

Section B. Environmental Conditions. Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

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|--|------------------------------|-----------------------------|--------------------------------------|--|------------------------------|-----------------------------|--------------------------------------|
| 1. Asbestos | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Landfill or buried materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lead-based paint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Radon gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Toxic materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section C. Title Conditions. Do any of the following conditions exist with regard to the real property?

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|--|------------------------------|-----------------------------|--------------------------------------|--|------------------------------|-----------------------------|--------------------------------------|
| 1. Any features, such as walls, fences, and driveways, which are shared? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Any easements, other than normal utility easements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any encroachments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any lot-line disputes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been notified, or are you aware, of any work planned or to be performed by a utility or municipality close to the real property including but not limited to sidewalks, streets, sewers, water, power, or gas lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any condominium, homeowners', or other type of association which has any authority over the real property? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section D. Other Conditions.

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|---|------------------------------|-----------------------------|--------------------------------------|--|------------------------------|-----------------------------|--------------------------------------|
| 1. Are the dwelling and the improvements connected to a public water system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the dwelling and the improvements connected to a private or community (non-public) water system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Year last tested _____ | | | | | | | |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the real property in a: _____ flood plain? _____ floodway? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year:

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|---|------------|------------------------------|-----------------------------|--------------------------------------|---|--|------------|------------------------------|-----------------------------|--------------------------------------|---|
| 1. Servicing of air conditioner | YEAR _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONENOT INCLUDED <input type="checkbox"/> | | YEAR _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONENOT INCLUDED <input type="checkbox"/> |
| 2. Cleaning of fireplace, including chimney | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Servicing of furnace | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Servicing of septic system | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cleaning of woodburning stove, including chimney | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART III - Comments. Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

If checked here _____, PART III is continued on a separate page(s).

SELLER'S CERTIFICATION

Seller hereby certifies that this Disclosure Statement, which consists of _____ pages, has been completed by Seller, that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.