



MISCELLANEOUS

- 23. Condo/Assoc. Fees Monthly Condo/Association Fee: \$ Outstanding Assessments: \$
24. Multi-family or Other Rental Property Are income and expense figures available? Yes No If yes, attach copies
25. Pools & Equipment Age of pool: Maintenance history: Was a permit obtained for the pool? Yes No Unknown
26. Lead Contamination "Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards...
27. Smoke/Carbon Monoxide Detectors Installed and functioning? Yes No Seller is required to provide certificate from the local fire official within 60 days prior to closing in Rhode Island attesting that smoke and carbon monoxide detectors have been properly installed.

STRUCTURE

- Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).
28. Basement 29. Bulkhead/Hatchway 30. Ceilings 31. Chimney(s) 32. Doors 33. Driveway(s) 34. Other Structural Components (Describe)
35. Electrical System(s) 36. Exterior Walls 37. Floors 38. Foundation/Slab(s) 39. Interior Walls 40. Plumbing
41. Roof 42. Sewer/Septic System 43. Sidewalks 44. Walls/Fences 45. Water System/Well Equip. 46. Windows

EQUIPMENT / SYSTEMS

- Does any item, equipment or system in or on the property and conveying with the sale need repair or replacement? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).
47. Alarm/Security System 48. Ceiling/Whole House Fan 49. Central Air Conditioning 50. Central Heat System 51. Central Vac/Equipment 52. Dishwasher 53. Dryer 54. Freezer 55. Garage Door Opener(s) 56. Garbage Disposal 57. Gas-Fired Fireplace
58. Generator 59. Hot Tub/Sauna 60. Hot Water Tank/Storage 61. Intercom System 62. Jacuzzi/Whirlpool 63. Kitchen Stove/Oven 64. Lawn Sprinkler System 65. Lighting Fixtures 66. Pool 67. Pool Equipment 68. Refrigerator
69. Satellite Dish 70. Sump Pump 71. Trash Compactor 72. Washer 73. Water Treatment System 74. Wood/Coal Stove 75. 76. 77. 78. 79.

**CONDITIONS**

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- |    | Y                        | N                        | UK                       | NA                       |  | Y   | N                        | UK                       | NA                       |  |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--|-----|--------------------------|--------------------------|--------------------------|--|
| 80 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aluminum Wiring                                      | 97  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Settling                                   |
| 81 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos   | 98  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Movement                              |
| 82 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property                |     |                          |                          |                          | Structural Repairs:                        |
| 83 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | 99  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs                |
| 84 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Easement(s) or Right(s) of Way on Property           | 100 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Roof Repairs                      |
| 85 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property               | 101 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs                   |
| 86 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste                             | 102 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s)          |
| 87 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile          | 103 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS                    |
| 88 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Drainage                                    |     |                          |                          |                          | Termites or Other Wood-Destroying Insects: |
| 89 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landfill   | 104 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active Infestation                         |
| 90 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Located in 100 Year Floodplain                       | 105 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment                         |
| 91 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mold   | 106 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired                   |
| 92 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Present Flood Insurance Coverage                     | 107 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair                      |
| 93 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage                           | 108 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract                   |
|    |                          |                          |                          |                          | Previous Flooding:                                   | 109 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ureaformaldehyde Insulation                |
| 94 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Into the Improvements                                | 110 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Penetration                          |
| 95 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onto the Property                                    | 111 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Quality Problems                     |
| 96 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Septic System Problems                               | 112 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood Rot                                   |

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.) \_\_\_\_\_  
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**COMMENTS**

**Additional Comments:** \_\_\_\_\_  
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**STATEMENT**

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the above property information is accurate, true and complete to the best of his knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all transactions related thereto may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Real Estate Broker or Agent for such advice. **Seller is obligated to report to the Broker or Agent any known changes prior to sales agreement and prior to closing.**

Seller Signature \_\_\_\_\_ Date \_\_\_\_\_      Seller Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Buyer Receipt \_\_\_\_\_ Date \_\_\_\_\_      Buyer Receipt \_\_\_\_\_ Date \_\_\_\_\_