



RHODE ISLAND REAL ESTATE SALES DISCLOSURE FORM
Rhode Island Association of REALTORS®



SELLER

DATE _____ PROPERTY ADDRESS _____

Seller: _____ Current Address: _____

Seller has occupied subject property? Yes No If yes, number of years and when: _____

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 a separate sales disclosure form be completed for each unit of a multi-unit property.**

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
_____ Addition(s): _____ Year(s): _____

2. Roof (Shingles)
Age: _____ # of Layers: _____ Previous Repairs: _____
Known Defects: _____

3. Fireplaces
_____ # Working: _____ Maintenance History: _____

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

5. Heating System
System Type: _____ Age: _____ Fuel Type: _____ Number of zones: _____
Size of onsite storage tank: _____ Owned by: Fuel Provider Seller
Underground tanks on property? Yes No Unknown (Size?) _____
Supplemental heating? Yes No If yes, type? _____

6. Solar Equipment/System
 Yes 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 attached (optional) _____ Operational? Yes No Unknown

7. Domestic Hot Water
Heating Source: _____ If a separate tank, capacity: _____ gal. Age _____
Rented? Yes No If yes, Company rented from _____
Known Defects: _____

8. Insulation

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

9. Electrical Service

Fuses _____ Circuit Breakers _____ Amps _____ Unknown _____
Type: Aluminum Wiring _____ Knob & Tube _____ BX Cable _____ Romex _____ Other _____ Unknown _____

10. Air Conditioning

Yes No Unknown Age: _____
Type of System: Central Air: Number of Zones _____ Ductless Window Units: Number of Units _____ Age _____
 Built in Wall Units: Number of Units _____ Age _____
Location _____ Maintenance History _____

Additional Structural Information (Attach additional sheets if necessary.)

UTILITIES

11. Sewage System

Type: Private Public Both If public system available, is it connected? Yes No
If public, Outstanding Assessment? Yes No Minimum Annual Fee: \$ _____ Outstanding Balance \$ _____
If private (check all that apply), Cesspool Septic: Leach field Galleys Denitrification System Unknown
 Other _____
OWTS Design (DEM approved # of Bedrooms): _____ Copy Available? Yes No
Location: _____ Date installed: _____
Maintenance History (Any Failure): _____
Maintenance Requirements (State/Local): _____
Sanitation Company used: _____
Last pumped: _____ Other Connections (Drywell, etc.): _____

"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."

12. 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 If yes, attach copy
Water Quality Problems? Yes No If yes, explain _____
Filtration System? Yes No Rented? Yes No Treatment System? Yes No Rented? Yes No

Additional Utilities Information (Attach additional sheets if necessary.)

MUNICIPAL INFORMATION

13. Real Estate Property Tax

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

14. Municipal Fire District Tax

Name of Fire District _____
\$ _____ for fiscal/calendar year ending _____ Tax Rate: _____ Current Exemptions: _____

15. 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 If yes, attach copy

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 If yes, attach copy

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

16. Deed

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

Other _____ Number of parcels conveying: _____

17. 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

18. Restrictions

Plat or other? Yes (Explain) _____ No Unknown

Copy available to Buyer: _____

19. 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

20. Building Code/or Minimum Housing

Outstanding Violations: _____

21. 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 Available to Buyer: _____

Is there a Letter of Map Amendment (LOMA)? Yes No Copy Available to Buyer: _____

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.

22. 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

23. 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.)

CONDO/MULTI UNIT

24. Condo/Association Fees

Monthly Condo/Association Fee: \$ _____ Heat/Electric/Water Included in Fee? _____
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
Anticipated Future Assessments: Yes If yes, describe _____ No Unknown

25. Multi-Family or Other Rental Property

Are income and expense figures available? Yes No If yes, attach copies
Lease(s) period: _____ Copies available? Yes No
Number of Legal Units: _____ Seller shall provide a copy of Confirmation of Rental Terms.
Security Deposits _____ Rental Income _____

Additional Condo/Multi Unit Information (Attach additional sheets if necessary.)

NOTICES/DISCLOSURES

26. Pools & Equipment

Age of pool: _____ Maintenance History (Any Defects): _____
Was a permit obtained for the pool? Yes No Unknown

27. Lead Contamination

"Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards 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 Intelligence Quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential property is required to provide the Buyer with any information on lead or lead hazards in paint, interior dust, soil, or water from risk assessments or inspections in the Seller's possession and notify the Buyer of any known or potential lead or lead-based hazards, and must receive a lead disclosure and educational brochure. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase."

Have you ever had a lead paint inspection conducted? Yes No If yes, copy of report available? Yes No
Lead compliance certificate(s) available? Yes No

28. 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.**

29. 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 Any action taken? _____
Is a Radon Mitigation System in use? Yes No

30. 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? Yes No Unknown
If yes, please describe: _____

Has the property previously been tested for mold? Yes No Unknown
Any previous mold mitigation action taken? Yes No Unknown If yes, please describe: _____

31. 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).

<u>Y</u>	<u>N</u>	<u>UK</u>	<u>NA</u>		<u>Y</u>	<u>N</u>	<u>UK</u>	<u>NA</u>		<u>Y</u>	<u>N</u>	<u>UK</u>	<u>NA</u>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway(s)	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulkhead/Hatchway	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Fences
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney(s)	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation/Slab(s)	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls						
37	<input type="checkbox"/>	<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
47 Alarm/Security System	<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 <input type="checkbox"/> UK
48 Ceiling/Whole House Fan	<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 <input type="checkbox"/> UK
49 Central Vac/Equipment	<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 <input type="checkbox"/> UK
50 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 <input type="checkbox"/> UK
51 Dishwasher	<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 <input type="checkbox"/> UK
52 Dryer	<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 <input type="checkbox"/> UK
53 Freezer	<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 <input type="checkbox"/> UK
54 Garage Door Opener(s)	<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 <input type="checkbox"/> UK
55 Garbage Disposal	<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 <input type="checkbox"/> UK
56 Generator	<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 <input type="checkbox"/> UK
57 Hot Tub/Sauna	<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 <input type="checkbox"/> UK
58 Intercom System	<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 <input type="checkbox"/> UK
59 Jacuzzi/Whirlpool	<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 <input type="checkbox"/> UK
60 Kitchen Stove/Oven	<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 <input type="checkbox"/> UK
61 Lawn Sprinkler System	<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 <input type="checkbox"/> UK
62 Microwave	<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 <input type="checkbox"/> UK
63 Refrigerator	<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 <input type="checkbox"/> UK
64 Satellite Dish	<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 <input type="checkbox"/> UK
65 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 <input type="checkbox"/> UK
66 Trash Compactor	<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 <input type="checkbox"/> UK
67 Washer	<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 <input type="checkbox"/> UK
68 _____	<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 <input type="checkbox"/> UK
69 _____	<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 <input type="checkbox"/> UK
70 _____	<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 <input type="checkbox"/> 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).

Y N UK NA

- 71 Asbestos
72 Cemetery or Burial Ground on Property
73 Diseased Tree(s) within 100' of Dwelling/Outbuilding
74 Endangered Species/Habitat on Property
75 Hazardous or Toxic Waste
76 Hazardous or Toxic Waste Site Within 1 Mile
77 Improper Drainage
78 Landfill
79 Previous Fire/Smoke Damage
80 Settling
81 Soil Movement
82 Subsurface Structure(s) or Pit(s)
83 Synthetic Stucco / EIFS

Y N UK NA

- 84 Water Penetration
85 Wood Rot
Previous Flooding:
86 Into the Improvements
87 Onto the Property
Structural Repairs:
88 Previous Foundation Repairs
89 Other Structural Repairs
Termites or Other Wood-Destroying Insects:
90 Active Infestation
91 Previous Treatment
92 Previous Damage Repaired
93 Damage Needing Repair
94 Current Service Contract

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

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 _____ Seller _____ Date _____ Seller _____

Date _____ Seller _____ 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:

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

This entire form is licensed for the exclusive use of members in good standing of the Rhode Island Association of REALTORS® and is protected by federal and state copyright law. Unauthorized use of this form is prohibited and can result in civil and criminal penalties. All rights reserved. Copyright© 2018.