



**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: _____

Property Address: _____

Approximate Age of Buildings(s): _____ **Date Purchased:** _____

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: (___ Primary Residence) (___ Second / Vacation Home) (___ Rental Property) (___ Inherited Property) (___ Other _____).
			2. Is the property encumbered by a (___ lease), (___ option to purchase), or (___ first right of refusal)? If Yes, describe in XVI.
			3. If the property is leased, have all necessary permits / licenses been obtained?
			4. Is the property new construction?
			5. If #4 is Yes, Seller warrants that the property (___ is) or (___ 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 <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.
			II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS/ CONDOMINIUMS AND CO-OPS
			6. Is the property subject to any deed restrictions? If Yes, describe in XVI.
			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 (___ Homeowners Association), (___ Condominium Association), (___ Civic Association), or (___ 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 (___ fees), (___ dues), (___ assessments), or (___ bonds) involved? If Yes, how much? _____ and how often? _____.
			Are they (___ Mandatory) or (___ 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.
			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 (___ In fee simple) or (___ Leasehold) or (___ 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-transferrable 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 (___ swimming pool), (___ hot tub), (___ spa), or (___ whirlpool) on the property? If Yes and there are any defects describe in XVI.
			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? (___ Private), (___ Municipal) or (___ Other _____).

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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.
			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 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
			41. Are there now or have there been any underground storage tanks on the property? For (<input type="checkbox"/> heating fuel), (<input type="checkbox"/> propane), (<input type="checkbox"/> septic), or (<input type="checkbox"/> 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.
			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 (<input type="checkbox"/> a flood zone) and / or (<input type="checkbox"/> 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.
			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 (<input type="checkbox"/> fire), (<input type="checkbox"/> smoke), (<input type="checkbox"/> wind), or (<input type="checkbox"/> flood)? If Yes, describe in XVI.
			66. Was the structure moved to this site? (<input type="checkbox"/> Double Wide) (<input type="checkbox"/> Modular) (<input type="checkbox"/> Other: _____)
			67. Is there any (<input type="checkbox"/> past) or (<input type="checkbox"/> present) water leakage in the house? If Yes, describe in XVI.
			68. Are there any problems with (<input type="checkbox"/> driveways), (<input type="checkbox"/> walkways), (<input type="checkbox"/> patios), or (<input type="checkbox"/> 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: <input type="checkbox"/> The ceiling / attic? <input type="checkbox"/> The exterior walls? <input type="checkbox"/> Other places? Describe _____

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			What type(s) of insulation does your property have? _____
			71. Are there any drywall issues or drywall smells? If Yes, describe in XVI.
			VIII. TERMITES, DRYROT, PESTS
			72. Is there, or has there been, any infestation by termites or other wood destroying insects? If Yes, describe in XVI.
			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.
			76. Has there been any termite or wood destroying insect treatments made on the property? If Yes, describe in XVI.
			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: _____
			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? _____
			89. If drinking water supplied by utility, name of utility: _____
			90. What type of plumbing (copper, lead, cast iron, PVC, polybutylene, galvanized, unknown) is in the house? 1. Water supply _____ 2. Drainage _____
			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?
			93. If Yes to above, were the required permits obtained?
			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: _____
			95. When was well installed? _____ Location of well? _____ Depth of well? _____
			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 _____)
			98. If a septic system, type: (___ Gravity Fed) (___ Capping Fill) (___ LPP) (___ Mound) (___ Holding Tank) (___ Other: _____)
			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?
			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, describe in XVI.
			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: (___ Electric) (___ Oil) (___ Gas) or (___ Other: _____)
			XII. HEATING AND AIR CONDITIONING
			106. How many heating and / or air conditioning zones are in the property? _____. 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: _____ Fuel: _____
			108. Age of furnace? _____ Date of last service? _____
			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) _____
			111. Age of air conditioning system? _____ Date of last service? _____
			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.) _____
			117. What amp service does it have? (___ 60) (___ 100) (___ 150) (___ 200) (___ Other: _____) Do you have (___ Circuit Breakers) or (___ 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 (___ solar) and / or (___ 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: (___ Wood Burning) (___ Gas) (___ Insert) (___ Other: _____)?
			127. Heating Stove type: (___ Wood Burning) (___ Pellet) (___ Other _____)?
			128. Was the fireplace or heating stove part of the original house design?
			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? _____ 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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Seller's Initials _____ Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

(B) Are the following included items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not convey or does not exist, leave the yes / no fields blank.

YES NO	YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/> Range with oven	<input type="checkbox"/> <input type="checkbox"/> Draperies/Curtains	<input type="checkbox"/> <input type="checkbox"/> Wall Mounted Flat Screen TV # _____
<input type="checkbox"/> <input type="checkbox"/> Range Hood-exhaust fan	<input type="checkbox"/> <input type="checkbox"/> Drapery/Curtain rods	<input type="checkbox"/> <input type="checkbox"/> Wall brackets for TV # _____
<input type="checkbox"/> <input type="checkbox"/> Cooktop-stand alone	<input type="checkbox"/> <input type="checkbox"/> Shades/Blinds	<input type="checkbox"/> <input type="checkbox"/> Surround sound system & controls
<input type="checkbox"/> <input type="checkbox"/> Wall Oven(s) # _____	<input type="checkbox"/> <input type="checkbox"/> Cornices/Valances	<input type="checkbox"/> <input type="checkbox"/> Solar Equipment
<input type="checkbox"/> <input type="checkbox"/> Kitchen Refrigerator	<input type="checkbox"/> <input type="checkbox"/> Furnace Humidifier	<input type="checkbox"/> <input type="checkbox"/> Attached Antenna/Rotor
<input type="checkbox"/> <input type="checkbox"/> with icemaker	<input type="checkbox"/> <input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> <input type="checkbox"/> Garage Opener(s) # _____
<input type="checkbox"/> <input type="checkbox"/> Refrigerator(s)-additional # _____	<input type="checkbox"/> <input type="checkbox"/> Carbon Monoxide Detectors	<input type="checkbox"/> <input type="checkbox"/> with remote(s) # _____
<input type="checkbox"/> <input type="checkbox"/> Freezer –free standing	<input type="checkbox"/> <input type="checkbox"/> Wood Stove	<input type="checkbox"/> <input type="checkbox"/> Pool Equipment
<input type="checkbox"/> <input type="checkbox"/> Ice Maker-free standing	<input type="checkbox"/> <input type="checkbox"/> Fireplace Equipment	<input type="checkbox"/> <input type="checkbox"/> Pool cover
<input type="checkbox"/> <input type="checkbox"/> Dishwasher	<input type="checkbox"/> <input type="checkbox"/> Fireplace Screen/Doors	<input type="checkbox"/> <input type="checkbox"/> Hot Tub, Equipment
<input type="checkbox"/> <input type="checkbox"/> Disposal	<input type="checkbox"/> <input type="checkbox"/> Electronic Air Filter	<input type="checkbox"/> <input type="checkbox"/> with cover
<input type="checkbox"/> <input type="checkbox"/> Microwave	<input type="checkbox"/> <input type="checkbox"/> Window A/C Units # _____	<input type="checkbox"/> <input type="checkbox"/> Sheds/Outbuildings # _____
<input type="checkbox"/> <input type="checkbox"/> Washer	<input type="checkbox"/> <input type="checkbox"/> Attic fan	<input type="checkbox"/> <input type="checkbox"/> Playground Equipment
<input type="checkbox"/> <input type="checkbox"/> Dryer	<input type="checkbox"/> <input type="checkbox"/> Whole house fan	<input type="checkbox"/> <input type="checkbox"/> Irrigation System
<input type="checkbox"/> <input type="checkbox"/> Trash Compactor	<input type="checkbox"/> <input type="checkbox"/> Bathroom Vents/Fans	<input type="checkbox"/> <input type="checkbox"/> Water Conditioner (owned)
<input type="checkbox"/> <input type="checkbox"/> Water Filter	<input type="checkbox"/> <input type="checkbox"/> Window Fan(s) # _____	<input type="checkbox"/> <input type="checkbox"/> Water Conditioner (leased)
<input type="checkbox"/> <input type="checkbox"/> Water Heater	<input type="checkbox"/> <input type="checkbox"/> Ceiling Fan(s) # _____	<input type="checkbox"/> <input type="checkbox"/> Fuel Storage Tank(s) (owned)
<input type="checkbox"/> <input type="checkbox"/> Sump Pump	<input type="checkbox"/> <input type="checkbox"/> Central Vacuum	<input type="checkbox"/> <input type="checkbox"/> Fuel Storage Tank(s) (leased)
<input type="checkbox"/> <input type="checkbox"/> Storm Doors	<input type="checkbox"/> <input type="checkbox"/> with attachments	<input type="checkbox"/> <input type="checkbox"/> Security/Monitoring Systems (owned)
<input type="checkbox"/> <input type="checkbox"/> Screens (where present)	<input type="checkbox"/> <input type="checkbox"/> Intercoms	<input type="checkbox"/> <input type="checkbox"/> Security/Monitoring Systems (leased)
	<input type="checkbox"/> <input type="checkbox"/> Satellite Dish with controls & Remote(s)	<input type="checkbox"/> <input type="checkbox"/> Solar Equipment (owned)
		<input type="checkbox"/> <input type="checkbox"/> Solar Equipment (leased)

XVI. ADDITIONAL INFORMATION

If you were directed to this section to clarify an answer, or if you indicated there is a problem with any of the items in sections I through XV, provide a detailed explanation below, or on additional sheet(s). Attach additional sheets if needed.

Question Number	Additional Information

Are there additional problems, clarification, or document sheets attached? No Yes

Number of Sheets Attached _____.

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

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 _____ 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 _____