7. Domestic Hot Water

Heating Source: ____________________________

If a separate tank, capacity: _______ gal.  Age ____________

Known Defects: ____________________________________________________________________________
8. Plumbing
Type: Copper ______ Galvanized ______ PVC ______ Mixed ______ None ______ Other ______ Unknown ______
Do any defects/malfunctions exist? □ Yes (Explain) □ No □ Unknown

9. Electrical Service
Fuses ______ Circuit Breakers ________ Amps ________ Unknown ______
Type: Aluminum Wiring ______ Knob & Tube ______ BX Cable ______ Romex ______ Other ______ Unknown ______
Do any defects/malfunctions exist? □ Yes (Explain) □ No □ Unknown

10. 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 available? □ Yes □ No  Copy attached? □ Yes □ No  Operational? □ Yes □ No □ Unknown

11. 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:__________________________

12. Insulation
Wall: □ Yes □ No □ Unknown  Type _______; Ceiling: □ Yes □ No □ Unknown  Type _______
Floor: □ Yes □ No □ Unknown  Type _______; Ureaformaldehyde Insulation: □ Yes □ No □ Unknown

Additional Structural Information (Attach additional sheets if necessary.)

UTILITIES

13. 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  Copy attached? □ Yes □ No
Location:__________________________________________________________  Date installed:__________________________

Sanitation Company used:__________________________________________________________________________________________

Maintenance History (Any Failure):______________________________________________________________

14. 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  Copy attached? □ Yes □ No
Water Quality Problems? □ Yes □ No  If yes, explain ______________________________________________________
Whole House Filtration System? □ Yes □ No  Rented? □ Yes □ No  Terms of lease ($ per month or year) ____________
Duration of Lease ____________
Treatment System? □ Yes □ No  Rented? □ Yes □ No  Terms of lease ($ per month or year) ____________
Duration of Lease ____________
MUNICIPAL INFORMATION

15. Real Estate Property Tax
   $ __________________ for fiscal/calendar year ending ____________  Tax Rate:____________  Current Exemptions:_________________

16. Municipal Fire District Tax
   Name of Fire District _____________________________________________________________________________________________________
   $ __________________ for fiscal/calendar year ending __ __________  Tax Rate:____________  Current Exemptions:_______________________

17. 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 Copy attached? □ Yes □ No
   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
   Copy attached? □ Yes □ No
   Does Seller have any knowledge of Encroachments? □ Yes □ No □ Unknown If yes, describe ____________________________________________________________

18. Deed
   Type of deed to be conveyed: □ Warranty □ Quitclaim □ Trustee's □ Foreclosure □ Collector's □ Executor's □ Other ____________________________
   Number of parcels conveying: ______________________________

19. 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

20. Property Restrictions
   Are there any recorded Property restrictions? □ Yes (Explain) ____________________________________________________________
       □ No □ Unknown
   Type of Restriction: □ Deed □ Subdivision Copy attached? □ Yes □ No

21. 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

22. Building Code/Minimum Housing
   Outstanding Violations for which you have been cited while you have owned this property (attach copy):

23. 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 attached? □ Yes □ No
   Is there a Letter of Map Amendment (LOMA)? □ Yes □ No Copy attached? □ Yes □ No
   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.
24. 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 Copy attached? □ Yes □ No

25. 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

26. Condo/Association Fees
   Monthly Condo/Association Fee: $_________ Included in Condo Fee? (check all that apply) □ Heat □ Electric □ Water □ Sewer □ Other
   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
   Approved Future Assessments: □ Yes If yes, describe ____________________________________________________________ □ No □ Unknown
   Number of Legal Units:______________ Seller shall provide a copy of Confirmation of Rental Terms. Copy attached? □ Yes □ No Security Deposits __________________ Rental Income ________________

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

27. Multi-Family or Other Rental Property
   Are income and expense figures available? □ Yes □ No Copy attached? □ Yes □ No
   Lease(s) period: ____________________________________________ Copies available? □ Yes □ No Copy attached? □ Yes □ No
   Number of Legal Units:______________ Seller shall provide a copy of Confirmation of Rental Terms. Copy attached? □ Yes □ No
   Security Deposits __________________ Rental Income ________________

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

NOTICES/DISCLOSURES

28. Pools & Equipment
   Age of pool:______________ Maintenance History (Any Defects):
   Was a permit obtained for the pool? □ Yes □ No □ Unknown

29. Lead Contamination
   “Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures 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 IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller’s possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase.”
   Have you ever had a lead paint inspection conducted? □ Yes □ No Copy attached? □ Yes □ No
   Lead compliance certificate(s) available? □ Yes □ No Copy attached? □ Yes □ No

30. 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.

31. 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 Copy attached? □ Yes □ No Any action taken? ________________
   Is a Radon Mitigation System in use? □ Yes □ No

32. 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.”

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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 Copy attached? □ Yes □ No
Any previous mold mitigation action taken? □ Yes □ No □ Unknown If yes, please describe: ____________________________________________

33. 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).

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<th>Y</th>
<th>N</th>
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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.

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<tr>
<th>Included in Sale</th>
<th>Age</th>
<th>Condition</th>
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<tbody>
<tr>
<td>48 Alarm/Security System</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>49 Ceiling/Whole House Fan</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>50 Central Vac/Equipment</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>51 Dehumidifier</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>52 Dishwasher</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>53 Dryer</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>54 Freezer</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>55 Garage Door Opener(s)</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>56 Garbage Disposal</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>57 Generator</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>58 Hot Tub/Sauna</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>59 Intercom System</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>60 Jacuzzi/Whirlpool</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>61 Kitchen Stove/Oven</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<tr>
<td>62 Lawn Sprinkler System</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>63 Microwave</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>64 Refrigerator</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>65 Satellite Dish</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>66 Sump Pump</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>67 Trash Compactor</td>
<td>□Yes □No □NA □Negotiable □&lt;1yr □1-5yrs □6-10 yrs □10+ □UK □Working □Needs Repair □UK</td>
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<td>68 Washer</td>
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<td>Asbestos</td>
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<td>Cemetery or Burial Ground on Property</td>
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<td>Disease Tree(s) within 100’ of Dwelling/Outbuilding</td>
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<td>Endangered Species/Habitat on Property</td>
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<td>Hazardous or Toxic Waste</td>
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<td>Hazardous or Toxic Waste Site Within 1 Mile</td>
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<td>Improper Drainage</td>
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<td>Previous Fire/Smoke Damage</td>
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<td>Subsurface Structure(s) or Pit(s)</td>
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<td>Synthetic Stucco / EIFS</td>
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If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

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<td>Current Service Contract</td>
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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 ____________________________________

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 ____________________________________

CHANGES

Changes since property was first listed [If changes were made, initial below]:

Date ____________________  Seller’s Initials ____________________  Date ____________________  Buyer’s Initials ____________________

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