

SELLER'S PROPERTY DISCLOSURE

This form approved by the North Dakota Association of REALTORS®, which disclaims any liability out of use or misuse of this form. Only REALTORS® licensed in North Dakota are authorized to use this form in compliance with NDAR's Statewide Forms Policy.

1 NOTICE FOR NORTH DAKOTA PROPERTY:

2 This form is designed to guide Seller(s) in making the legally required disclosures and to assist Seller(s) to avoid
3 inadvertent nondisclosures of material facts as required by statute. Seller(s) must disclose all material facts Seller(s) is
4 aware could adversely and significantly affect an ordinary buyer's use and enjoyment of the Property or any intended use
5 of the Property of which Seller(s) is aware, even if not specifically asked in this form. Additional space for disclosure is
6 provided on the last page of this form. Seller(s) may attach any additional information as necessary.
7 Refer to North Dakota Century Code 47-10-02.1 for more detail on requirements of the statute.

8 **DATE:** _____

9 **PROPERTY ADDRESS:**

10 **SELLER(s):** _____

11 Street Address: _____

12 City: _____ State: _____ Zip Code: _____ County: _____

13 THIS IS NOT A WARRANTY:

14 This disclosure is not a warranty or guarantee of any kind by Seller(s), Broker(s) or Agent(s) representing or
15 assisting any party in the transaction; and, it is not a substitute for inspections or warranties which the parties
16 may wish to obtain. Seller(s) is only providing information of which Seller(s) is aware. Broker(s)/Agent(s) is
17 not a property inspector and has little or no information regarding the condition of this Property.

18 Seller(s) authorizes Broker(s) and Agent(s) to provide the following information to prospective Buyer(s).
19 Information presented in this form is not intended to be part of any PURCHASE AGREEMENT between
20 Buyer(s) and Seller(s).

21 SELLER(s):

- 22 • Seller(s) is to personally complete this form. Please include the Property address on every page.
- 23 • Answer all line items, even if the answer is "Unknown."
- 24 • If more space is needed, place additional disclosures on Page 9 and include the line number(s) being
25 referenced.
- 26 • Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the facts
27 disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing.
28 Seller(s) must disclose new or changed facts on the SELLER'S PROPERTY DISCLOSURE
29 ADDENDUM/AMENDMENT or in writing.

30 BUYER(s):

- 31 • Buyer(s) is encouraged to thoroughly inspect the Property personally or have it inspected by a third
32 party and to inquire about any specific areas of concern.
- 33 • **NOTE:** If Seller(s) answers "Unknown" to any of the questions listed below, it does not necessarily
34 mean that it does not exist on the Property. "Unknown" may mean Seller(s) is unaware that it exists
35 on the Property.
- 36 • Buyer(s) is responsible for reviewing any zoning or regulatory use restrictions affecting the
37 Property, including but not limited to mineral rights, airport zoning regulations, and municipal
38 ordinances.

39 SELLER(s) & BUYER(s):

- 40 • THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.
- 41 • The following information applies to all structures, such as garage(s), outbuilding(s), shed(s), etc.
- 42 • Initial by any changed answers or mistakes made on this form.

Buyer(s) Initials _____

Seller(s) Initials _____

43 **GENERAL INFORMATION**

	YES	NO
1 When did you purchase or build the home? _____		
2 Has the home been occupied continuously for the past 12 months? If No, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Type of title evidence. <input type="checkbox"/> Abstract <input type="checkbox"/> Owner's Title Insurance <input type="checkbox"/> Unknown		
4 Is the Property on a public or private road? <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public – not maintained If Private or Public not maintained, Explain: _____		

44 **STRUCTURAL ELEMENTS (UNK = Unknown, NA = Not Applicable)**

	YES	NO	UNK	NA
1 Has the structure been altered? (Additions, altered roof lines, changes to load bearing walls, etc.) If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Was a permit obtained to alter the structure? If No, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you or anyone else performed work on the Property which required a building, plumbing, electrical, or other permits? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Was a permit obtained? If No, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Was the work approved by an inspector? If No, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is there, or has there been, water seepage, sewer back up, and/or dampness? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Have waterproofing repairs been made? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Type of basement/foundation. (Check one) <input type="checkbox"/> Brick <input type="checkbox"/> Concrete block <input type="checkbox"/> Concrete poured <input type="checkbox"/> Stone <input type="checkbox"/> Insulated concrete forms <input type="checkbox"/> Wood <input type="checkbox"/> Other If Other, Explain: _____				

Buyer(s) Initials _____

Seller(s) Initials _____

Address: _____

		YES	NO	UNK	NA
9	Are there cracked or bulged floors or walls in the basement? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is drain and/or sump pump installed and working properly? If Yes, where does it drain to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are all structures located within the boundaries of the Property? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Was any structure moved to this site? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are there cracks in the driveway, garage floor, sidewalks, patio, retaining walls, or other outside hard surface areas? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	What is the age of the roofing material on the home? _____ Year(s)			<input type="checkbox"/>	
15	What is the age of the roofing material on the garage/out buildings? _____ Year(s)			<input type="checkbox"/>	
16	Does the roof leak, or has the roof ever leaked? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Has there been interior damage from a roof leak, condensation, or ice buildup? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has there been damage to any roof or shingles? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Was insulation added to the structure? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Are you aware of dry rot in the building? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials _____

	YES	NO	UNK	NA
21 Has the Property or its improvements been damaged? (Check all applicable) <input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Wind <input type="checkbox"/> Floods <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Frozen pipes <input type="checkbox"/> Broken water line If Yes, was the damage repaired? Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Have damage claims been paid to you by insurance coverage? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Do rain gutters and downspouts work? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Are exterior and interior locks operable? Will keys be provided for each?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Are all the window screens available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Are there damaged screens? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Are all the storm windows available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Are there broken windows or broken seals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Are skylights in working condition? (i.e., no leaking, condensation, or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Is the fireplace/wood burner in working order? If No, Skip to Number 33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Is the fan, chimney, or flue in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Has the fireplace/wood burner/chimney/flue been cleaned? If Yes, When:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Has the vents/ductwork ever been cleaned? If Yes, When:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Are you aware of any rough-in for future amenities that were added during construction or remodel of the home? (i.e., Plumbing rough-in for future wet-bar, bathroom, sprinkler. Electrical rough-in for hot tub, pool, sound system, generator. Heat rough-in for future gas, electric baseboard, garage heater. Gas for future fireplace, grill, firepits, etc.) If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Are there additional Property conditions that have not been described above? (i.e., slanted floors, sticking windows, settling, distorted door frames, sagging ceilings, siding irregularities, stained or damaged floor coverings, etc.) If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials _____

45 **UTILITIES (UNK = Unknown, NA = Not Applicable)**

	YES	NO	UNK	NA
1 Are there wells on the above-described Property? If Yes, see WELL DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is there a Rural Water membership serving the Property? If Yes, provide membership transfer information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is there a private sewer system on or serving the Property? If Yes, see PRIVATE SEWAGE TREATMENT SYSTEM DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever scoped or snaked the sewer lines? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Utilities provided by:				
Gas: _____	Average Monthly Cost: _____			
Electrical: _____	Average Monthly Cost: _____			
Water: _____	Average Monthly Cost: _____			
Trash Pick Up: _____	Average Monthly Cost: _____			
Other: _____	Average Monthly Cost: _____			
Mailbox Number: _____	Key: <input type="checkbox"/> YES <input type="checkbox"/> NO			

46 **LAND USE (UNK = Unknown, NA = Not Applicable)**

	YES	NO	UNK	NA
1 Are there covenants, deed restrictions, or reservations? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you received notice from any governmental authority of future assessments? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are there zoning infractions, non-conforming uses, or violations? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there encroachments, easements, life estate, right of first refusal, or existing lease(s)? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the Property part of a Homeowner's Association? If Yes, See HOA/CONDO ASSOCIATION DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the Property a Condominium? If Yes, See HOA/CONDO ASSOCIATION DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are there shared features with adjoining property such as walls, fences, and/or driveways? If Yes, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials _____

47 **ENVIRONMENTAL CONCERNS** (*UNK = Unknown, NA = Not Applicable*)

48 **To your knowledge, have any of the following existed or do they currently exist on the Property:**

	YES	NO	UNK	NA
1 Fill dirt? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Asbestos? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insect, animal, or pest infestations? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hazardous waste/substances? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Underground storage tanks? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Drainage/standing water issues? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Smoking inside any structures? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Illicit drug production/sales/usage? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Methamphetamine production/sales/usage? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Signs of soil expansion, contraction, or movement other than situations related to normal conditions? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Any suspected microbial/fungal growth? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Has there been confirmed black mold on the Property? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is urea-formaldehyde foam insulation present? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Are there or have there been pets on the Property? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Are there any dead, dying or diseased trees/shrubs on the Property? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials _____

49 **RADON DISCLOSURE**

50 *Radon gas is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities,*
 51 *may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal guidelines have been*
 52 *found in buildings on residential real property in North Dakota. Additional information regarding radon and radon testing*
 53 *may be obtained from your local public health unit or the state department of environmental quality.*

See RADON DISCLOSURE as required by North Dakota Century Code.

54 **FLOOD DISCLOSURE – INCLUDING OVERLAND AND RIVER FLOODING**

55 This is intended to provide information to prospective Buyer(s) concerning high water elevation flood events,
 56 including overland and river flooding that may impact the Property.

57 **Note:** Whether or not Seller(s) currently carries flood insurance, it may be required in the future. Flood
 58 insurance premiums are increasing, and in some cases will rise by a substantial amount over the premiums
 59 previously charged for flood insurance for the Property. As a result, Buyer(s) should not rely on the premiums
 60 paid for flood insurance on this Property previously as an indication of the premiums that will apply after
 61 Buyer(s) completes their purchase.

	YES	NO	UNK	NA
1 Is the Property in a designated 100-year floodplain? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Has the Property been impacted by high water elevation flood events including overland and river flooding? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you carry flood insurance? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the flood insurance transferable? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62 **PROPERTY TAX/SPECIALS DISCLOSURE**

63 Check appropriate box:

64 ☐ **Yes** ☐ **No** Is there an exclusion from market value for home improvements on this Property. Any valuation
 65 exclusion shall terminate upon sale of the Property, and the Property's estimated market value for property
 66 tax purposes shall increase. If a valuation exclusion exists, Buyer(s) is encouraged to look into the resulting
 67 tax consequences.

68 ☐ **Yes** ☐ **No** Is the Property subject to any preferential property tax status or any other credits affecting
 69 the Property (e.g. Disability, Green Acres, CRP, RIM, Rural Preserve, Primary Residence Credit, etc.)?
 70 If Yes, Explain:

71 _____
 72 _____
 73 _____

74 If Yes, would these terminate upon the sale of the Property? ☐ Yes ☐ No If Yes, Explain:

75 _____
 76 _____
 77 _____

Buyer(s) Initials _____

Seller(s) Initials _____

78 SYSTEMS & APPLIANCES

79 Answers below do not guarantee item is included or not included in sale. See PURCHASE AGREEMENT for
 80 inclusions/exclusions.

81 **NI = Not Included, WK = Working, NW = Not Working, UNK = Unknown, N/A = Not applicable.**

1		NI	WK	NW	UNK	N/A		NI	WK	NW	UNK	N/A
2	Air Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Antenna & Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bathroom Vent Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Carbon Monoxide Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Central Air Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Central Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Battery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Doorbells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Hardwire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Drain Tile System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Collector(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Heater(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Electronic Air Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Exhaust Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Air Conditioner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Garage Door Auto Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Garage Door Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Garage Door Openers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio Visual System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials _____

Address: _____

82 **SECURITY SYSTEM:**

83 Security System Equipment (Check one) ☐ Owned ☐ Leased ☐ N/A

84 Security System Service Contract is transferable (Check one) ☐ Yes ☐ No ☐ N/A

85 Terms of Security System Contract (Explain): _____
86 _____

87 **ADDITIONAL DISCLOSURES:**

88 **FOREIGN INVESTMENT IN REAL PROPERTY TAX ACT ("FIRPTA"):**

89 As a general rule, 26 U.S. Code 1445 (hereinafter "FIRPTA") requires a transferee (Buyer(s)) of a United States
90 real property interest to withhold a tax from the proceeds of any disposition of the real property interest if the
91 transferor (Seller(s)) is a foreign person (any person other than a United States person), unless an exception
92 to the FIRPTA withholding requirements applies. Exemptions from the general rule are set forth in the
93 FIRPTA. Due to the complexity of the FIRPTA, both the Buyer(s) and the Seller(s) are advised to seek
94 appropriate legal and tax advice regarding FIRPTA compliance, since failure to adhere to the FIRPTA
95 withholding rules could result in legal liability to both the Buyer(s) and Seller(s) and their Broker(s)/Agent(s)
96 or qualified substitutes.

97 Seller(s) hereby represents and warrants that Seller(s) ☐ IS ☐ IS NOT a foreign person, as defined by the
98 FIRPTA. This representation of the Seller(s) shall survive closing. Seller's Broker(s)/Agent(s) and Buyer's
99 Broker(s)/Agent(s), and any qualified substitute, as those terms are defined by the FIRPTA, may rely upon
100 this representation.

101 If the Seller(s) represents that it is a foreign person, the Buyer(s) may be subject to income tax withholding
102 requirements, and the Buyer(s) could be personally liable for failing to withhold a tax from the proceeds of the
103 real estate disposition, if none of the enumerated exemptions to the FIRPTA apply to the transaction. If the
104 Seller(s) represents that it is a foreign person, but that one of the exemptions to the FIRPTA apply, Buyer(s)
105 may require Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify, under penalty
106 of perjury, that one of the exemptions to the FIRPTA withholding requirements applies to the transaction. If
107 the Seller(s) represents that it is not a foreign person, the Buyer(s), or its Broker(s)/Agent(s) or qualified

Buyer(s) Initials _____

Seller(s) Initials _____

Address: _____

108 substitutes, may require the Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify,
109 under penalty of perjury, that the Seller(s) is not a foreign person. On or before closing, the Buyer(s) and
110 Seller(s) agree to complete, execute, and deliver any affidavit, instrument, or statement which may reasonably
111 be required to comply with FIRPTA requirements.

112 **SELLER'S STATEMENT: (TO BE SIGNED AT TIME OF LISTING)**

113 Seller(s) hereby states the condition of the Property to be as stated above and authorizes any Broker(s) or
114 Agent(s) representing any party in this transaction to provide a copy of this Statement to any person or entity
115 in connection with any actual or anticipated sale of the Property. Seller(s) hereby acknowledges that the
116 information provided in this document is true and accurate to the best of Seller's knowledge as of the date
117 listed below. Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the
118 facts disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing. See
119 SELLER'S PROPERTY DISCLOSURE AMENDMENT/ADDENDUM.

120 _____	120 _____
121 Seller Signature	121 Seller Signature
Date	Date

122 **BUYER'S ACKNOWLEDGEMENT: (TO BE SIGNED AT THE TIME OF PURCHASE AGREEMENT)**

123 Buyer(s) acknowledges receipt of this Seller's Disclosure. Buyer(s) acknowledges that Broker(s) and Agent(s)
124 representing the sale of this Property have not made statements concerning the condition of the Property other
125 than those listed in this Seller's Disclosure. Buyer(s) acknowledges that Buyer(s) has been advised to verify
126 the information listed in this Statement independently.

127 **Buyer(s) acknowledges and understands that this document is not intended to be a warranty of**
128 **any kind or a substitute for any inspection of the Property Buyer(s) may wish to obtain.**

129 _____	129 _____
130 Buyer Signature	130 Buyer Signature
Date	Date