<br>260<br>361<br>262<br>263<br>264<br>265<br>266<br>266<br>267<br>268<br>268                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 244<br>246<br>246<br>247<br>248<br>229<br>250<br>251<br>252<br>253<br>254<br>255                                                                                                                                                                                                                                                                                                    | 243                                                                                                                                   | 238<br>239<br>240<br>241                                                                                                                                                                                                                        | 233<br>234<br>235<br>236<br>237                                                                                                                                                                          | 230<br>231<br>232                                                                                                                                                                                                                                    | 227<br>228<br>229                                                                                                                                                                 | 225                                                                                                                      | 222<br>223<br>223                                                                                                                                | 220<br>221                   | 219 | 217                                                                                                      | 216               | 2 (2 )                                                                 | 213                                                                                       |
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| SO.                                                                         | CB 8 7 6 5 4 3 2 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B 765432                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       | 2                                                                                                                                                                                                                                               | - 4 & 4                                                                                                                                                                                                  | 2                                                                                                                                                                                                                                                    | 7                                                                                                                                                                                 | 1 0 4                                                                                                                    | <b>3</b> I                                                                                                                                       | oo ~                         | 6   | 4 0                                                                                                      | ω κ               | ) <u>-</u>                                                             |                                                                                           |
| Seller's Initials TW                                                        | Z 478 X X X X X X X X X X X X X X X X X X X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes No Unk                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       | メメ                                                                                                                                                                                                                                              | ××                                                                                                                                                                                                       |                                                                                                                                                                                                                                                      |                                                                                                                                                                                   | 8                                                                                                                        |                                                                                                                                                  |                              |     |                                                                                                          |                   |                                                                        | Yes No Unk                                                                                |
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| _                                                                           | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | × × × × × × × × × × × × × × × × × × ×                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                                                                                                 | X                                                                                                                                                                                                        | XX                                                                                                                                                                                                                                                   | 8                                                                                                                                                                                 | >                                                                                                                        | c X                                                                                                                                              |                              |     |                                                                                                          |                   |                                                                        | N/A                                                                                       |
| Date \( \frac{\sqrt{1}}{20} \) SPD Page 5 of 10 Buyer's Initials \( \) Date | (A)Type(s). Is your water heating (check all that apply):  1. Electric 2. Natural Gas 3. Fuel oil 4. Propane 5. Solar 6. Geothermal 7. Other 8. Is your water heating a summer-winter, hook-up (integral system, hot water from the beiles to the point of t | (A)Material(s). Are the plumbing materials (check all that apply):  1. Copper 2. Galvanized 3. Lead 4. PVC 5. Polybutylene pipe (PB) 6. Cross-linked polyethyline (PEX) 7. Other (B) Are you aware of any problems with any of your plumbing fixtures (e.g., including but not into: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?  If "yes," explain: | Explain any "yes" answers in section 10, including the location and extent of any professional and any repair or remediation efforts: | <ul> <li>(G) Issues</li> <li>1. Is any waste water piping not connected to the septic/sewer system?</li> <li>2. Are you aware of any past or present leaks, backups, or other problems relating to the sew system and related items?</li> </ul> | (F) Sewage Pumps  1. Are there any sewage pumps located on the property?  2. What type(s) of pump(s)?  3. Are pump(s) in working order?  4. Who is responsible for maintenance of sewage pumps?  Service | (E) Abandoned Individual On-lot Sewage Disposal Systems and Septic  1. Are you aware of any abandoned septic systems or cesspools on your property?  2. Have these systems or cesspools been closed in accordance with the municipality's ordinance. | 5. Where are the septic tanks located? Side of the House 6. How often is the on-lot sewage disposal system serviced? 7. When was the on-lot sewage disposal system last serviced? | 3. Are there any fiberglass septic tanks on the Property?  4. Are there any other types of septic tanks on the Property? | (D)Tanks and Service  1. Are there any metal/steel septic tanks on the Property?  2. Are there any coment/concrete sentic tanks on the Property? | 7. Shared 8. Other, explain: |     | <ol> <li>A drainfield</li> <li>Supported by a backup or alternate drainfield, sandmound, etc.</li> </ol> | 3. A holding tank | 1. Within 100 feet of a well 2. Subject to a ten-acre permit exemption | (C) Individual On-lot Sewage Disposal System. Is your sewage system (check all that apply |

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| 330                   | 327<br>328<br>329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 318<br>319<br>320<br>321<br>322<br>323<br>324                                                                                                                                                                                                                                                                                                                                                           | 312<br>313<br>314<br>315<br>316                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Seller's Initials JM/ | Yes No Unk N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                         | Yes No Unk N/A                                                                                                                               | Yes No Unk NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                       | 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ar.                                                                                                                                                                                                                                                                                                                                                                                                     | 14                                                                                                                                           | Arc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Date                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (B)                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | (A) F<br>1.1. 3.3<br>3.4. 4.4<br>4.5. 5.5<br>5.5. 6.6<br>6.6 6.6<br>6.6 6.6<br>7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                       | ELECTRIC<br>(A)Typc(s)<br>1. Does<br>2. Does                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5. Noi<br>(B)Status<br>1. Wh<br>2. Wh<br>2. Wh<br>3. Ho<br>(C)List an                                                                                                                                                                                                                                                                                                                                   | Typ<br>1. C<br>2. V<br>4. C                                                                                                                  | A) Fuel T 1. Elec 2. Nat 3. Fue 4. Pro 5. Gec 6. Coe 7. Wo 8. Oth 1. For 2. Hot 3. Hee 4. Ele 6. Rac 7. Wo 8. Cos 9. Oth 1. Arr 1. Arr 2. Arv 6. Ho 3. Ho 4. Is t 6. Ho 7. Av 6. Ho 6. Ho 7. Av 6. Ho 7. Av 6. Ho 7. Arv 8. Cos 9. Oth 9 |
| 200                   | C(s) Does Does                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None When When How st any s                                                                                                                                                                                                                                                                                                                                                                             | ONDI<br>pe(s). J<br>Centra<br>Wall t<br>Windo                                                                                                | (A) Fuel Type(s).  1. Electric 2. Natural Ga: 3. Fuel oil 4. Propanc 5. Geotherma 6. Coal 7. Wood 8. Other 2. Hot water 3. Heat pump 4. Electric ba: 5. Steam 6. Radiant 7. Wood stove 8. Coal stove( 9. Other 9. Other 1. When was 2. When was 2. When was 3. How many 4. Is there an (D) Fireplaces 1. Are there a 2. Are all fire 3. Fireplace t 4. Were the fi 5. Are there s 6. How many 7. Are the chi (E) List any areas (F) Heating Fuel 1. Are you av 2. Location(s 3. If you do r 3. If you do r 4. Is from many 7. Are you av 9. Other 1. Are you av 9. Other 1. Are you av 9. Other 9. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8/1/20                | the o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | was<br>was<br>man<br>areas                                                                                                                                                                                                                                                                                                                                                                              | ONDITIONI pe(s). Is the air Central air Wall units Window units Other                                                                        | el Type(s). Is in Electric Natural Gas Fuel oil Propane Geothermal Coal Wood Other Heat pump Electric baseb Steam Radiant Wood stove(s) Coal stove(s) Coal stove(s) Other Heat pump Electric baseb Steam Radiant Wood stove(s) Coal stove(s) Coal stove(s) Other How many he How many he How many he How many he How many ch Are there any Are there any How many ch Are the chimn t any areas of ating Fuel Ta Are you awar Location(s), i If you do not ware of any pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10                    | SYS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the the the y air y pr                                                                                                                                                                                                                                                                                                                                                                                  | NIN<br>e air<br>nits                                                                                                                         | (A) Fuel Type(s). Is your  1. Electric 2. Natural Gas 3. Fuel oil 4. Propane 5. Geothermal 6. Coal 7. Wood 8. Other 2. Hot water 3. Heat pump 4. Electric baseboard 5. Steam 6. Radiant 7. Wood stove(s) How 9. Other 2. When was the hea 3. How many heating 4. Is there an additio (C) Status 1. Are there any fire) 2. Are all fireplace(s) 3. Fireplace types(s) 4. Were the fireplace(s) 5. Are there any chira 6. How many chima 7. Are the chimney(c) (E) List any areas of the left proposed in the composition of the left proposed in the composition of the left proposed in the composition of the left proposed in the left p |
| 500                   | (A)Type(s) 1. Does the electrical system have fuses? 2. Does the electrical system have circuit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | centr<br>centr<br>cond<br>he ho                                                                                                                                                                                                                                                                                                                                                                         | AIR CONDITIONING SYSTEM (A)Type(s). Is the air conditioning 1. Central air 2. Wall units 3. Window units 4. Other                            | (A) Fuel Type(s). Is your heating source (chee 1. Electric 2. Natural Gas 3. Fuel oil 4. Propane 5. Geothermal 6. Coal 7. Wood 8. Other 2. Hot water 3. Heat pump 4. Electric baseboard 5. Steam 6. Radiant 7. Wood stove(s) How many? 4. Electric baseboard 5. Steam 6. Radiant 7. Wood stove(s) How many? 9. Other 7. When was your heating system(s) insta 2. When was the heating system(s) insta 2. When was the heating system(s) insta 2. When was the heating zones are in the propagate of the propagate of the propagate of the fireplace(s) working? 1. Are there any fireplace(s) working? 2. Are all fireplace(s) working? 3. Fireplace types(s) (wood, gas, electric, 4. Were the fireplace(s) installed by a profe 5. Are there any chimney(s) (from a firep 6. How many chimney(s) working? If "no," 6. Elist any areas of the house that are not heating Fuel Tanks 1. Are you aware of any heating fuel tank 2. Location(s), including underground tank 3. If you do not own the tank(s), explain: 3. you aware of any problems or repairs needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PD                    | syste<br>syste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | al air<br>al air<br>al air<br>ition<br>use t                                                                                                                                                                                                                                                                                                                                                            | YST                                                                                                                                          | all the all th |
| Page                  | m ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | con                                                                                                                                                                                                                                                                                                                                                                 | EM<br>ing (                                                                                                                                  | at ap  at ap  y?  y?  yster yster yster yster ing? Gas, gas, liled l ) (fro  gas, hat ar at ar  at ar  are ing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SPD Page 6 of 10      | ve fu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dition<br>dition<br>ones<br>re no                                                                                                                                                                                                                                                                                                                                                                       | check                                                                                                                                        | ply): ply): ply): ply): full in the ackup m w m w m w m w m in the ackup in the ack |
| 10                    | pc(s) Does the electrical system have fuses? Does the electrical system have circuit breakers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. None (B)Status 1. When was the central air conditioning system installed? 2. When was the central air conditioning system last serviced? 3. How many air conditioning zones are in the property? 3. How areas of the house that are not air conditioned: (C) List any areas of the house that are not air conditioned: Are you aware of any problems with any item in section 14? If "yes," explain: | AIR CONDITIONING SYSTEM  (A) Type(s). Is the air conditioning (check all that apply):  1. Central air 2. Wall units 3. Window units 4. Other | (A) Fuel Type(s). Is your heating source (check all that apply):  1. Electric 2. Natural Gas 3. Fuel oil 4. Propane 5. Geothermal 6. Coal 7. Wood 8. Other (B) System Type(s) (check all that apply): 1. Forced hot air 2. Hot water 3. Heat pump 4. Electric baseboard 5. Steam 6. Radiant 7. Wood stove(s) How many? Are there was your heating system(s) installed? 9. Other (C) Status 1. When was your heating system(s) installed? 2. When was the heating system(s) hast serviced? 3. How many heating zones are in the property? 4. Is there an additional and/or backup heating system? Explain: 4. Is there any fireplace(s)? How many? 2. When was the heating system(s) as electric, etc.): 4. Are there any chimney(s) (from a fireplace, water heater or any other heating system) 5. Are there any chimney(s) (from a fireplace, water heater or any other heating system) 6. How many chimney(s) working? If "no," explain: 6. How many chimney(s) working? If "no," explain: 7. Are there any chimney(s) working? If "no," explain: 8. Are there any chimney(s) working? If "no," explain: 9. Are there any chimney(s) working? If "no," explain: 9. Are there any chimney(s) working? If "no," explain: 1. Are you aware of any heating fuel tank(s) on the property? 2. Location(s), including underground tank(s): 1. Are you aware of any beating fuel tank(s) on the property? 1. Are you aware of any beating the tank(s), explain: 1. Are you aware of any problems or repairs needed regarding any item in section 13? If "yess." exp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Bu                    | breal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | syster<br>syster<br>syster<br>n the<br>condi                                                                                                                                                                                                                                                                                                                                                            | hat a                                                                                                                                        | alled? 2010 alled? 2010 erviced? N// operty? 6 operty? 6 operty? 6 operty? 7 operty? 6 operty? 7 |
| Buyer's Initials      | (ers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n ins<br>n las<br>prop<br>tione                                                                                                                                                                                                                                                                                                                                                                         | pply)                                                                                                                                        | hat a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| mer -<br>seri         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | talled terverty?                                                                                                                                                                                                                                                                                                                                                                                        | ***                                                                                                                                          | at apply):  20 2 2 2 2 2 3 2 3 2 4 3 2 4 4 4 4 4 4 4 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                       | and the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (plai                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                              | anufacturer's representany other heating systemented?  1 Ut: Lity Room  1 Section 13? If "yes."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| P | 0   | В |     |
|---|-----|---|-----|
|   | X   |   | Yes |
| X |     | 持 | No  |
|   | 187 |   | Unk |
|   |     |   | N/A |

(B) What is the system amperage? 200 AMD

Are you aware of any problems or repairs needed in the electrical system? If "yes," explain (C) Are you aware of any knob and tube wiring in the home?

### 16. OTHER EQUIPMENT AND APPLIANCES

of Sale negotiated between Buyer and Seller will determine which items, if any, are included in that an item is listed does not mean it is included in the Agreement of Sale. Terms of the purchase of the Property. This section must be completed for each item that will, or may, be sold with the property

| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The second second                                                                 |                                                                                   |     | Dichwacher                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----|-----------------------------|
| Contract of the Contract of th |                                                                                   | >                                                                                 |     | Microwave oven              |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                   | ×   | Range/oven                  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | ~                                                                                 |     | Refrigerator(s)             |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | 8                                                                                 |     | Pool/spa accessories        |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 35                                                                                | ×                                                                                 |     | Whirlpool/tub               |
| Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   | ×                                                                                 |     | Pool/spa cover              |
| Electric animal fence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | ~                                                                                 |     | Pool/spa heater             |
| Storage shed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   | ×                                                                                 |     | Deck(s)                     |
| Satellite dish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | ×                                                                                 |     | Hot tub/spa                 |
| Attic fan(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   | ×                                                                                 |     | Swimming pool               |
| Awnings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | ×                                                                                 |     | Sprinkler automatic timer   |
| A/C window units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | ×                                                                                 |     | In-ground lawn sprinklers   |
| Ceiling fans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   | -                                                                                 |     | Interior fire sprinklers    |
| Intercom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | >5                                                                                |     | Security alarm system       |
| Dryer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                   | ×   | Carbon monoxide detectors   |
| Washer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                                                                                   | ×   | Smoke detectors             |
| Stand-alone freezer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | ×                                                                                 |     | Keyless entry               |
| Garbage disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | K                                                                                 |     | Garage transmitters         |
| Trash compactor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | ×                                                                                 |     | Electric garage door opener |
| Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | No                                                                                | Yes | Item                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trash compacto Garbage dispos Stand-alone free Washer Dryer Intercom Ceiling fans | Trash compacto Garbage dispos Stand-alone free Washer Dryer Intercom Ceiling fans |     | × × × × × ×                 |

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Are you aware of any problems or repairs needed regarding any nem

### 17. LAND/SOILS

### (A)Property

365 364 363 362

Yes

No

Unk N/A

-N

- Are you aware of any fill or expansive soil on the property?
- 2. earth stability problems that have occurred on or affect the property? Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes
- S spread on the property, or have you received written notice of sewage sludge being spread Are you aware of sewage sludge (other than commercially available fertilizer products) be an adjacent property?
- 4. that might affect this property? Are you aware of any existing, past or proposed mining, strip-mining, or any other excava-

PA 15423 (800) 922-1678 (within Pennsylvania) or (724) 769-1100 (outside Pennsylvania) counties and mines where mine subsidence damage may occur and mine subsidence in surance are available through: Department of Environmental Protection, Mine Subsidence Insurance Fund, 25 Technology Drive, California Technology Park, Coal Center of the Coal Cen Note to Buyer: The property may be subject to mine subsidence damage. Maps of the vania).

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Buyer's Initials

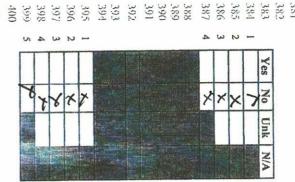
Date

Date

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www.zipl\_ogix.com



## (B) Preferential Assessment and Development Rights

383 38

development rights under the: Is the property, or a portion of it, preferentially assessed for tax purposes, or subject to limit

- Farmland and Forest Land Assessment Act 72 P.S. §5490.1 et seq. (Clean and Green Programment)
- Open Space Act 16 P.S. §11941 et seq.
- Agricultural Area Security Law 3 P.S. §901 et seq. (Development Rights)
- Any other law/program:

limit the circumstances under which agricultural operations may be subject to nuisance suits of Note to Buyer: Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort by the Act operate in the vicinity of the property. ordinances. Buyers are encouraged to investigate whether any agricultural operations core

### (C) Property Rights

a previous owner of the property): Are you aware of the transfer, sale and/or lease of any of the following property rights (by You

- Timber
- Coal
- 011
- Other minerals or rights (such as farming rights, hunting rights, quarrying rights) Exploit Natural gas

unlimited years and searching the official records in the county Office of the Recorder of Dece may be subject to terms of those leases and elsewhere. these rights by, among other means, engaging legal counsel, obtaining a title examination Note to Buyer: Before entering into an agreement of sale, Buyer can investigate the status Buyer is also advised to investigate the terms of any existing leaves, as have

Explain any "yes" answers in section 17:

### 428 429 426 434 433 437 431 430 12: A W N 6 S 7 4 WN Yes y Unk N/A

423 422

125 424 420

418 117 416 415 111

### 18. FLOODING, DRAINAGE AND BOUNDARIES

### (A)Flooding/Drainage

- Is any part of this property located in a wetlands area?
- Is the property, or any part of it, designated a Special Flood Hazard Area (SFHA). Do you maintain flood insurance on this property?
- SIN
- 4 2 Are you aware of any drainage or flooding mitigation on the property? Are you aware of any past or present drainage or flooding problems affecting the property

11. 412 410 409 408 407 100 40.5 404 403 103 à

- Are you aware of the presence on the property of any man-made feature that temporarily permanently conveys or manages storm water, including any basin, pond, ditch, drain. swale, culvert, pipe or other feature?
- 7. If "yes", are you responsible for maintaining or repairing that feature which conveys or the ages storm water for the property?

Explain any "yes" answers in section 18(A), including dates and extent of flooding and the constant of any man-made storm water management features:

### (B) Boundaries

Are you aware of any encroachments, boundary line disputes, or easements affecting

in the Office of the Recorder of Deeds for the county before entering into an agreement of may not be readily aware of them. Buyers may wish to determine the existence of easements reasons. In many cases, the easements do not restrict the ordinary use of the property, and Note to Buyer: Most properties have easements running across them for utility services and a restrictions by examining the property and ordering an Abstract of Title or searching the

- Do you access the property from a private road or lane?
- If "yes," do you have a recorded right of way or maintenance agreement?
- Are you aware of any shared or common areas (driveways, bridges, docks, walls. maintenance agreements?

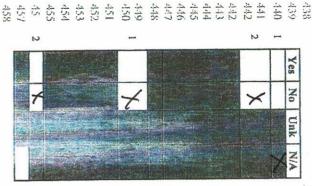
Explain any "yes" answers in section 18(B):

**Buyer's Initials** 

Date

Date

437



348

145 444 142 142 442 1 440

### 19. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

(A) Mold and Indoor Air Quality (other than radon)

438

Are you aware of any tests for mold, fungi, or indoor air quality in the property?

Other than general household cleaning, have you taken any efforts to control or remediate mold or mold-like substances in the property?

States Environmental Protection Agency and may be obtained by contacting IAQ INFO. 37133, Washington, D.C. 20013-7133, 1-800-438-4318. Note to Buyer: Individuals may be affected differently, or not at all, by mold contamination. ices of a qualified professional to do testing. Information on this issue is available from the Unite mold contamination or indoor air quality is a concern, buyers are encouraged to engage the se PO

(B) Radon

property? If "yes," list date, type, and results of all tests below: Are you aware of any tests for radon gas that have been performed in any buildings on the

2 Are you aware of any radon removal system on the property? If "yes," list date installed Name of Testing Service Results (picocuries/liter) Type of Test type of system, and whether it is in working order below: First Test Second Tosi

455 3 153 452 15:

:2:

459

(C) Lead Paint

Date Installed

Type of System

Provider

ledge of, and records and reports about, lead-based paint on the property If property was constructed, or if construction began, before 1978, you must disclose any know

Are you aware of any lead-based paint or lead-based paint hazards on the property?

on the property? Are you aware of any reports or records regarding lead-based paint or lead-based paint hazare

(D)Tanks

468 467 466 46-1 463 46 461 460

465

Are you aware of any existing or removed underground tanks? Size: If "yes," have any tanks been removed during your ownership?

(E) Dumping. Are you aware of any dumping on the property?

(F) Other

Are you aware of any existing hazardous substances on the property (structure or soil) sa as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?

Have you received written notice regarding the presence of an environmental hazard or hazard on your property or any adjacent property?

concerns? Are you aware of testing on the property for any other hazardous substances or environment

4. Are you aware of any other hazardous substances or environmental concerns that might make upon the property?

Explain any "yes" answers in section 19:

### 478 479 474 469 476 473 172 470 480 2 w 2 -I 2 4 Yes MA

17

### 20. MISCELLANEOUS

### (A)Deeds, Restrictions and Title

483 482 3

Yes

No

186 485 181

2

187

w

Are you aware of any deed restrictions that apply to the properly?

2 Are you aware of any historic preservation restriction or ordinance or archeological designation nation associated with the property?

w warranty deed or conveying title to the property? Are you aware of any reason, including a defect in title, that would prevent you from giving

(B) Financial

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2

safety or fire ordinances or other use restriction ordinances that remain uncorrected ments against the property that remain unpaid or of any violations of zoning, housing, building Are you aware of any public improvement, condominium or homeowner association

2 Are you aware of any mortgage, judgment, encumbrance, lien, overdue payment on a suppose obligation, or other debt against this property or Seller that cannot be satisfied by the processes of this sale?

w Are you aware of any insurance claims filed relating to the property?

Seller's Initials ME

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aduced with zipForm® by Date 9

SPD Page 9 of 10 **Buyer's Initials** 

Untitled Date

| BUYER                                                                                                                                                                                                                                                                                                                                                                                                                                     | 544                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
| is Buyer's responsibility to satisfy himself or herself as to the condition of the property. Buyer may request that the property be inspected, at Buyer's expense and by qualified professionals, to determine the condition of the structure or its component                                                                                                                                                                            |                                 |
| The undersigned Buyer acknowledges receipt of this Disclosure Statement. Buyer acknowledges that this Statement is and warranty and that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present conditional warranty and that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present conditional warranty.                                            | 538 <b>1</b>                    |
| RECEIPT AND ACKNOWLEDGEMENT BY BUYER                                                                                                                                                                                                                                                                                                                                                                                                      | 537                             |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                      | 536                             |
| rial defect(s) of the property.                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
| According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not requite to fill out a Seller's Property Disclosure Statement. The executor, administrator or trustee, must, however, disclose any known page                                                                                                                                                              | 533 A                           |
| EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK                                                                                                                                                                                                                                                                                                                                                                                          | 532                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
| DATE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                 | 530                             |
| SELLER John & Mortin 8/1/20                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |
| this form.                                                                                                                                                                                                                                                                                                                                                                                                                                | 528                             |
| tion supplied on this form which is rendered inaccurate by a change in the condition of the property following completion                                                                                                                                                                                                                                                                                                                 |                                 |
| INFORMATION CONTAINED IN THIS STATEMENT. Seller shall cause Buyer to be notified in writing of any information.                                                                                                                                                                                                                                                                                                                           | 526                             |
| The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to best of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers to be seller's knowledge.                                                                                                                                                             |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | 522                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | 521                             |
| (A) The following are part of this Disclosure if checked:  Seller's Property Disclosure Statement Addendum (PAR Form SDA)                                                                                                                                                                                                                                                                                                                 | N                               |
| Explain any "yes" answers in section 20:                                                                                                                                                                                                                                                                                                                                                                                                  | 515                             |
| are for informational purposes only.                                                                                                                                                                                                                                                                                                                                                                                                      | 51.5                            |
| 2. After completing this form, if Seller becomes aware of additional information about property, including through inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the inspection(s). These inspection reports                                                                                                                                                           | 510<br>512<br>512               |
| Note to Buyer: A material defect is a problem with a residential real property or any position a it that would have a significant adverse impact on the value of the property or that involves unreasonable risk to people on the property. The fact that a structural element, system or substant is at or beyond the end of the normal useful life of such a structural element, system or substant is not by itself a material defect. | 505<br>506<br>507<br>508<br>509 |
| 1. Are you aware of any material defects to the property, dwelling, or fixtures which are no disclosed elsewhere on this form?                                                                                                                                                                                                                                                                                                            | 503                             |
| 2. Are you aware of any existing or threatened legal action affecting the property?  (D)Additional Material Defects                                                                                                                                                                                                                                                                                                                       | 501<br>502                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           | 500                             |
| Yes No Unk N/A (C)Legal                                                                                                                                                                                                                                                                                                                                                                                                                   | 498                             |

# RESIDENTIAL LEAD-BASED PAINT HAZARDS DISCLOSURE FORM This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR)

| LICENSEE                                               | 48 BROKER    | 47 LICENSEE                      | 46 BROKER                                                                                                                                                                                          | -                                                        | THE RESIDENCE OF THE PARTY OF T | THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN COLUM | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| LICENSEE Which M Marks BROKER FOR BUYER (Company Name) | Mollaty      | FD (Common No                    | The following have reviewed the information above and certify that the Agent statements are true to the best of their knowledge and belief. Seller Agent and Buyer Agent must both sign this form. |                                                          | CKNOWLEDGEMENT AND CERTIFICATION  Agent/Licensee represents that Agent has informed Seller of Seller's obligations under the Residential Lead-Based-Paint Hazard Reduction Act, 42 U.S.C. §4852(d), and is aware of Agent's responsibility to ensure compliance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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Buyer has received paint and/or lead-based paint hazards; or received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or le | EAD WARNING STATEMENT  Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that said property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Leave property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Leave property may present exposure to lead from lead-based paint and prior to provide the Buyer with any information on lead-based paint hazards in or about the Property. Provide the Buyer of any known lead-based paint hazards in or about the Property. Provide the Buyer of the presence of lead-based paint and/or lead-based paint hazards in or about the Property. Provide the basis for determining that lead-based paint and/or lead-based paint hazards in or about the Property. Provide the variable information concerning Seller's knowledge of the presence of lead-based paint and/or lead-based paint mandor lead-based paint hazards in or about the Property. Provided Buyer with all available records or reports pertaining to lead-based paint and/or lead-based paint nador lead-based paint hazards in or about the Property. (List documents).  Seller has no records or reports pertaining to lead-based paint and/or lead-based paint nador lead-based paint hazards in or about the Property. (List documents).  DATE SELLER Works of Mazard.  DATE BUYERS ACKNOWLEDGMENT  Buyer has reviewed Seller's knowledge the above statements are true and accurate.  DATE BUYER Suyer has reviewed Seller's knowledge the above statements are true and accurate.  DATE BUYERS ACKNOWLEDGMENT  Buyer has reviewed Seller's knowledge the above statements are true and has read the Lead Warning Salacanout.  DATE BUYERS Buyer has reviewed Seller's disclosure of known lead-based paint and/or lead-based paint hazards and has received the records and reports regarding lead-based paint hazards; or lead-based paint and/or lead-based paint hazards a | STATEMENT  ny interest in reside exposure to lead filidren may produce and impaired memperty is required to ler's possession an aint hazards is recossure  leter's possession an aint hazards is reconstructed for the letermining that lea no records or reprovided Buyer we have best of Seller the best of Seller's discrete discret |
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