



**SELLER'S DISCLOSURE OF REAL
PROPERTY CONDITION REPORT
State of Delaware**

Approved by the Delaware Real Estate Commission 5/11/17 (effective 10/1/17)

Seller(s) Name: JANNAE MORROW

Property Address: 1103 PARKSIDE DRIVE, WILMINGTON DE, 19803

Approximate Age of Buildings(s): 63 yr Date Purchased: APRIL 2007

Chapter 25, Title 6 of the Delaware Code, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission, and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement. State websites containing helpful information include: Office of State Planning Coordination www.stateplanning.delaware.gov, Delaware Department of Natural Resources and Environmental Control www.dnrec.delaware.gov, Delaware Division of Public Health www.dhss.delaware.gov/dhss/dph, Delaware State Police Sex Offender Registry www.state.de.us/dsp and other agencies listed on www.delaware.gov.

| Yes | No | * | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. |
|-----|----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | I. OCCUPANCY |
| ✓ | | | 1. Do you currently occupy this property full-time? If No, how long has it been since you occupied the property? _____ . Property is your: (<input type="checkbox"/> Primary Residence) (<input type="checkbox"/> Second / Vacation Home) (<input type="checkbox"/> Rental Property) (<input type="checkbox"/> Inherited Property) (<input type="checkbox"/> Other _____). |
| | ✓ | | 2. Is the property encumbered by a (<input type="checkbox"/> lease), (<input type="checkbox"/> option to purchase), or (<input type="checkbox"/> first right of refusal)? If Yes, describe in XVI. |
| | | NA | 3. If the property is leased, have all necessary permits / licenses been obtained? |
| | | ✓ | 4. Is the property new construction? |
| | | NA | 5. If #4 is Yes, Seller warrants that the property (<input type="checkbox"/> is) or (<input type="checkbox"/> is not) exempt from providing the buyer with a Public Offering Statement as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If not exempt, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, buyer has received a copy of these documents. |

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

| Yes | No | * | * Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. |
|-----|----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS |
| | ✓ | | 6. Is the property subject to any deed restrictions? If Yes, describe in XVI. |
| | | NA | 7. Are you in violation of any deed restrictions at this time? If Yes, describe in XVI. |
| | ✓ | | 8. Is the property subject to any agreements concerning affordable housing or workforce housing? |
| | ✓ | | 9. Is the property subject to any private or public architectural review control other than building codes? |
| | ✓ | | 10. Is the property part of a condominium or other common ownership? |
| | | | 11. Is there a (<input type="checkbox"/> Homeowners Association), (<input type="checkbox"/> Condominium Association), (<input checked="" type="checkbox"/> Civic Association), or (<input type="checkbox"/> Maintenance Corporation) included in the deed? |
| | ✓ | | 12. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____ ? |
| | | | 13. If #12 is Yes, are there any (<input type="checkbox"/> fees), (<input type="checkbox"/> dues), (<input type="checkbox"/> assessments), or (<input type="checkbox"/> bonds) involved? If Yes, how much? _____ and how often? _____ Are they (<input type="checkbox"/> Mandatory) or (<input type="checkbox"/> Voluntary)? |
| | ✓ | | 14. Are there any unpaid assessments? If Yes, indicate amount _____. If Yes, describe in XVI. |
| | ✓ | | 15. Has there been a special assessment in the past 12 months? If Yes, describe in XVI. |
| | ✓ | | 16. Have you received notice of any new or proposed increases in fees, dues, assessments, or bonds? If Yes, describe in XVI. |
| | ✓ | | 17. Is there any condition or claim which may result in an increase in assessments or fees? If Yes, describe in XVI. |
| | | NA | 18. Management Company Name: _____ |
| | | | 19. Representative Name: _____ Phone # _____ |
| | | | 20. Representative E-mail Address: _____ |
| | | | III. TITLE / ZONING INFORMATION |
| | ✓ | | 21. Does the amount owed on your mortgages and other liens exceed the estimated value of the property? If Yes, are additional funds available from Seller for settlement? _____ |
| ✓ | | | 22. Is your property owned (<input checked="" type="checkbox"/> In fee simple) or (<input type="checkbox"/> Leasehold) or (<input type="checkbox"/> Cooperative)? |
| ✓ | | | 23. Are there any right-of-ways, easements, or similar matters that may affect the property? If Yes, describe in XVI. |
| | ✓ | | 24. Are there any shared maintenance agreements affecting the property? If Yes, describe in XVI. |
| | ✓ | | 25. Are there any variance, zoning, non-conforming use, or setback violations? If Yes, describe in XVI. |
| | ✓ | | 26. Has the variance or non-conforming use expired or would not be transferable? If Yes, describe in XVI. |
| | ✓ | | 27. Has a title policy been issued on the property in the past 5 years? |
| | | | IV. MISCELLANEOUS |
| | ✓ | | 28. Have you received notice from any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions? If Yes, describe in XVI. |
| | ✓ | | 29. Is there any existing or threatened legal action affecting this property? If Yes, describe in XVI. |
| | ✓ | | 30. Are there any violations of local, state, federal laws, or regulations relating to this property? If Yes, describe in XVI. |
| | ✓ | | 31. Does your current real estate tax amount reflect any non-transferable exemptions - discounts? |
| | ✓ | | 32. Is there anything else you should disclose to a prospective Buyer because it may materially and adversely affect the property, e.g., zoning changes, road changes, proposed utility changes, threat of condemnation, noise, bright lights, odors, or other nuisances, etc.? If Yes to any, describe in XVI. |
| ✓ | | | 33. Are all the exterior door locks in the house in working condition? If No, describe in XVI. |
| ✓ | | | 34. Will keys be provided for each lock? |
| | ✓ | | 35. Have you had, or do you now have, any animals (pets) in the house? If yes, what type? _____ |
| | ✓ | | 36. Is there or has there ever been a (<input type="checkbox"/> swimming pool), (<input type="checkbox"/> hot tub), (<input type="checkbox"/> spa), or (<input type="checkbox"/> whirlpool) on the property? If Yes and there are any defects describe in XVI. |
| | | NA | 37. If there is a pool, does it conform to all local ordinances? If No, describe in XVI. |
| | | | 38. What is the type of trash disposal? (<input checked="" type="checkbox"/> Private), (<input type="checkbox"/> Municipal) or (<input type="checkbox"/> Other _____). |

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

| Yes | No | * | * Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. |
|-----|----|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | 39. The cost of repairing and paving the streets adjacent to the property is paid for by: <input type="checkbox"/> The property owner(s), estimated fees: \$ _____ <input checked="" type="checkbox"/> Delaware Department of Transportation or the State of Delaware <input type="checkbox"/> City or Town <input type="checkbox"/> Other <input type="checkbox"/> Unknown Note to Buyer: Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578) |
| ✓ | | | 40. Is off street parking available for this property? If Yes, number of spaces available: _____ |
| | | | V. ENVIRONMENTAL HAZARDS |
| | | U | 41. Are there now or have there been any underground storage tanks on the property? For (heating fuel), (propane), (septic), or (Other _____). If Yes, describe locations in XVI. |
| ✓ | | | 42. If the tank was abandoned, was it done with all necessary permits and properly abandoned? |
| ✓ | ✓ | | 43. Are asbestos-containing materials present? If Yes, describe in XVI. |
| ✓ | ✓ | | 44. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) If Yes, describe in XVI. |
| | | U | 45. Has the property been tested for toxic or hazardous substances? Attach each test report, if available. |
| | ✓ | | 46. Has the property ever been tested for mold, if Yes, provide the test results. |
| | | | 47. Is there currently mold in the property? If Yes, describe in XVI. |
| | | | 48. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? If Yes, describe in XVI. |
| | | | VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES) |
| | ✓ | | 49. Is there fill soil or other fill material on the property? |
| | ✓ | | 50. Are there any sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? If Yes, describe in XVI. |
| | ✓ | | 51. Is any part of the property located in (a flood zone) and / or (a wetlands area)? |
| | ✓ | | 52. Are there any drainage or flood problems affecting the property? If Yes, describe in XVI. |
| | ✓ | | 53. Do you carry flood insurance? Agent: _____ Policy # _____ |
| | ✓ | | 54. If # 53 is Yes, what is the annual cost of this policy? _____ |
| | ✓ | | 55. Have you made any insurance claims on the property in the past 5 years? If Yes, describe in XVI. |
| | ✓ | | 56. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? |
| | ✓ | | 57. Are there encroachments or boundary line disputes affecting the property? If Yes, describe in XVI. |
| | ✓ | | 58. Are there any tax ditches crossing or bordering the property? |
| ✓ | | | 59. Are there any swales crossing the property that are under the control of a Soil and Conservation District? If Yes, describe in XVI. |
| | | U | 60. Has the property ever been surveyed? |
| | | | 61. Are the boundaries of the property marked in any way? |
| | | | VII. STRUCTURAL ITEMS |
| | ✓ | | 62. Have you made any additions or structural changes? If Yes, describe in XVI. |
| | ✓ | | 63. If Yes, was all work done with all necessary permits and approvals in compliance with building codes? |
| | ✓ | | 64. Is there any movement, shifting, or other problems with walls or foundations? If Yes, describe in XVI. |
| ✓ | | | 65. Have the property or improvements thereon, ever been damaged by (fire), (smoke), (wind), or (flood)? If Yes, describe in XVI. |
| | ✓ | | 66. Was the structure moved to this site? (Double Wide) (Modular) (Other: _____) |
| ✓ | | | 67. Is there any (past) or (present) water leakage in the house? If Yes, describe in XVI. |
| | ✓ | | 68. Are there any problems with (driveways), (walkways), (patios), or (retaining walls) on the property? If Yes, describe in XVI. |
| ✓ | | | 69. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 67 and 68? If Yes, describe in XVI. |
| | | | 70. Is there insulation in: |
| ✓ | | | The ceiling / attic? |
| | | U | The exterior walls? |
| ✓ | | | Other places? Describe <u>SOME SEEN IN CRAWL SPACE</u> |

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| Yes | No | * | * Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. |
|-----|----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | What type(s) of insulation does your property have? <u>FIBERGLASS IN ASBESTOS CRAWLSPACE</u> |
| ✓ | | | 71. Are there any drywall issues or drywall smells? If Yes, describe in XVI. |
| | | | VIII. TERMITES, DRYROT, PESTS |
| | | U | 72. Is there, or has there been, any infestation by termites or other wood destroying insects? If Yes, describe in XVI. |
| | | U | 73. Is there or has there been any damage to the property caused by (___ termites), (___ other wood destroying insects), (___ pests), or (___ dry rot)? If Yes, describe in XVI. |
| | ✓ | | 74. Has there been any termite or other wood destroying insect inspections made on the property subsequent to your purchase? If Yes, describe in XVI. |
| | ✓ | | 75. Has there been any pest control inspections made on the property subsequent to your purchase. If Yes, describe in XVI. |
| ✓ | X | | 76. Has there been any termite or wood destroying insect treatments made on the property? If Yes, describe in XVI. |
| | | U | 77. Has there been any pest control treatments made on the property? If Yes, describe in XVI. |
| | ✓ | | 78. Is your property currently under warranty, or other coverage, by a professional pest control company? If Yes, name of exterminating company: _____ |
| | | | IX. BASEMENT AND CRAWLSPACES |
| | ✓ | | 79. Does the property have a sump pump? If Yes, where does it drain? _____ |
| ✓ | | | 80. Is there any water leakage, accumulation, or dampness within the basement or crawlspace? |
| ✓ | | | 81. Has there been any repairs or other attempts to control any water or dampness problem in the basement or crawlspace? If Yes, describe in XVI. |
| | ✓ | | 82. Are there any cracks or bulges in the floor or foundation walls? If Yes, describe in XVI. |
| | | | X. ROOF |
| | | | 83. Date last roof surface installed: <u>1995 PER PREVIOUS DISCLOSURE</u> |
| | | U | 84. How many layers of roof material are there (e.g., new shingles over old shingles)? _____ |
| ✓ | | | 85. Are there any problems with the roof, flashing, or rain gutters? If Yes or repaired under your ownership, explain in XVI. |
| | | | 86. If under warranty, is warranty transferable? |
| | | | 87. Where do your gutters drain? (✓ Surface) (___ Drywell) (___ Storm Sewers) (___ Other _____) |
| | | | XI. PLUMBING-RELATED ITEMS |
| | | | 88. What is the drinking water source? <u>PUBLIC</u> |
| | | | 89. If drinking water supplied by utility, name of utility: <u>CITY OF WILMINGTON WATER WORKS</u> |
| | | | 90. What type of plumbing (copper, lead, cast iron, PVC, polybutylene, galvanized, unknown) is in the house? 1. Water supply <u>COPPER</u> 2. Drainage <u>GALVANIZED</u> |
| ✓ | | | 91. Have there been any additions / upgrades to the original service? If Yes, describe in XVI. |
| ✓ | | | 92. If any, was the work done by a licensed contractor? |
| | | U | 93. If Yes to above, were the required permits obtained? |
| | | NA | 94. If your drinking water is from a well, when was your water last tested and what were the results of the test? Tested on: _____, Results: _____ |
| | | NA | 95. When was well installed? _____ Location of well? _____ Depth of well? _____ |
| | | NA | 96. Is there a water treatment system? If Yes, (___ Leased) or (___ Owned)? |
| | | | 97. What is the type of sewage system? (___ Public Sewer) (___ Community Sewer) (___ Septic System) (___ Cesspool) (___ Other _____) |
| | | NA | 98. If a septic system, type: (___ Gravity Fed) (___ Capping Fill) (___ LPP) (___ Mound) (___ Holding Tank) (___ Other: _____) |
| | | NA | 99. Has the septic system been pumped out by a Class F contractor and inspected by a Class H inspector within the past 36 months? |
| | ✓ | | 100. Is there a wastewater spray irrigation system installed on or adjacent to the property? |
| | | U | 101. Has a soil / site evaluation ever been done? If Yes, when? _____ Results? _____ |
| | ✓ | | 102. Any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If |

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| Yes | No | * | * Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. |
|------------------------------------------|----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Yes, describe in XVI. |
| | | 4 | 103. Are there any shut off, disconnected, or abandoned wells, underground water, or sewer tanks on the property? If Yes, describe locations in XVI. |
| | | | 104. If #103 is Yes, were they abandoned with all necessary permits and properly abandoned? |
| | | | 105. Water heater type: (<input type="checkbox"/> Electric) (<input type="checkbox"/> Oil) (<input checked="" type="checkbox"/> Gas) or (<input type="checkbox"/> Other: _____) |
| XII. HEATING AND AIR CONDITIONING | | | |
| | | | 106. How many heating and / or air conditioning zones are in the property? <u>ONE</u> . If more than one, indicate the zone number next to each answer in this section and provide the answer for each zone. |
| | | | 107. What is the type of heating system and fuel? (e.g., System: forced air, heat pump, hot water, baseboard. Fuel: oil, gas, electric, solar etc.) System: <u>FORCED AIR</u> Fuel: <u>GAS</u> |
| | | | 108. Age of furnace? <u>9 years</u> Date of last service? <u>2010</u> |
| | ✓ | | 109. Are there any contractual obligations affecting the fuel supply, tanks, or systems? If Yes, describe in XVI. |
| | | | 110. What is the type of air conditioning system? (e.g., central, window units) <u>Central, one unit - central</u> |
| | | | 111. Age of air conditioning system? <u>25 yr</u> Date of last service? <u>2008</u> |
| ✓ | | | 112. Has there been any additions / upgrades to the original heating or air conditioning? If Yes, describe in XVI. |
| ✓ | | | 113. If question 112 is Yes, was work done by a licensed contractor? |
| ✓ | | | 114. If Yes to the above, were the required permits obtained? |
| ✓ | | | 115. Are there any problems with the heating or air conditioning systems? If Yes, describe in XVI. |
| XIII. ELECTRICAL SYSTEM | | | |
| | | | 116. What type of wiring is in the house? (copper, aluminum, other, etc.) <u>COPPER</u> |
| | | | 117. What amp service does it have? (<input type="checkbox"/> 60) (<input type="checkbox"/> 100) (<input type="checkbox"/> 150) (<input checked="" type="checkbox"/> 200) (<input type="checkbox"/> Other: _____) Do you have (<input checked="" type="checkbox"/> Circuit Breakers) or (<input type="checkbox"/> Fuses)? |
| | | | 118. Does it have any 220 / 240-volt circuits? |
| | ✓ | | 119. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? If Yes, describe in XVI. |
| ✓ | | | 120. Have there been any additions to the original service? |
| | ✓ | | 121. Have any (<input type="checkbox"/> solar) and / or (<input type="checkbox"/> wind power) enhancements been made to supplement service? |
| ✓ | | | 122. If Yes to questions 120 or 121, was work done by a licensed electrician? |
| ✓ | | | 123. If Yes to the above, were the required permits obtained? |
| ✓ | | | 124. Are there wall switches, light fixtures, or electrical outlets in need of repair? If Yes, explain in XVI. |
| ✓ | | | 125. Are the permits associated with questions 63, 93, 114, and 123 closed? |
| XIV. FIREPLACE OR HEATING STOVE | | | |
| | | | 126. Fireplace Type: (<input checked="" type="checkbox"/> Wood Burning) (<input type="checkbox"/> Gas) (<input type="checkbox"/> Insert) (<input type="checkbox"/> Other: _____)? |
| | ✓ | NA | 127. Heating Stove type: (<input type="checkbox"/> Wood Burning) (<input type="checkbox"/> Pellet) (<input type="checkbox"/> Other: _____)? |
| | | | 128. Was the fireplace or heating stove part of the original house design? |
| | | U | 129. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative? |
| ✓ | | | 130. Are there any problems? If Yes, explain in XVI. |
| ✓ | | | 131. When were the flues / chimneys last cleaned, serviced or repaired? <u>9/17</u> Explain nature of service or repair in XVI. |

XV. MAJOR APPLIANCES AND OTHER ITEMS

(A) Are you aware of any problems affecting the following areas? If Yes, describe in XVI.

| | Yes | No | NA | | Yes | No | NA |
|--------------------------|-----|----|----|------------------|-----|----|----|
| Ceilings | ✓ | | | Exterior Walls | | ✓ | |
| Floors | | ✓ | | Interior Walls | ✓ | | |
| Patios / Decks / Porches | | ✓ | | Windows | ✓ | | |
| | | | | Driveways | | ✓ | |
| | | | | Outside Walkways | | ✓ | |

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Question

Additional information

11. There is a civic association, but not in the printed deed. Payment of \$20.00 per year covers snow removal from the street, lighting at entries to Oak Lane Manor, and other community activities

23. Did not find any specifically listed in NCC records. There is a storm water easement next to the property, a manhole in the front yard (occasionally serviced by NCC) and a telephone pole at the far edge of the backyard.

43. The inspection report done in 2007 stated the tiles in the pantry appeared to be made of asbestos but were in good condition. Has not been sanded or altered since then (covered since 2007 by rubber tile flooring)

65. Some wind damage to roof shingles on the back of the house. Attic fan was blown off and replaced in 2010 with no further problems to date. Plexiglass covering for the non-working wooden chimney structure also blown off and replaced in 9/2017.

67. At the areas where the bedroom addition was added to the house (previous owners) some water leakage had occurred in the roof valleys, with damage seen on the bed room ceiling and in the ceiling and upper part of far corner in the bedroom walk-in closet. There is also water damage to one basement window.

69. Repairs were done to the existing roof to stop the leak. 71. See # 67

76. Inspection in 2007 noted indications of termite treatment but no indications of damage or infestation.

80. Some water seepage in the utility area of the basement during heavy rains.

81. Gutter cleaning reduces/eliminates water seepage. Waterproofing sprays used inside and outside of the area. Dehumidifier also in use.

85. Rain gutter in back of house repaired/re-anchored in 2010, 2013, and 2017. Some damage to shingles by trees was also repaired.

91,92 Water heater was replaced by the previous owners before selling in 2007. Label on heater says Horizon Services.

112. HVAC venting was extended for renovation/addition by previous owners in 2004. Furnace replaced in 2009 by Horizon Services.

115. Age of central air unit approximately 25 yr

120. For back bedroom addition

130, 131. Wood burning fireplace added during renovation by previous owners. 2007 disclosure notes that leak from the chimney was noted on the addition master bedroom. Plexiglass cover was placed over the chimney to stop the leak and piece from the chimney was removed. Wooden outer structure was repaired and plexiglass cover replaced in 2017

Section XV

Ceiling, interior walls, window – see items 67, 69, 80, 81

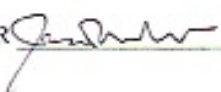
Refrigerator icemaker never hooked up/used

Satellite dish in working order until disconnected (for cable service)

Attic fan solar, in working order

ACKNOWLEDGMENT OF SELLER

Seller has provided the information contained in this report. This information is to the best of Seller's knowledge and belief is complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and / or Cooperating Broker, if any, is / are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

SELLER  Date 6/21/18 SELLER _____ Date _____

SELLER _____ Date _____ SELLER _____ Date _____

Date the contents of this Report were last updated: _____

ACKNOWLEDGMENT OF BUYER

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and / or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and / or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER _____ Date _____ BUYER _____ Date _____

BUYER _____ Date _____ BUYER _____ Date _____

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PREFERRED INSPECTIONS, INC.
RESIDENTIAL/COMMERCIAL REAL ESTATE INSPECTIONS
ENGINEERING, ENVIRONMENTAL & CONSULTING SERVICES
P.O. BOX 7204, WILMINGTON, DELAWARE 19803
PHONE: (302) 475-4437 FAX: (302) 475-4438
EPA: NEHA/NRSB CERTIFIED ID#101359 RT

Today's Date: 3/24/07
Survey Site: 1103 Parkside Drive, Wilmington, De. 19803
Survey Dates: 3/21/07-3/23/07
Buyer: Janet Morrow
Agent: June Knight

The results of this **radon screening** for the above address are: **0.4 pCi/L**

Location of Test: Basement ACCEPTABLE

***Test device is a Sun Nuclear Continuous Radon Monitor, serial # 1766084**

EPA recommends mitigation for houses with radon levels equal to or greater than 4.0 pCi/L, and that EPA recommends the use of EPA (RCP) or State listed mitigation contractors to perform the work.

Protocols for screening from EPA **Home Buyer's & Sellers Guide to Radon** (EPA402-R-93-003; U.S. EPA 1993)

For temporary risk reduction measures please refer to EPA **Interim Radon Mitigation Standards** (U.S. EPA1992d) or the **Consumers Guide to Radon Reductions** (EPA 402-K-92-003; U.S. EPA 1992b).

EPA recommends **Protocols for Radon & Radon Decay Product Measurements in Homes** (EPA 402-R-92-003, June 1993) that since radon levels change over time, the homeowner may want to test again sometime in the future, especially if living patterns change and a lower level of the house becomes occupied or used regularly (i.e. the basement is constructed into a family and/or recreation room).

Limitations of Liability: Preferred Inspections, Inc. (PII) cannot be assured that the necessary conditions were maintained throughout the test period. There can be uncertainty with any radon measurement due to statistical variations and other factors such as changes in the weather and operation of the dwelling. While PII makes every effort to maintain the highest possible quality control and include checks and verification steps in our procedures, we make **NO WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED**, for the consequences of erroneous test results. Neither PII nor it's employees shall be liable under any claim, change of demand, whether in contract, tort, or otherwise, for any and all loss, cost, charge, claim, demand, fee, expense or damage of any nature or kind arising out of, connected with, resulting from, or sustained as a result of any radon test requested.

If there are further questions, please call any time.

NOTE: "the Office of Radiation Control will assist Delaware home owners with post mitigation measurements at no cost to the home owner. To qualify the home owner must request assistance from this office within 6 months of the completed mitigation." Division of Public Health, Office of Radiation Control, P.O. Box 637, Dover, DE 19903. Phone: 302 / 739-3787

