



RHODE ISLAND SINGLE FAMILY OR CONDOMINIUM OR LAND REAL ESTATE SALES DISCLOSURE FORM
 Rhode Island Association of REALTORS®



SELLER

DATE 10/27/2022 PROPERTY ADDRESS 71 Great Rd
North Smithfield RI 02896
 Seller: Ryan R Shea Current Address: 71 Great Rd
Chelsea C Shea North Smithfield RI 02896

Seller has occupied subject property? Yes No If yes, number of years and when: 01/17/2020-present

Pursuant to R.I.G.L. Section 5-20.8-2 "Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." **It is recommended that, if selling a multi-unit property, Seller use the multi-unit sales disclosure and accompanying multi-unit addenda.**

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 following property information is accurate, true and complete to the best of his/her 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 related transactions may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Listing Licensee(s) for such advice. **Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.**

GENERAL DISCLAIMER

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

STRUCTURE

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built 1714 Addition(s): _____ Year(s): _____

2. Roof (Shingles)
 Age: 14 # of Layers: 1 Previous Repairs: Replaced in 2007 by previous owners
 Known Defects: _____

3. Fireplaces
 # 6 # Working: none Maintenance History: _____

4. Wood/Coal/Gas/Pellet Stove(s)
 Yes No If yes, Type _____ When installed? _____
 Permit received? Yes No Copy attached? Yes No

5. Heating System
 System Type: Foced hot air Age: 3 & ~16 Fuel Type: Gas Number of zones: 2
 Size of onsite storage tank: _____ Owned by: Fuel Provider Seller
 Supplemental heating? Yes No Unknown If yes, type? _____ Do any defects/malfunctions exist? Yes (Explain) _____
Downstairs replaced by previous owner; Upstairs unit is about 16 No Unknown
 Modifications? Yes (Explain) _____ No Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other]
 Underground tank on property? Yes No Unknown
 a. Tank in use? Yes No Unknown Tested? Yes No Unknown Size of tank: _____ Fuel type: _____
 Owned _____ Leased _____ Terms of Lease (\$ per month or year) _____ Duration of Lease _____
 Copy of lease available? Yes No Copy attached? Yes No
 b. Tank closed? Yes No Unknown Size of tank: _____ Fuel type: _____
 Tank filled? Yes No Unknown If yes, documentation available.
 Tank removed? Yes No Unknown If yes, documentation available.

7. Domestic Hot Water
 Heating Source: Electric Hot Water If a separate tank, capacity: _____ gal. Age 12
 Tank rented? Yes No If yes, Company rented from _____
 Known Defects: none

8. Plumbing

Type: Copper Galvanized PVC X Mixed None Other Unknown
Do any defects/malfunctions exist? Yes (Explain) No Unknown
Modifications? Yes (Explain) No Unknown

9. Electrical Service

Fuses Circuit Breakers x Amps 100 Unknown
Type: Aluminum Wiring X Knob & Tube BX Cable Romex Other Unknown
Do any defects/malfunctions exist? Yes (Explain) No Unknown
Modifications? Yes (Explain) No Unknown

10. Solar Equipment/System

Yes X No Unknown Age: Type of System: Space Heating Electrical Water Heating Unknown
Other (please specify)
Owned Leased Terms of lease (\$ per month or year) Duration of Lease
Copy of lease available? Yes No Copy attached? Yes No Operational? Yes No Unknown

11. Air Conditioning

X Yes No Unknown Age: 14
Type of System: X Central Air: Number of Zones 1 Ductless Window Units: Number of Units Age
Built in Wall Units: Number of Units Age
Location Upstairs Maintenance History
Do any defects/malfunctions exist? Yes (Explain) No X Unknown
Modifications? Yes (Explain) No Unknown

12. Insulation

Wall: X Yes No Unknown Type; Ceiling: X Yes No Unknown Type;
Floor: X Yes No Unknown Type Ureaformaldehyde Insulation: Yes No X Unknown

Additional Structural Information (Attach additional sheets if necessary.)

UTILITIES

13. Sewer, Septic and Other Wastewater Disposal Systems

Type in Use: Private X Public Both
Public System: Is it connected? X Yes No If not, is sewer available? Yes No Unknown
Outstanding Assessment? X Yes No Minimum Annual Fee: \$ 1,100.00 Outstanding Balance \$ 7,500.00
Is Seller aware of any sewer backup or failure? Yes X No Unknown If yes, please explain.
Sewer line maintenance and repair history (i.e. snaking, scoping):
Private System: (check all that apply), Cesspool Septic: Leach field Galleys Denitrification System Unknown
Other
OWTS Design (DEM approved # of Bedrooms): Copy Available? Yes No Copy attached? Yes No
Location: Date installed:
Maintenance Requirements (State/Local):
Sanitation Company used:
Last pumped: Other Connections (Drywell, etc.):
Is Seller aware of any backup or failure? Yes No Unknown If yes, please explain.
OWTS maintenance and repair history:
Is the System shared? Yes No Unknown If yes, please explain.

Sewage Pumps? Yes X No Unknown If yes, Type: Macerator/Grinder Pump Ejector Pump Both Unknown

Location:
Maintenance History (Any Failure):

"Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

14. Water System

Public Filtration System? Yes No

Private If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health." "The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."

"If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3."

Dug Well or Drilled Well? Depth: Location:

Well water inspection certificate available? Yes No Copy attached? Yes No

Water Quality Problems? Yes No If yes, explain

Whole House Filtration System? Yes No Rented? Yes No Terms of lease (\$ per month or year)

Duration of Lease

Treatment System? Yes No Rented? Yes No Terms of lease (\$ per month or year)

Duration of Lease

Additional Utilities Information (Attach additional sheets if necessary.)

Empty box for additional utilities information.

MUNICIPAL INFORMATION

15. Real Estate Property Tax

\$ 5,545.00 for fiscal/calendar year ending 2022 Tax Rate: Current Exemptions:

16. Municipal Fire District Tax

Name of Fire District

\$ for fiscal/calendar year ending Tax Rate: Current Exemptions:

17. Easements/Encroachments

Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.

Does Seller have a copy of any surveys in his/her possession? Yes No Unknown Copy attached? Yes No

Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property? Yes No Unknown

If yes, describe

Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?

Yes No Unknown Copy attached? Yes No

Does Seller have any knowledge of Encroachments? Yes No Unknown If yes, describe

18. Deed

Type of deed to be conveyed: Warranty Quitclaim Trustee's Foreclosure Collector's Executor's

Other Number of parcels conveying:

19. Zoning/Historical

"Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."

Classification:

Have you applied for or been granted a special use permit for this property? Yes No

If yes, explain:

Is the current use a permitted use under the current zoning regulations? Yes No Unknown

If no, explain:

Is the current use non-conforming in any other way? Yes No Unknown

If yes, explain:

Is this property located in a historic district? Yes No Unknown Historic restrictions? Yes No Unknown

20. Property Restrictions

Are there any recorded Property restrictions? Yes (Explain) No Unknown

Type of Restriction: Deed Subdivision Copy attached? Yes No

21. Building Permits

Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes No

If no, explain:

If yes, has final approval been obtained? Yes No

22. Building Code/or Minimum Housing

Outstanding Violations for which you have been cited while you have owned this property (attach copy): _____

23. Flood Plain

Is the property located in a flood plain? Yes No Unknown Is there flood insurance on the property? Yes No

Is there an Elevation Certificate? Yes No Copy attached? Yes No

Is there a Letter of Map Amendment (LOMA)? Yes No Copy attached? Yes No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

24. Wetlands

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.

Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp?

Yes (Explain) _____

No Unknown Copy attached? Yes No

25. Farms

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

Additional Municipal Information (Attach additional sheets if necessary.)

NOTICES/DISCLOSURES

26. Condo/Association Fees

Monthly Condo/Association Fee: \$ _____ Included in Condo Fee? (check all that apply) Heat Electric Water Sewer

Other _____

Working Capital Deposit? Yes No If yes, Amount: \$ _____ Buyer to pay? Yes No

Current Outstanding Assessments: \$ _____

Fire Alarm System up to date? Yes No Unknown

Approved Future Assessments: Yes If yes, describe _____ No Unknown

27. Rental Property

Are income and expense figures available? Yes No Copy attached? Yes No

Lease(s) period: _____ Copies available? Yes No Copy attached? Yes No

Seller shall provide a copy of Confirmation of Rental Terms. Copy attached? Yes No

Security Deposits _____ Rental Income _____

28. Pools & Equipment

Age of pool: _____ Maintenance History (Any Defects): _____

Was a permit obtained for the pool? Yes No Unknown

29. Lead Contamination

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted? Yes No Copy attached? Yes No

Lead compliance certificate(s) available? Yes No Copy attached? Yes No

30. Smoke/Carbon Monoxide Detectors

Installed and functioning? Yes No R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. **Contact the local Fire Marshal to determine the requirements for this Property.**

31. Radon

"Radon has been determined to exist in the State of Rhode Island. Testing for the presence of radon in residential real estate prior to purchase is advisable."

Has property been tested for radon? Yes No If yes, # of Pico curies/liter: _____

Copy of test available? Yes No Copy attached? Yes No Any action taken? _____

Is a Radon Mitigation System in use? Yes No

32. Mold

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any mold conditions, including moisture penetration and/or damage? Yes No Unknown

If yes, please describe: _____

Has the property previously been tested for mold? Yes No Unknown Copy attached? Yes No

Any previous mold mitigation action taken, including modifications to any ventilation system? Yes No Unknown If yes, please describe: _____

33. Homeowners Insurance Claims History

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?

Yes No If yes, please list all claims. _____

Additional Notices/Disclosures Information (Attach additional sheets if necessary.)

STRUCTURE

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA		Y	N	UK	NA	
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement	40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway(s)	45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulkhead/Hatchway	41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Fences
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors	47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney(s)	43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation/Slab(s)					
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls					
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Structural Components (Describe) _____										

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)

EQUIPMENT/SYSTEMS/APPLIANCES

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
48. Alarm/Security System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input checked="" type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
49. Ceiling/Whole House Fan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair
50. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
51. Dehumidifier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
52. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair
53. Dryer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair
54. Garage Door Opener(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
55. Garbage Disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
56. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
57. Hot Tub/Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
58. Intercom System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
59. Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
60. Kitchen Stove/Oven	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
61. Lawn Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
62. Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
63. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair
64. Satellite Dish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
65. Stand-Alone Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair
66. Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+	<input type="checkbox"/> UK <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair

- 67. Trash Compactor Yes No NA Negotiable <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 68. Washer Yes No NA Negotiable <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 69. _____ Yes No NA Negotiable <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 70. _____ Yes No NA Negotiable <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 71. _____ Yes No NA Negotiable <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

CONDITIONS

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

- | <u>Y</u> | <u>N</u> | <u>UK</u> | <u>NA</u> | | <u>Y</u> | <u>N</u> | <u>UK</u> | <u>NA</u> | |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|---|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Penetration |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood Rot |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | Previous Flooding: | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Into the Improvements |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onto the Property |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile | Structural Repairs: | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Drainage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landfill | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage | Termites or Other Wood-Destroying Insects: | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Settling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active Infestation |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Movement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair |
| | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |

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

previous Powder post beetle damage with temporary columns in the basement

COMMENTS

Additional Comments:

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Date 10/27/2022 Seller Ryan R Shea Date _____ Seller _____
 Date 10/28/2022 Seller Chelsea C Shea Date _____ Seller _____

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date _____ Buyer _____ Date _____ Buyer _____
 Date _____ Buyer _____ Date _____ Buyer _____

CHANGES

Changes since property was first listed [If changes were made, initial below]:

Date _____ Seller's Initials _____ Date _____ Buyer's Initials _____

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