

**PRDS® SUPPLEMENTAL SELLER CHECKLIST**

Property: _____

THE INFORMATION ENTERED ON THIS DISCLOSURE FORM IS PROVIDED BY SELLER ONLY. THIS DOCUMENT IS SOLELY A SUPPLEMENTAL DISCLOSURE; IT IS NOT, AND SHALL NOT BE DEEMED TO CONSTITUTE, ANY PART OF THE PURCHASE CONTRACT.

⚠ SELLER CAUTION: SELLER IS URGED TO CAREFULLY REVIEW THE **PRDS SELLER ADVISORY REGARDING COMPLETING THE TDS AND OTHER DISCLOSURE DOCUMENTS** PRIOR TO COMPLETING THIS FORM.

⚠ BUYER CAUTION: BUYER IS URGED TO CAREFULLY REVIEW THE **PRDS SAN MATEO/SANTA CLARA COUNTIES ADVISORY** IN CONNECTION WITH REVIEWING THIS FORM.

⚠ GENERAL CAUTION: The information provided in this Disclosure form is from Seller and NOT the Broker(s) or individual real estate licensees. Unless specified in writing, the real estate licensees involved in the transaction have not verified, and will not verify any of the information provided by Seller. Although licensed to list, sell and lease real estate, Broker(s) may not have expertise on the information in this form.

SELLER SHALL RESPOND TO EACH AND EVERY QUESTION BELOW

If Seller is aware of any issues, conditions and/or problems, whether past or present, and whether or not previously repaired, relating to the Property, Seller shall provide a detailed explanation as specified in each Question. Seller shall attach a complete copy of all requested Documents as that term is defined below.

If additional space is needed to fully respond to any questions attach additional page(s).

PART I. DEFINITION OF TERMS: When there are terms in any of the questions that start with a capital letter, refer to the full definitions listed below and/or as defined in each question, so as to respond as completely as possible to all questions.

The term “**Disclosures**” in this form includes but is not limited to the Transfer Disclosure Statement (TDS), Supplemental Sellers Checklist (SSC), Seller Property Questionnaire (SPQ), Exempt Seller Disclosure (ESD), Natural Hazard Disclosure Statement (NHDS), Lead Addendum, Agent Visual Inspection, or any other written statement of knowledge about the Property completed by anyone.

The term “**Reports**” in this form includes but is not limited to structural pest, general home inspection, contractor inspection, geological or soils report, roof, pool/spa, septic, well, chimney, engineering or any other report or study regarding component(s) or issues, conditions and/or problems with any aspect of the Property.

The term “**Documents**” in this form includes but is not limited to notices, letters or rulings from any governmental entity, Reports, Disclosures, proposals, bids, estimates, invoices, billing statements, contracts, plans, drawings, videos, photographs, pictures in any format, warranties, information and operational manuals, permits, letters, and/or electronic communications including emails and social media postings.

The term “**Work**” in this form includes but is not limited to alterations, improvements, modifications, additions, corrections and/or repairs to any component or aspect of the Property whether or not there are any issues, conditions and/or problems with the Property.

The term “**Maintenance**” or “**Maintain**” in this form includes but is not limited to any Work or necessary tasks that are ongoing and/or repeated over any period of time in order to avoid or prevent issues, conditions or problems with the Property, any components of the Property, or any equipment at the Property from occurring or recurring.

PART II. DISCLOSURES AND REPORTS (please refer to Definitions of Disclosures/Reports in Part I):

A. Do you have any Disclosures and/or Reports regarding the Property that you received before or prior to your ownership of the Property? YES ☐ NO ☐
If Yes, attach all Disclosures and/or Reports.

B. Do you have any Reports regarding the Property that you have received during your ownership? YES ☐ NO ☐
If Yes, attach all Reports.

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

PART III. ALTERATIONS, IMPROVEMENTS, MODIFICATIONS, ADDITIONS, CORRECTIONS AND/OR REPAIRS ("WORK")
(please refer to Definition of Work in Part I):

A. Do you have any Documents regarding any Work done on and/or at the Property before or prior to your ownership of the Property? YES ☐ NO ☐
If Yes, attach those Documents.

B. Aside from any information that is contained in the Documents that you are providing, do you have any additional knowledge about Work done on the Property before or prior to your ownership? YES ☐ NO ☐
If Yes, state:

What Work was done?	Who performed the Work?	Were they Licensed?	Permits?	Work Finaled?
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

C. Do you have any Documents regarding any Work done on the Property during your ownership? YES ☐ NO ☐
If Yes, attach those Documents.

D. Aside from any information that is contained in the Documents that you are providing, do you have any additional knowledge about Work done on the Property during your ownership? YES ☐ NO ☐

What Work was done?	Who performed the Work?	Were they Licensed?	Permits?	Work Finaled?
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

E. Have you experienced any issues, conditions and/or problems with the Work described in **PART III Sections A, B, C and/or D?** YES ☐ NO ☐

If Yes, provide all of the following information for each issue, condition and/or problem (Attach additional pages if necessary):

1. What was the nature of the issues, conditions and/or problems? _____

2. What steps were taken to correct the issues, conditions and/or problems? _____

3. Who did the corrective Work? _____

4. How often was corrective Work done? _____

5. Was the person/entity who did the Work licensed? _____

6. Were permits obtained for the Work? YES ☐ NO ☐
7. Was the Work finaled? YES ☐ NO ☐
8. Do you have any Documents relating to issues, conditions and/or problems described in any of the **Questions in Sections E-I through E-7?** YES ☐ NO ☐
If Yes, attach all Documents.

PART IV. MAINTENANCE (please refer to Definition of Maintenance/Maintain in Part I):

A. Describe what you or others on your behalf (e.g., manufacturers, professionals, handymen, etc.) have done to maintain the Property: _____

- B. Are you aware of any Maintenance that has been recommended by anyone (including any former owner) and/or is required to be performed on any aspect of the Property? YES ☐ NO ☐

If Yes, state what Maintenance has been recommended and/or done: _____

- C. Are you aware of any Maintenance that has **not** been done on the Property or was deferred? YES ☐ NO ☐

If Yes, state what Maintenance has **not** been done or was deferred: _____

- D. Attach all Documents regarding any **MAINTENANCE whether MAINTENANCE was done or was not done.**

PART V. SPECIFIC SELLER DISCLOSURES:

- A. **WATER INTRUSION.** (Including but not limited to leaks, moisture and/or persistent dampness, whether or not the area dried out):

1. Are you aware of or have you experienced any Water Intrusion into, from and/or through any aspect of the Property? YES ☐ NO ☐

If Yes, check all applicable locations:

- ☐ Roofs and/or gutters over any structure ☐ Attics ☐ Decks and/or balconies irrespective of location
☐ Skylights and/or windows ☐ Siding ☐ Doors ☐ Interior of any structure ☐ Floors and/or flooring surfaces
☐ Basements and/or crawl spaces ☐ OTHER _____

2. For each of the areas where there has been Water Intrusion, describe all of the following: (a) what type of Water Intrusion; (b) the frequency of the Water Intrusion; (c) what damage occurred, if any; (d) what Work was done; (e) who did the Work; (f) if Work was done, did the Water Intrusion recur? _____

3. Attach all Documents regarding any past or current **WATER INTRUSION.**

- B. **SURFACE/SUBSURFACE WATER/MOISTURE CONTROL.** Are you aware of or have you experienced and/or used any of the following:

	Your Property	Adjacent Property
1. Standing/ponding water?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Flooding?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Surface or subsurface streams, creeks, springs, aquifers?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. High water table?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Drainage system, sub-drain/French drain/curtain drain?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Sump-pump(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Sub-area basement fan(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Moisture barrier(s)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Water run-off to or from your Property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Any other water issues, conditions and/or problems?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

If Yes to any of the Questions in Sections B-1 through B-10, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current **SURFACE/SUBSURFACE WATER/MOISTURE CONTROL.**

- C. **CRACKS, SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY.**

1. Are you aware of past or present (including previously repaired) exterior and/or interior **CRACKS** in any of the following (check all that apply): ☐ Foundation ☐ Steps ☐ Stairs ☐ Patios ☐ Decks ☐ Balconies
☐ Basement ☐ Crawlspace ☐ Boundary walls ☐ Retaining walls ☐ Walkways ☐ Sidewalks ☐ Driveways
☐ Chimney(s) ☐ Ceilings ☐ Beams ☐ Doorways ☐ Interior walls ☐ Exterior walls ☐ Floors ☐ Slabs
☐ OTHER _____ ☐ NONE

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **CRACKS**.

2. Are you aware of past or present (including previously repaired) **SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY** in any of the following (**check all that apply**): ☐ Foundation ☐ Steps ☐ Stairs ☐ Patios ☐ Decks ☐ Balconies ☐ Basement ☐ Crawlspace ☐ Boundary walls ☐ Retaining walls ☐ Walkways ☐ Sidewalks ☐ Driveways ☐ Chimney(s) ☐ Ceilings ☐ Beams ☐ Doorways ☐ Interior walls ☐ Exterior walls ☐ Floors ☐ Slabs ☐ OTHER _____ ☐ **NONE**

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **SETTLEMENT, MOVEMENT, SLIPPAGE OR INSTABILITY**.

3. Are you aware of the past and/or current use of any of the following **DEVICES** (**If Yes, check all that apply**): ☐ Foundation jacks ☐ Foundation pier supports ☐ Shims ☐ OTHER _____ ☐ **NONE**

If Yes to any of the Questions in Section C-1 through C-3, describe all of the following: (a) the issues, conditions and/or problems which necessitated each corrective device; (b) the specific location of each corrective device; (c) who installed or used each corrective device; (d) when was each corrective device installed or used; (e) was each corrective device effective or did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **DEVICES**.

D. SOILS. Are you aware of or have you experienced any issues, conditions and/or problems with the following:

	Your Property		Adjacent Property	
1. Landfill (of any material)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Grading?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Compaction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Cut and fill?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Landslide?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Earth movement, slippage or sliding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Earth Settlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Erosion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Any other soil issues, conditions and/or problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Yes to any of the Questions in Section D-1 through D-9, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current **SOILS** issues, conditions and/or problems.

E. EXTERIOR ELEMENTS. Are you aware of the following (**If Yes, check all that apply**):

1. Repair, restoration, replacement (full or partial) of any of the following: ☐ Roof ☐ Gutters ☐ Downspouts ☐ Eaves ☐ Awnings ☐ Skylights ☐ Steps ☐ Stairs ☐ Patios ☐ Decks ☐ Balconies ☐ Siding ☐ Windows ☐ OTHER _____ ☐ **NONE**
2. Blockages in ☐ Gutters ☐ Downspouts ☐ OTHER _____ ☐ **NONE**

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

If Yes to any of the Questions in Section E-1 through E-2, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with **EXTERIOR ELEMENTS**.

F. INTERIOR ELEMENTS. Are you aware of or have you experienced any issues, conditions and/or problems with the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Squeaking, sloping or out-of-level floors? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Stains, scratches, discoloration, warping, cupping, chipping, cracking, sponginess, or other defects (including those covered by rugs or furnishings) relating to wood, tile, linoleum, stone or any other flooring surface? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Carpets that are damaged or defective (e.g., stains, spots, tears or odors)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Windows and/or doors that stick or bind, are out of plumb, fail to latch, fail to open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Windows and/or doors that are drafty and/or emit noise caused by wind? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Glass in any window, skylight, door (including shower door), or other feature or component of the property that is not "safety glass"? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Glass in any window, skylight, door (including shower door), or other feature or component of the property that is cracked, chipped or broken? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Seal failure or other defect in any multi-pane, thermo-pane windows or skylights? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Shutters (interior), blinds and/or other window coverings that are damaged or defective (e.g. stains, spots, tears, odors, and/or malfunctions)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If Yes to any of the Questions in Sections F-1 through F-9, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **INTERIOR ELEMENTS**.

G. HEATING SYSTEM(S) (including but not limited to the furnace, other equipment generating heat, thermostat, registers, heat pumps, vents and/or duct work). If there are multiple systems and/or multiple zones, specify which system and devices are referenced in response to each of the following Questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Describe the type of Heating System(s) in the Property including the source of heat, such as electricity, gas, propane or any other source: | | |
| 2. Have you ever used any supplemental heating devices (e.g. space heaters)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If Yes , state which room(s) and frequency of use: | | |
| 3. What is the approximate age of the heating system(s)? Years: | | |
| 4. When was the Heating System(s) last serviced and by whom? Date: | | |
| By: | | |
| 5. Are there any rooms or areas in the structure that are not directly served by the Heating System(s) and/or are not adequately heated by the Heating System? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Are you aware of any issues, conditions or problems with any aspect of the Heating System(s)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Are you aware of any aspect of the Heating System(s) that has not been used in the last twelve (12) months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If Yes to any Questions in Sections G-5, G-6 and/or G-7 describe all of the following: (a) the issues, conditions and/or problems (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **HEATING SYSTEM(S)**.

Seller's Initials: () ()

Buyer's Initials: () ()

H. AIR CONDITIONING ("A/C") SYSTEM(S) (including but not limited to the compressor, other equipment generating cool air, thermostat, registers, vents and/or duct work). If there are multiple systems and/or multiple zones, specify which system and devices are referenced in response to each of the following questions: ☐ **Not Applicable** – Property does not have A/C

1. Describe the type of Air Conditioning System(s) in the Property including the power source, such as electricity, propane or any other source: _____
2. Have you ever used any supplemental devices to cool the Property (e.g. fans)? YES ☐ NO ☐
If Yes, state in which room(s) and frequency of use: _____
3. What is the approximate age of the Air Conditioning System(s)? Years _____
4. When was the Air Conditioning System(s) last serviced and by whom? Date: _____ By: _____
5. Are there any rooms or areas in the structure that are not directly served by the Air Conditioning System(s) and/or are not adequately cooled by the Air Conditioning System(s)? YES ☐ NO ☐
6. Are you aware of any issues, conditions and/or problems with any aspect of the Air Conditioning System(s)? YES ☐ NO ☐
7. Are you aware of any aspect of the Air Conditioning System(s) that has not been used in the last twelve (12) months? YES ☐ NO ☐

If Yes to any Questions in Sections H-5, H-6 and/or H-7, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **AIR CONDITIONING SYSTEM(S)**.

I. ELECTRICAL SYSTEM(S), FIXTURES AND APPLIANCES (including but not limited to the transformer, meter, panel, circuit breakers, fuses, circuits, wiring, control panels or instruments, switches, receptacles, fixtures, and appliances):

Are you aware of or have you experienced any issues, conditions and/or problems with any of the following aspects of the Electrical System(s):

1. The installation, repair, or Work performed to that system(s) by you or by any other person or company? YES ☐ NO ☐
2. Failure of any component of the Electrical System(s)? YES ☐ NO ☐
3. Any non-functioning switches, outlets or receptacles? YES ☐ NO ☐
4. Any lights that are non-functioning, flickering and/or dimming? YES ☐ NO ☐
5. Blown fuses, tripped circuit breakers, GFI button trips, arcing, and/or shorting? YES ☐ NO ☐
6. Any ungrounded outlets, switches or other electrical fixtures? YES ☐ NO ☐
7. Shorts, ground or arc faults, overloading, and/or poor circuit wire connections? YES ☐ NO ☐
8. Any fixture, appliance, or any other aspect of the Electrical System(s) that has not been used within the past twelve (12) months? YES ☐ NO ☐
9. Any fixtures or appliances that are not visible (such as central vacuums) whether or not those fixtures or appliances are operable? YES ☐ NO ☐
10. Any type of back-up generator in use at the Property at any time? YES ☐ NO ☐

If Yes to any of the Questions in Sections I-1 through I-10, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the **ELECTRICAL SYSTEM(S)**.

J. PHOTOVOLTAIC/SOLAR ELECTRICAL SYSTEM(S) (including but not limited to panels, mounting racks, array DC disconnect, inverter, battery pack, power, utility, or kilowatt meter, generators, backup generator panels, breaker panel, AC panel, circuit breaker panel, control panels or instruments, charge controllers, switches, receptacles, fixtures, and appliances):

1. Is there any Photovoltaic Solar System(s) used at the Property or any component thereof? YES ☐ NO ☐
If Yes, check all applicable boxes: ☐ Owned ☐ Leased ☐ Financed
Attach a copy of all applicable documents (e.g., contracts, leases, notes, security instruments, etc.)
2. Are you aware of or have you experienced any issues, conditions and/or problems with the use, leasing or ownership of the Photovoltaic/Solar Electrical System(s)? YES ☐ NO ☐

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions or problems with the **PHOTOVOLTAIC/SOLAR ELECTRICAL SYSTEM(S)**.

K. COMMUNICATION DEVICE(S); ENTERTAINMENT DEVICE(S); SECURITY SYSTEM(S).

1. TELEPHONE SERVICE. Your **Phone** service is provided by (**check all that apply**): ☐ Land Line ☐ Cellular ☐ Satellite
☐ Internet (e.g. VOIP) ☐ Other _____ ☐ **NONE**

Identify your phone service provider(s): _____

2. INTERNET SERVICE. Your **Internet** service at the Property is provided by (**check all that apply**): ☐ Cable ☐ DSL
☐ Fiber Optic ☐ Cellular Phone Service ☐ Satellite ☐ Other _____ ☐ **NONE**

Identify your Internet Service Provider(s) (e.g., cable, satellite, telephone, etc): _____

3. TELEVISION SERVICE. Your **Television** service/reception at the Property is provided by (**check all that apply**): ☐ Cable
☐ DSL ☐ Fiber Optic Cable ☐ Antenna ☐ Satellite/Dish ☐ Other _____ ☐ **NONE**

Identify your television Service Provider(s) (e.g., cable, satellite, telephone, etc): _____

4. COMMUNICATION & DATA. Is the Property wired with any of the following (**check all that apply**):
☐ TV (coaxial) ☐ Cable ☐ Computer Networking Cable ☐ Fiber Optic Cable ☐ Data Line
☐ Other _____ ☐ **NONE**

If you checked any box in **K-4**, for each type of wiring/cable, state which rooms at the Property have outlets:

5. INTEGRATED SYSTEM(S). (Phone/Intercom, Multi-Media Security). Is the Property equipped with any of the following types of **Integrated Communication System(s)** (**check all that apply**): ☐ Intercom ☐ Gate Control ☐ Video Surveillance
☐ Intrusion/Motion Detection ☐ Automated Lighting ☐ Other _____ ☐ **NONE**

(a) If you checked any box in **Section K-5**, are any of these systems leased (rather than owned)? . YES ☐ NO ☐

(b) If you checked any box in **Section K-5**, are any of these systems monitored offsite by a company? YES ☐ NO ☐

(c) If you checked "Yes" to Sections K-5a and/or K-5b, identify the company(s): _____

6. ISSUES, CONDITIONS AND/OR PROBLEMS:

- (a) Have you had any ongoing or recurring issues, conditions and/or problems with any of the items or systems noted in any **Questions in Sections K-1 through K-5**? YES ☐ NO ☐

If Yes, describe in detail all such issues, conditions and/or problems and attach all Documents.

- (b) Are you aware of any limitations or restrictions applicable to the installation/wiring, availability, number and location, or use of any of the items or systems at the Property noted in any **Questions in Sections K-1 through K-5**? YES ☐ NO ☐

If Yes, describe in detail all such limitations or restrictions and attach all Documents. _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

L. NATURAL GAS AND/OR PROPANE:

Are you aware of any appliances or devices that use natural gas and/or propane on or for the Property? YES ☐ NO ☐

If Yes, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of **NATURAL GAS AND/OR PROPANE**.

M. WATER SUPPLY AND/OR WATER PLUMBING SYSTEM(S) (including but not limited to water supply lines, meters, shutoff valves, pipes, overflow pipes, drains, outlets, traps, cleanout plugs, vents, faucets, fixtures, toilets, sinks, tubs, showers, thermostats, and control panels):

1. Are you aware of any past or current issues, conditions and/or problems with the Water Supply and/or the Water Plumbing System(s)? YES ☐ NO ☐
2. The installation, repair, or Work performed to the Water Supply and/or the Water Plumbing System(s) by you or by any other person or company? YES ☐ NO ☐
3. Failure of any component of the Water Supply and/or the Water Plumbing System(s) YES ☐ NO ☐
4. Are you aware of any plumbed appliances (for example, refrigerator ice maker/water dispenser, instant hot water dispenser) that have failed to operate in any way? YES ☐ NO ☐
5. Are you aware of any component of the Water Supply, including plumbed appliances, or Water Plumbing System(s) that have not been used within the last twelve (12) months? YES ☐ NO ☐
6. Are you aware of any past or current water pipe leakage either within the structure and/or on the on the Property? YES ☐ NO ☐
7. Are you aware of any past and/or present:
 - (a) High or low water pressure problems at the Property? YES ☐ NO ☐
 - (b) Any problem with the water supply, purity, quality, taste or odor? YES ☐ NO ☐
 - (c) Excessive delays in drawing hot water to any faucet? YES ☐ NO ☐
 - (d) Any rust, sediment, cloudiness or discoloration in the water? YES ☐ NO ☐
 - (e) Any slow draining sinks, tubs and/or showers? YES ☐ NO ☐
 - (f) Any toilets that run continuously or on their own? YES ☐ NO ☐
 - (g) Any fluoridation or other chemical substances added to the water supply? YES ☐ NO ☐
8. Are you aware of any past and/or current device(s) and/or system(s) being used at the Property?
 - (a) Water softener YES ☐ NO ☐
 - (b) Water purification system(s) YES ☐ NO ☐
 - (c) Hot water circulating system YES ☐ NO ☐

If Yes to any of the devices and/or systems listed in **Question M-8**, state how long the device and/or systems have been at the Property, whether they are still at the Property, and whether they are still functional: _____

9. What are the Water Supply lines made of (**check all that apply**)?

☐ Copper ☐ Galvanized ☐ Plastic ☐ OTHER _____

Describe the type of material(s) for the Water Supply lines and state the specific location(s) of each different type of material(s): _____

If Yes to Questions in Sections M-1 through M-8, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions or problems with the **WATER SUPPLY AND/OR WATER PLUMBING SYSTEM(S)**.

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

N. WATER CONSERVING PLUMBING FIXTURES. Effective January 1, 2017, Sellers of residential property of 1 to 4 units built before January 1, 1994, must disclose if they are aware of any noncompliant plumbing fixtures. Noncompliant water fixtures are defined in Civil Code Section 1101.3 as any of the following: (a) any toilet manufactured to use more than 1.6 gallons of water per flush; (b) any urinal manufactured to use more than 1 gallon of water per flush; (c) any showerhead manufactured to have a flow capacity of more than 2.5 gallons of water per minute; and/or (d) any interior faucet that emits more than 2.2 gallons of water per minute. ☐ **NOT APPLICABLE – House Built After January 1, 1994**

Are you, Seller, aware of any plumbing fixtures on the Property that are non-compliant as defined by Civil Code Section 1101.3 above? YES ☐ NO ☐

If Yes, explain in detail your knowledge: _____

O. WELL/PRIVATE WATER SYSTEM. ☐ **Not Applicable** If Applicable, attach PRDS Well/Private Water System Checklist.

P. SEWER SYSTEM (including but is not limited to sewer lines, waste water lines, sewer laterals, traps, cleanout plugs, vents, drains, toilets, tubs, kitchen and bathroom sinks):

- 1. Are you aware of any sewer clean-outs? YES ☐ NO ☐
If Yes, identify the number and exact location of each sewer clean-out _____
- 2. Are you aware of any Work, including but not limited to, snaking or rooting of the Sewer System within the last 5 years? YES ☐ NO ☐
- 3. Are you aware of any past and/or present blockage, backup, overflow or any other failure of the Sewer System? YES ☐ NO ☐
- 4. Are you aware of any current or contemplated government-imposed inspection, repair or upgrade requirements (for example, sewer lateral tests) applicable to the Property? YES ☐ NO ☐
- 5. Are you aware of any booster or other pump system/equipment installed at the Property related to the Sewer System? YES ☐ NO ☐
- 6. Have you ever been notified or advised by anyone that any aspect of the Sewer System is offset, displaced, collapsing or in need of repair or replacement? YES ☐ NO ☐

If Yes to any questions in Sections P-2 through P-6, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur?

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of the **SEWER SYSTEM**.

Q. SEPTIC SYSTEM (including but not limited to the septic tank, leach lines, drain fields, and all related equipment/components. ☐ **NOT APPLICABLE**

- 1. Are you aware of the material (for example, concrete, redwood) used to construct the septic tank? YES ☐ NO ☐
If Yes, describe the material used: _____
- 2. How frequently has the septic tank been pumped in the last five years? _____
- 3. When was the last time the septic tank was pumped? _____ By whom? _____
- 4. Are you aware of any septic clean-outs? YES ☐ NO ☐
If Yes, identify the number and exact location of each septic clean-out _____
- 5. Are you aware of any past and/or present blockage, backup, overflow or other issues, conditions or problems with the septic system? YES ☐ NO ☐
- 6. Are you aware of any booster or other pump system/equipment installed at the Property related to the septic system? YES ☐ NO ☐
- 7. Have you ever been notified or advised by anyone that any part of the septic system needs replacement or repair? YES ☐ NO ☐
- 8. Have you been advised by anyone either orally or in a Disclosure, Report or other Document that the current septic system may preclude or limit development of the Property and/or expansion of any structure on the Property? YES ☐ NO ☐

9. Have you been advised by anyone either orally or in a Disclosure, Report or other Document that the soils conditions may preclude or limit development of the Property and/or expansion of the septic system and/or any structure on the Property? YES ☐ NO ☐
10. Are you aware of any current or contemplated governmental plans, measures or requirements that may require hook-up or conversion to a public sewer system? YES ☐ NO ☐
11. Are you aware of any current or contemplated governmental plans, measures or requirements that may require that the septic system be inspected, replaced and/or upgraded? YES ☐ NO ☐

If Yes to any Questions in Sections Q-5 through Q-11, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of the **SEPTIC SYSTEM**.

R. LANDSCAPING/IRRIGATION:

1. Does the Property have any of the following:
- a. A sprinkler system YES ☐ NO ☐
If Yes, describe type(s) and location: ☐ Manual – Where _____
☐ Automatic – Where _____
- b. A drip system YES ☐ NO ☐
If Yes, describe type(s) and location: ☐ Manual – Where _____
☐ Automatic – Where _____
- c. Exterior landscape lighting YES ☐ NO ☐
If Yes, describe location: _____
- d. A pond, waterfall, or other decorative water-related feature YES ☐ NO ☐
If Yes, describe location: _____
- e. Any play structures YES ☐ NO ☐
If Yes, describe location and anchoring system/mechanism: _____
2. Are you aware of any past or existing issues, conditions and/or problems with any of the items listed in **Section R-1**? YES ☐ NO ☐
3. Are you aware of any Work performed on any of the items listed in **Section R-1**? YES ☐ NO ☐
4. Are you aware of any water from the sprinklers or other items in **Section R-1** that direct water onto any siding, window or other surface of the structure? YES ☐ NO ☐
5. Are you aware of any diseases or infestations affecting trees, plants or planted ground cover on the Property or adjoining properties? YES ☐ NO ☐

If Yes to any Questions in Sections R-2 through R-5, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the existence or use of the **LANDSCAPING/IRRIGATION**.

S. SWIMMING POOL/SPA:

☐ **NOT APPLICABLE**

1. Does the Swimming Pool have a Heating System? YES ☐ NO ☐
If Yes: (a) Identify the type: ☐ Electric ☐ Solar ☐ Gas ☐ Other _____
(b) Identify when it was last used: _____

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

2. Does the Spa have a Heating System? YES ☐ NO ☐

If Yes: (a) Identify the type: ☐ Electric ☐ Solar ☐ Gas ☐ Other _____
(b) Identify when it was last used: _____

3. Identify the current Swimming Pool/Spa service provider and cost & frequency of service NONE ☐

4. Are you aware of any issues, conditions and/or problems with any of the following **(check all that apply)**?
☐ water leakage from pool or spa ☐ low water levels for pool or spa ☐ pool and/or spa related-equipment
☐ pool and/or spa surfaces ☐ decking or coping ☐ heating system for pool and/or spa
☐ lighting, ladders, slides or diving boards ☐ pool and/or spa covers or enclosures ☐ pool and/or spa alarms
☐ Other _____ ... YES ☐ NO ☐

If Yes to anything listed in Section S-4, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with the use of The **SWIMMING POOL/SPA**.

T. ANIMALS:

1. Are you aware of past and/or current presence at the Property or in the neighborhood of any of the following **(check all that apply)**: ☐ horses ☐ cattle/sheep/goats ☐ pigs/wild boars ☐ mountain lions ☐ bobcats
☐ feral or other cats ☐ coyotes/wolves/dogs ☐ deer ☐ bears ☐ raccoons/opossums/skunks
☐ gophers/moles/voles ☐ bats ☐ rats/squirrels/other rodents ☐ turkeys/roosters/chickens/ducks/geese
☐ crows/ pigeons/hawks/other birds ☐ snakes/lizards ☐ frogs ☐ bees/wasps ☐ ants/spiders/other insects
☐ noise or odor-generating pests/birds or any other type of animal
☐ Other(s) _____ ☐ NONE

For each box checked in Section T-1, provide detailed explanation(s): _____

2. Are you aware of any pets and/or other animals having been at the Property at any time? YES ☐ NO ☐

If Yes, identify type or breed, number and when they were present at the Property: _____

3. Are you aware of any animal urine, feces, spray or other discharge coming into contact with any walls, flooring, carpets/pads or other interior surfaces? YES ☐ NO ☐

4. Are you aware of any staining, spotting, discoloration, warping, scratches or any other damage to any interior surfaces related to animals (including but not limited to the areas identified in **Section T-3**)? . . YES ☐ NO ☐

5. Are you aware of any animal-related odors at the Property at any time of the years even if only seasonal (e.g. during warm temperatures)? YES ☐ NO ☐

6. Are you aware of any animals/pets buried on the Property? YES ☐ NO ☐

7. Are you aware of any complaints or governmental notices regarding animals/pets at or on the Property? YES ☐ NO ☐

If Yes to any Questions in Sections T-1 through T-7 describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur? _____

Attach all Documents regarding any past and/or current issues, conditions and/or problems with **ANIMALS**.

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

U. NEIGHBORHOOD ISSUES, CONDITIONS AND/OR PROBLEMS:

1. Are you aware of any past and/or current **NOISE** and/or **ODOR** related to any of the following which are or have been noticeable at the Property (**check all that apply**)? ☐ vehicular traffic ☐ railroad/train/light rail/BART/other rail traffic ☐ schools/parks ☐ aircraft (note: a city-mandated disclosure may be required) ☐ construction activity ☐ business/recreational/commercial or other institutional facilities (for example, daycare, residential care, religious meeting sites) ☐ entertainment complexes/amphitheaters or other venues ☐ music/ shouting/parties/sporting or other activities ☐ events/gatherings/traditions (for example, parades, block parties, holiday decorations, sporting events) ☐ neighbors ☐ dogs, cats, birds or other animals ☐ power lines/transformers/other electrical power equipment ☐ air conditioners/appliances/generators/ pool equipment ☐ adjacent properties/common walls/floors/common areas (e.g. condominiums, PUD) ☐ Other neighborhood sources of **NOISE** and/or **ODOR**: _____ ☐ **NONE**

For each box checked in Section U-1, provide detailed explanation: _____

2. Are you aware of any neighborhood issues, conditions and/or problems with any of the following whether past or present, on or near the Property (**check all that apply**)? ☐ in-home businesses ☐ local businesses ☐ schools ☐ religious facilities ☐ entertainment or sporting venues ☐ traffic congestion or excessive speed ☐ hampered driveway ingress or egress ☐ limited/restricted/congested on-street parking ☐ periodic or seasonal limitations on parking ☐ periodic or seasonal traffic congestion ☐ loitering ☐ littering ☐ Other _____ ☐ **NONE**

For each box checked in Section U-2, provide detailed explanation: _____

3. Is the Property located on or near a bus route/stop? YES ☐ NO ☐
4. Are you aware of any ongoing, planned or proposed construction at, on, or within any neighboring property or private/public facility, roadways or rights of way? YES ☐ NO ☐
5. Are you aware of any burglaries, assaults or other crimes in the neighborhood? YES ☐ NO ☐
6. Are you aware of any modifications or other changes to any aspect of the structures and/or the land anywhere in the neighborhood for purposes of cultivating marijuana or other crops? YES ☐ NO ☐
7. Have you attended any meetings or had any discussions with neighbors or others regarding any neighborhood issues, conditions and/or problems? YES ☐ NO ☐
8. Are you aware of any complaints to police or other governmental authorities regarding any neighborhood issues, conditions and/or problems? YES ☐ NO ☐
9. Are you aware of any other neighborhood issues, conditions and/or problems that are not detailed above? YES ☐ NO ☐

If Yes to any Questions in Sections U-4 through U-9, provide detailed explanation:

Attach all Documents regarding any past and/or current **NEIGHBORHOOD ISSUES, CONDITIONS AND PROBLEMS.**

V. ENVIRONMENTAL ISSUES, CONDITIONS AND/OR PROBLEMS. Are you aware of any past and/or current issues, conditions and/or problems on or near the Property regarding any of the following:

1. Asbestos (e.g. in ceiling material, flooring, insulation, furnace ducting or flues)? YES ☐ NO ☐
2. Mold, mildew, fungus or spores? YES ☐ NO ☐
3. Environmental inspections or tests of air, soil and/or building materials? YES ☐ NO ☐
4. Odors, whether persistent, recurrent, occasional or seasonal? YES ☐ NO ☐
5. The manufacture, storage, disposal, release, use or sale of controlled substances, (e.g. methamphetamine)? YES ☐ NO ☐
6. Cultivation, use and/or sale of any kind of marijuana? YES ☐ NO ☐

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

7. The existence of any above ground or underground storage tank (e.g. fuel)? YES ☐ NO ☐

If Yes to any Questions in Sections V-1 through V-7, describe all of the following: (a) the issues, conditions and/or problems; (b) the specific location; (c) the frequency of the issues, conditions and/or problems; (d) what Work was done; (e) who did the Work and when; and (f) if Work was done, did the issues, conditions and/or problems recur; (g) what subjects, topics and/or complaints were discussed, with whom, and what actions, if any, occurred as a result? _____

Attach all Documents regarding any past and/or current **ENVIRONMENTAL ISSUES, CONDITIONS AND/OR PROBLEMS.**

W. GOVERNMENTAL/HOA/COMMUNITY RESTRICTIONS, ISSUES, CONDITIONS AND/OR PROBLEMS. Are you aware of any of the following whether past, existing or proposed:

1. Rent control or eviction control ordinance(s)? YES ☐ NO ☐
2. Restriction or registration requirements on short term or vacation rentals? YES ☐ NO ☐
3. Imposition of bonds, fees or assessments that may not appear on the Property tax bill? YES ☐ NO ☐
4. Restrictions on the use, development or enjoyment of the Property by any governmental or non-governmental entity including but not limited to an HOA, private agreements or Court order other than those imposed by zoning laws or CC&Rs? YES ☐ NO ☐
5. "Historic" or other type of preservation designation? YES ☐ NO ☐
6. Building, remodeling or any other type of moratoria (e.g. single story or height overlays) that could impact the Property? YES ☐ NO ☐
7. Stop work orders, "red tags", orders to abate or notice of code or other violation or any illegal, unsafe, and/or dangerous condition(s)? YES ☐ NO ☐
8. Government imposed requirement or order to remove brush, trees, grass or other vegetation or flammable materials at or near the Property? YES ☐ NO ☐
9. Government mandated tree (or other landscaping) planting, removal, replacement, trimming or cutting restrictions? YES ☐ NO ☐
10. Eminent domain, condemnation or annexation process or proceedings affecting the Property? YES ☐ NO ☐
11. Construction, reconfiguration, conversion or closure of any nearby schools of any kind? YES ☐ NO ☐
12. Construction, reconfiguration, conversion or closure of any nearby roadways, rights of way, traffic signals or signs? YES ☐ NO ☐
13. Construction, reconfiguration, expansion, conversion or closure of any nearby parks/recreational/private or public amenities or facilities? YES ☐ NO ☐

If Yes to any Questions in Sections W-1 through W-13, provide as much detail as possible including but not limited to (a) specificity as to the types of requirements or limitations; (b) what properties are impacted; (c) the location of existing or proposed changes; and (d) what issues, subjects and/or complaints were discussed, with whom, and what actions, if any, occurred as a result: _____

Attach all Documents regarding any past, existing and/or proposed **GOVERNMENTAL/HOA/COMMUNITY RESTRICTIONS, ISSUES, CONDITIONS AND/OR PROBLEMS.**

X. TITLE/OWNERSHIP/LITIGATION:

1. Do you have or do you intend to use a Power of Attorney at any time in connection with the sale of the Property? YES ☐ NO ☐

If Yes to Section X-1, identify the following about that Power of Attorney: (a) who has the Authority to act on your behalf; (b) what type of Power of Attorney; (c) is the Power of Attorney notarized in California and (d) is it recorded in the same County as the Property? _____

2. Has a Notice of Default been recorded against the Property? YES ☐ NO ☐
3. Is the Property subject to or soon to be made subject to the jurisdiction of the Federal Bankruptcy Court? YES ☐ NO ☐

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

4. Are you aware of any current or possible/contemplated legal proceedings (e.g. Probate, Trust, Guardianship, Quiet Title and/or Specific Performance)? YES ☐ NO ☐
5. Are you aware of any use of the Property or any portion of the Property by non-owner at any time (e.g. using the Property for a pathway, driveway, landscaping)? YES ☐ NO ☐
6. Are you aware of any claim by a non-owner as to an ownership interest or right to possess, use or occupy the Property or any part of the Property at any time (e.g. a license or prescriptive easement)? YES ☐ NO ☐
7. Are you aware of any deed restrictions on the use or development of the Property? YES ☐ NO ☐
8. Has the Property ever been rented to anyone for any purpose? YES ☐ NO ☐

If Yes to Section X-8, identify the following about that rental: (a) when was the Property rented; (b) by whom; (c) for what purpose; (d) for how long; and (e) who managed the Property during its rental? _____

9. Are you aware of any lease options, lease options to purchase, right of first refusal or any other impediment of sale? YES ☐ NO ☐
10. Are you aware of any lease or rental agreement that is, or is claimed to be, currently in effect? YES ☐ NO ☐
11. Are you aware of any perimeter fences, walls or other constructed or natural borders relating to the Property that may be situated off of the true boundary line? YES ☐ NO ☐
12. Are you aware of any encroachment from a neighboring property onto the Property or from the Property onto a neighboring property (e.g. fences, walls, structures or other improvements)? YES ☐ NO ☐
13. Are you aware of whether access to the Property is a shared driveway, a private road and/or is an easement over private or public land? YES ☐ NO ☐
14. Are you aware of any disputes, disagreements or failure to perform regarding access to the Property? YES ☐ NO ☐

If Yes to any Questions in Sections X-1 through X-14, identify all requested information and **attach all Documents**:

Y. HOMEOWNERS' INSURANCE COVERAGE AND/OR CLAIMS HISTORY:

1. Within the past five (5) years have there been any insurance claims made by you or anyone else relating to the Property? YES ☐ NO ☐

If Yes to Section Y-1, identify the following information as to each claim:

Name of Claimant: _____ Approximate Date of Claim: _____

Insurance Company: _____ Policy Number: _____

Nature of the Claim: _____

If Claim was resolved, how was it resolved: _____
(If more than one claim, please indicate in Part VI.)

2. Within the past five (5) years, has any insurance company refused to issue or renew any policy of insurance relating to the Property? YES ☐ NO ☐

If Yes to Section Y-2, identify the following information:

Insurance Company: _____ Approximate Date of Refusal: _____

The basis for refusal (if known): _____
(If more than one, please indicate in Part VI.)

3. Apart from any other insurance requirements, has your lender required you to carry flood or earthquake insurance? YES ☐ NO ☐

If Yes to Section Y-3, identify the insurance required by your Lender: _____

If Yes to any Questions in Sections Y-1 through Y-3, attach all Documents.

Seller's Initials: (_____) (_____)

Buyer's Initials: (_____) (_____)

Property: _____ Date _____

Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date signed by the Seller.

Seller _____ Date _____

Seller _____ Date _____

III. AGENT'S INSPECTION DISCLOSURE:

(To be completed only if the Seller is represented by an agent in this transaction.)

THE UNDERSIGNED, BASED ON THE ABOVE INQUIRY OF THE SELLER(S) AS TO THE CONDITION OF THE PROPERTY AND BASED ON A REASONABLY COMPETENT AND DILIGENT VISUAL INSPECTION OF THE ACCESSIBLE AREAS OF THE PROPERTY IN CONJUNCTION WITH THAT INQUIRY, STATES THE FOLLOWING:

- ☐ Agent notes no items for disclosure.
- ☐ See Agent's Visual Inspection Disclosure.
- ☐ Agent notes the following items:

Agent (Broker Representing Seller) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

IV. AGENT'S INSPECTION DISCLOSURE:

(To be completed only if the agent who has obtained the offer is other than the agent above.)

THE UNDERSIGNED, BASED ON A REASONABLY COMPETENT AND DILIGENT VISUAL INSPECTION OF THE ACCESSIBLE AREAS OF THE PROPERTY, STATES THE FOLLOWING:

- ☐ Agent notes no items for disclosure.
- ☐ See Agent's Visual Inspection Disclosure.
- ☐ Agent notes the following items:

Agent (Broker obtaining the Offer) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

V. BUYER(S) AND SELLER(S) MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND/OR INSPECTIONS OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A CONTRACT BETWEEN BUYER(S) AND SELLER(S) WITH RESPECT TO ANY ADVICE/INSPECTIONS/DEFECTS.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT.

Seller _____ Date _____ Buyer _____ Date _____

Seller _____ Date _____ Buyer _____ Date _____

Agent (Broker Representing Seller) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

Agent (Broker obtaining the Offer) _____ By _____ Date _____
(Please Print) (Associate Licensee or Broker Signature)

SECTION 1102.3 OF THE CIVIL CODE PROVIDES A BUYER WITH THE RIGHT TO RESCIND A PURCHASE CONTRACT FOR AT LEAST THREE DAYS AFTER THE DELIVERY OF THIS DISCLOSURE IF DELIVERY OCCURS AFTER THE SIGNING OF AN OFFER TO PURCHASE. IF YOU WISH TO RESCIND THE CONTRACT, YOU MUST ACT WITHIN THE PRESCRIBED PERIOD.

A REAL ESTATE BROKER IS QUALIFIED TO ADVISE ON REAL ESTATE. IF YOU DESIRE LEGAL ADVICE, CONSULT YOUR ATTORNEY.

NOTE: EXEMPT TRANSFERS (TDS not required) include, but are not limited to, the following: transfers by a fiduciary of a decedent's trust or estate; transfers by foreclosure of trustee's sale or by deed in lieu of foreclosure; transfers to a spouse or a direct blood relative; transfers among co-owners; transfers requiring a "public report" (Bus. & Prof Code § 11018.1) or pursuant to Bus. & Prof Code § 11010.4.