

State: TX

Seller's Property Disclosure Statement



The attached Seller's Property Disclosure Statement was provided to Seller at the time of purchasing the Property (described at the address below) from the preceding owner. That Seller's Property Disclosure Statement is meant to disclose material facts or defects known to the preceding owner at the time of selling the Property. It is hereby supplemented by the work performed by Seller during Seller's ownership period of the Property and as further described in the table below.

The contents contained in this Disclosure Statement are for informational purposes only and are not intended to be a part of any written agreement between Buyer and Seller. Seller shall not be responsible for any inaccuracies or omissions in the Disclosure Statement completed by the preceding owner, which are not otherwise known to Seller. Seller has never occupied the Property and encourages Buyer to perform their own inspections and examinations of the Property. Buyer shall purchase the Property solely on the basis of and in reliance upon Buyer's own inspections and not on any information provided by Seller.

As used herein, "Property" shall mean the real property and all fixtures and improvements thereon and appurtenances incidental thereto. An "appurtenance" is a right, privilege or improvement belonging to and passing with the land (e.g., an outbuilding or easement).

Seller SPH Property One, LLC **Date** 4/8/2019
Corporate Entity Name

Property Address 14322 Ellis Springs Ln, Humble, TX 77396
Street City State Zip

Seller Property Disclosure Statement from previous seller

Attached

Seller Performed Work

<u>Room Category</u>	<u>Item</u>	<u>Quantity/ Size</u>
Initial Start-up Items	Completion Package	1
Initial Start-up Items	Cleaning - 2 Story - Whole House	1
Initial Start-up Items	Landscape - Maintenance Service - Initial Start-up	1
Initial Start-up Items	Locks - Re-key All Exterior Locks	1
Initial Start-up Items	Locks - Replace Front Door Handleset	1
Initial Start-up Items	Windows - Whole Home - Service & Clean All Windows	1
Evaluation Items	Evaluation - HVAC - Inspect / Clean / Replace Filters	1
Evaluation Items	Evaluation - Fireplace - Inspect / Clean / Service	1
Evaluation Items	Evaluation - Roof - Inspect / Caulk / Minor Repair	1
HVAC	HVAC - AC Freon Lines - Replace Insulation	1
HVAC	HVAC - Temperature Split - Adjust to Acceptable Range (16-22 degrees)	1
Exterior	Doors - General - Replace or Install Door Sweep	1
Exterior	Exterior - Exterior Walls - Seal Penetrations	13
Exterior	Paint - Front Door - Prep & Paint	1
Exterior	Siding - General - Repair Holes & Cracks	1
Exterior	Siding - General - Repair Holes & Cracks	1
Interior	Electrical - Whole House - Replace Smoke Detectors	1
Living Room	Paint - Interior - Full Room Paint & Drywall (RBR)	1
Hall closet	Paint - Interior - Touch-up Minor Scuffs and Dents	1
Family Room	Electrical - Ceiling Fan - Replace	1
Loft	Paint - Interior - Touch-up Minor Scuffs and Dents	1
Kitchen	Electrical - Outlet / Switch - Replace GFCI Outlet	1
Appliances	Appliance - Range / Oven - Replace (Electric)	1
Master Bathroom	Electrical - Outlet / Switch - Replace GFCI Outlet	1

Master Closet	Paint - Whole House - Clean Scuffs & Marks (no paint)	1
Bedroom 2	Paint - Interior - Full Room Paint & Drywall (RBR)	1
Bedroom 3	Paint - Interior - Full Room Paint & Drywall (RBR)	1
Bedroom 4	Paint - Interior - Full Room Paint & Drywall (RBR)	1
Laundry Room	Paint - Interior - Touch-up Minor Scuffs and Dents	1
Garage or Carport	Paint - Interior - Full Room Paint & Drywall (RBR)	1
Additional Items Groups	zAdditional Item - Electrical	1
Exterior	MINOR TRASH DISPOSAL	
Interior	Replace evaporator coil, drier, dual capacitor, pull vacuum	

Party Verifications

Seller provides the foregoing answers, disclosures, explanations and attachments based on its actual knowledge and without inquiry.

Seller Signature *Jessica Frietz* dotloop verified
04/09/19 9:24 AM MST
NWWB-C66Z-OEST-8jV3 Date _____

Buyer hereby acknowledges receipt of the foregoing answers, disclosures, explanations and attachments and has carefully reviewed the same. Buyer further acknowledges that Seller has never occupied the Property and that these disclosures are made for informational purposes only. Buyer will have the opportunity to fully inspect and examine the Property. Buyer will rely solely upon those inspections and examinations to verify the conditions and suitability of the Property.

Buyer Signature _____ Date _____

Buyer Signature _____ Date _____

Disclosure Form (Purchase)

State: TX

Seller's Property Disclosure Statement



Instructions

As a part of the underlying real estate transaction, you are obligated to disclose material information and defects that affect your Property of which you are aware. Please complete the following Seller's Property Disclosure Statement ("Disclosure Form") to the best of your knowledge and upon further inquiry if necessary. Do not leave any spaces blank. If the question clearly does not apply to the Property, write "N/A". If asked to explain a response, please provide as much information as applicable and attach any relevant documentation.

Introduction

The following disclosures are made by Seller (defined below) about the condition of the Property located at the Property Address (defined below). Seller makes the following disclosure of material facts or defects to Buyer (defined below) based on Seller's knowledge of the Property at the time of completing this Disclosure Form. Seller will further revise this Disclosure Form if any of the answers change to the following questions prior to closing and provide a copy of the same to Buyer. The contents contained in this Disclosure Form are disclosures only and are not intended to be a part of any written agreement between Buyer and Seller.

As used herein, "Property" shall mean the real property and all fixtures and improvements thereon and appurtenances incidental thereto. An "appurtenance" is a right, privilege or improvement belonging to and passing with the land; examples include, but are not limited to, an outbuilding or an easement.

Seller

[REDACTED] _____
First Name Last Name

Date 03/07/2019

[REDACTED] _____
First Name Last Name

Property Address

14322 ELLIS SPRINGS LN, HUMBLE, TX 77396
Street City State Zip

Please do not leave any response blank. If the question clearly does not apply to the Property, write "N/A" in the explanation boxes where applicable.

"Y" = "Yes" | "N" = "No"

1. Property Characteristics

Provide the following Property information:

- | | |
|---|--|
| 1. Year built | 2009 |
| 2. Date purchased | 8/21/2009 |
| 3. Status of occupancy (vacant or occupied) | Vacant |
| 4. If vacant, time since last occupied | 03/18/2019 |
| 5. Any portion of the Property a mobile, modular, or manufactured dwelling? | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> |

2. Cable

Does the Property have connection availability to the following:

- | | | | | |
|--------------------|---|-------------------------------------|---|--------------------------|
| 1. Cable/Satellite | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Internet | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 3. Telephone | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |

Current or past problems on the Property with:

- | | | | | |
|--|---|--------------------------|---|-------------------------------------|
| 1. Electrical systems | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Service connectivity (ex: cable, internet, telephone) | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. If yes, please explain. | | | | |

Disclosure Form (Purchase)

3. County/Govt

Will the Property be subject to new government taxes/assessments or belong to an improvement district? Y N

1. If yes, please explain.

[Empty text box for explanation]

Were permits required for any work performed on the Property in the last 5 years? Y N

1. If yes, were they obtained and closed? Y N

2. If no, explain.

[Empty text box for explanation]

Is the Property in violation or alleged violation of any code, regulation or covenant? Y N

1. If yes, please explain.

[Empty text box for explanation]

4. Animals/Bugs/Mold/Termites

Are there currently or have there been pets residing on the Property? Y N

1. If yes, please explain.

2 Small Dogs

Current or past problems on the Property with:

- 1. Bees Y N
- 2. Rabid animals Y N
- 3. Rodents Y N
- 4. Reptiles Y N
- 5. Insects Y N
- 6. Spiders (or scorpions) Y N
- 7. Termites Y N
- 8. Bed bugs Y N

9. If yes to any of the above, please explain (including treatment, remediation and warranties).

[Empty text box for explanation]

Disclosure Form (Purchase)

5. Flooding

Does the Property contain:

- | | | | | |
|--------------------------------|---|--------------------------|---|-------------------------------------|
| 1. Dams | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Storm water retention ponds | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Underground springs | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Irrigation system/pumps | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

Is the Property located in a special flood zone?

- | | | | |
|---|--------------------------|---|-------------------------------------|
| Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
|---|--------------------------|---|-------------------------------------|

Is the Property located within the 100 year flood zone?

- | | | | |
|---|--------------------------|---|-------------------------------------|
| Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
|---|--------------------------|---|-------------------------------------|

Current or past problems on the Property related to:

- | | | | | |
|---|---|--------------------------|---|-------------------------------------|
| 1. Flooding | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Water damage | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Leaks | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Water intrusion | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Moisture | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. Fungi | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 7. Dry rot | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 8. Mold | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 9. Irrigation system/pumps | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 10. If yes to any of the above, please explain (including treatment and remediation). | | | | <input type="checkbox"/> |

6. Gas/Fuel

Does the Property contain any of the following:

- | | | | | |
|---|---|-------------------------------------|---|-------------------------------------|
| 1. Fuel tank | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Heating stove | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Gas line | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 4. Radiant heating system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Fireplace | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 6. If yes to any of the above, please explain (including age, current or past problems, repair history, service providers and applicability of warranty). | | | | |

Is the property connected to:

- | | | | | |
|---------------------|---|-------------------------------------|---|-------------------------------------|
| 1. Natural gas line | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Propane | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Oil | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

Disclosure Form (Purchase)

7. Air/Cooling

Does the Property contain:

- | | | | | |
|-----------------------------|---|-------------------------------------|---|-------------------------------------|
| 1. Central air conditioning | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Split units | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Window units | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Evaporative cooler | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Attic/whole house fan | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. Humidifier | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 7. Air purifier | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

8. If yes to any of the above, please explain (including age, current or past problems, repair history, service providers and applicability of warranty).

A/C needs new coil

8. Homeowners'/Community Association

Is the Property part of a Homeowners' or Community Association?

- | | | | | |
|--|---|-------------------------------------|---|-------------------------------------|
| 1. Is there pending litigation against the association? | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Is the Property subject to any outstanding violations or fines? | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Are there any new but not yet implemented assessments or dues? | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Are there any problems with the common elements within the Association? | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. If yes to any of the above, please explain. | | | | |

9. Insurance

Has the Property been subject to any insurance claim?

- | | | | | |
|---|---|--------------------------|---|-------------------------------------|
| 1. If yes, please explain (including claim amount, date, result and reason for each claim). | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
|---|---|--------------------------|---|-------------------------------------|

Disclosure Form (Purchase)

10. Legal/Access/Use

Is the Property subject to any of the following:

- | | | | | |
|--|---|--------------------------|---|-------------------------------------|
| 1. Encroachments | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Boundary disputes | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Unrecorded easements | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Access agreements | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Shared easements | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. License agreements | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 7. Rights of first offer or refusal or option | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 8. Other issues to limit access | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 9. If yes to any of the above, please explain. | | | | |

Is or has the Property been subject to any threatened or actual:

- | | | | | |
|---|---|--------------------------|---|-------------------------------------|
| 1. Condemnation proceeding | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Construction defect claim | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Mechanic's lien claim | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Title dispute | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Other legal action | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. If yes to any of the above, please explain (including claim amount, date, result and reason for each claim). | | | | |

Do any of the following restrict the use of the Property:

- | | | | | |
|--|---|--------------------------|---|-------------------------------------|
| 1. Age covenants | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Historic districts | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Landmark designation | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Proximity to agricultural, open spaces or wetlands | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Government hazard zone | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. Any other zoning violation, ordinance, or nonconforming use | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 7. If yes to any of the above, please explain. | | | | |

Disclosure Form (Purchase)

11. Land/Ground/Soil

Current or past problems on the Property related to:

- | | | | | |
|--|---|--------------------------|---|-------------------------------------|
| 1. Soil settlement/expansion | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Drainage/grade | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Erosion | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Fissure | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. If yes to any of the above, please explain. | | | | |

12. Plumbing

Current or past problems on the Property related to:

- | | | | | |
|---|---|--------------------------|---|-------------------------------------|
| 1. Backflow prevention devices | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Water lines | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Pargets | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Sprinkler systems | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Plumbing/water/sewage systems | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 6. If yes to any of the above, please explain (including damage, repair history, service providers and warranty information). | | | | |

Does the Property contain:

- | | | | | |
|---------------------------------------|---|-------------------------------------|---|-------------------------------------|
| 1. Galvanized piping | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Polybutylene piping | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Irrigation system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Indoor or outdoor sprinkler system | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 5. Hot tub, spa, sauna, or pool | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

Disclosure Form (Purchase)

13. Alternative Energy

Does the Property contain a solar or wind power system? Y N

1. Is it owned or leased? Owned Leased N/A

2. Current or past problems? Y N

3. If yes to any of the above, please explain (including damage, repair history, service providers and warranty information).

14. Service/Utility Providers

Who is the provider of the following services:

1. Electricity Centerpoint Ener

2. Water WCID 96 (SI Envir

3. Sewer WCID 96 (SI Envir

4. Gas/Fuel Centerpoint Ener

5. Cable/Satellite/Internet _____

6. Garbage WCID 96 (ECO Wa

7. Fire services _____

8. Irrigation _____

9. Solar or wind power _____

15. Quality of Life

Is the Property subject to any nuisance, excessive noise (example: airport, rail, highway, traffic, neighbors) or foul odors? Y N

1. If yes, please explain.

16. Lease/Rental

Is the Property subject to any lease or tenancy? Y N

1. If yes, when will the lease be terminated? _____

2. If yes, when will the tenant vacate the Property? _____

Disclosure Form (Purchase)

17. Safety/Environmental Hazards

Are or have of any of the following been present on the Property:

1. Asbestos	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
2. Underground tanks	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
3. Toxic/hazardous/biohazardous/radioactive substances	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
4. Herbicides/pesticides	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
5. Wastewater sludge	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
6. Radon	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
7. Methane	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
8. Petroleum products	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
9. Fuel/chemical storage	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
10. Drug or narcotic lab	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
11. Lead-based paint	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
12. Abandoned wells or tunnels	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
13. Any other environmental hazard	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
14. If yes to any of the above, please explain (including date, remediation and service provider).				

18. Safety Systems

Are any of the following safety systems present on the Property:

1. Smoke/fire detector	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
2. Co2 detector	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
3. Security alarm	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
4. Safety bars	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
5. Any other safety system	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
6. If yes to any of the above, please provide the service provider or lessor information if the system is not owned.				

Disclosure Form (Purchase)

20. Appliances

Current or past problems with any of the following:

1. Clothes dryer	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
2. Clothes washing machine	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
3. Dishwasher	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
4. Garbage disposal	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
5. Ice maker	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
6. Microwave Oven	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
7. Oven	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
8. Refrigerator/freezer	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
9. Stove	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
10. Trash compactor	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
11. Vacuum system	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
12. Wine cooler	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
13. Cable jacks/receiver/remotes	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
14. Satellite dish/receiver	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
15. Chandeliers	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
16. Mirrors	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
17. Window blinds/shutters/screens/hardware	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
18. Fences	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
19. Landscape lighting	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
20. Mailbox	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
21. Swing set/tree house	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
22. Grill	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
23. Alarm system or security apparatus	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
24. Thermostat	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
25. Other built-in appliances, fixtures, equipment or other systems	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>

26. If yes to any of the above, please explain (including damage, repair history, service providers and warranty information).

Disclosure Form (Purchase)

21. Septic/Sewer

Does the Property contain:

- | | | | | |
|--------------------------|---|-------------------------------------|---|-------------------------------------|
| 1. Septic system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Sewer system | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 3. Sump pumps | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 4. Other sanitary system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

5. If yes to any of the above, please explain (including age, current or past problems, repair history, service providers and warranty information).

No Problems

22. Water

Does the Property contain any of the following water systems:

- | | | | | |
|---------------------------------|---|-------------------------------------|---|-------------------------------------|
| 1. Well (including shared well) | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 2. Filtration system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 3. Water heater | Y | <input checked="" type="checkbox"/> | N | <input type="checkbox"/> |
| 4. Water softener | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |
| 5. Treatment system | Y | <input type="checkbox"/> | N | <input checked="" type="checkbox"/> |

6. If yes to any of the above, please explain (including age, current or past problems, repair history, service providers and warranty information).

No problems

23. Other

Are any fixtures, equipment, improvements or appliances on the Property leased? Y N

1. If yes, please explain.

Please describe any other material information (including latent defects) concerning the Property that a reasonable buyer would want to know.

Disclosure Form (Purchase)

Party Verifications

Seller represents and warrants that the foregoing answers, disclosures, explanations and attachments (if any) are complete and correct to the best of Seller's knowledge.

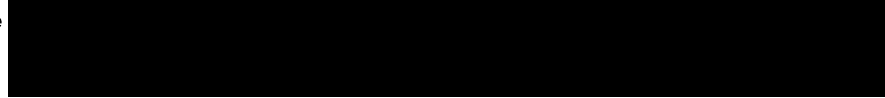
Seller Signature



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03/07/2019

Seller Signature



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03/09/2019