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**PRDS® SUPPLEMENTAL SELLER CHECKLIST**  
DESIGNED FOR USE WITH PRDS® FORMS



Property: 491 Chagall Street Mountain View CA 94041

**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: ( AN ) ( JK )

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?
<u>Garage closets</u>	<u>Valet Custom Cabinets</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>New Kitchen Countertops</u>	<u>Sharon Stone Design</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<u>Blinds</u>	<u>Budget Blinds</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" 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:

Seller's Initials: ( AN ) ( JK )

Buyer's Initials: ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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:

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

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:

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

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  NO
- 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  NO
- 3. Carpets that are damaged or defective (e.g., stains, spots, tears or odors)? . . . . . YES  NO
- 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  NO
- 5. Windows and/or doors that are drafty and/or emit noise caused by wind? . . . . . YES  NO
- 6. Glass in any window, skylight, door (including shower door), or other feature or component of the property that is not "safety glass"? . . . . . YES  NO
- 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  NO
- 8. Seal failure or other defect in any multi-pane, thermo-pane windows or skylights? . . . . . YES  NO
- 9. Shutters (interior), blinds and/or other window coverings that are damaged or defective (e.g. stains, spots, tears, odors, and/or malfunctions)? . . . . . YES  NO

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: gas central forced air and fireplace
- 2. Have you ever used any supplemental heating devices (e.g. space heaters)? . . . . . YES  NO   
If Yes, state which room(s) and frequency of use: \_\_\_\_\_
- 3. What is the approximate age of the heating system(s)? Years: 11
- 4. When was the Heating System(s) last serviced and by whom? Date: N/A  
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  NO
- 6. Are you aware of any issues, conditions or problems with any aspect of the Heating System(s)? . . . . . YES  NO
- 7. Are you aware of any aspect of the Heating System(s) that has not been used in the last twelve (12) months? . . . . . YES  NO

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: ( AN ) ( JK )

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

- Describe the type of Air Conditioning System(s) in the Property including the power source, such as electricity, propane or any other source: Multizone Central Air Conditioning
- 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: \_\_\_\_\_
- What is the approximate age of the Air Conditioning System(s)? Years 11
- When was the Air Conditioning System(s) last serviced and by whom? Date: N/A By: \_\_\_\_\_
- 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
- Are you aware of any issues, conditions and/or problems with any aspect of the Air Conditioning System(s)? . . . . . YES  NO
- 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):

- The installation, repair, or Work performed to that system(s) by you or by any other person or company? YES  NO
- Failure of any component of the Electrical System(s)? . . . . . YES  NO
- Any non-functioning switches, outlets or receptacles? . . . . . YES  NO
- Any lights that are non-functioning, flickering and/or dimming? . . . . . YES  NO
- Blown fuses, tripped circuit breakers, GFI button trips, arcing, and/or shorting? . . . . . YES  NO
- Any ungrounded outlets, switches or other electrical fixtures? . . . . . YES  NO
- Shorts, ground or arc faults, overloading, and/or poor circuit wire connections? . . . . . YES  NO
- 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
- Any fixtures or appliances that are not visible (such as central vacuums) whether or not those fixtures or appliances are operable? . . . . . YES  NO
- 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):**

- 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.)
- 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: ( AN ) ( OK )

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): AT&T

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): Comcast

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): Comcast

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: \_\_\_\_\_

Cable internet service

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 Nest Doorbell  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): ADT wired but not used

**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: ( AN ) ( JK )

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? Oven range, water heater, and furnace uses gas; no issues

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 Per Property Inspector, supply line is copper where visible

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).**

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**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

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- 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 outside grass area, maintained by HOA
  - 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: outside, maintained by HOA
  - 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 playground areas maintained by HOA
- 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 Common area pool, maintained by HOA  
 (b) Identify when it was last used: \_\_\_\_\_

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Buyer's Initials: ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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

If Yes: (a) Identify the type:  Electric  Solar  Gas  Other Common area maintained by HOA

(b) Identify when it was last used: \_\_\_\_\_

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

Maintained by HOA \_\_\_\_\_

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/possums/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: dog from August 2021 to May 2022

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? \_\_\_\_\_

T3-T4: discoloration observed on downstairs carpet, which has since been replaced with new carpet

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

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**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:** vehicular noise and slight vibrations from traffic and train; construction nearby

- 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:**  
There is a construction site nearby

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

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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

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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.

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**Z. GENERAL AND MISCELLANEOUS ISSUES, CONDITIONS AND/OR PROBLEMS.**

- 1. What is the approximate age of the structures on the Property? 11 years
- 2. How long have you owned the Property? approx 5 years
- 3. Is the Property situated in an unincorporated area of the County? . . . . . YES  NO
- 4. Are you aware of any postings regarding the Property and/or the neighborhood on any community bulletin board, blogs, or any type of social media? . . . . . YES  NO

**If Yes to Section Z-4**, identify the name/location of the site and the content of any known communication and **attach all Documents**: \_\_\_\_\_

- 5. Are you aware of any of the following having been filled in, removed, abandoned or not in use at the Property at any time (**check all that apply**):  septic tank/pit  leach line/field  oil, gas, diesel or other fuel storage tank  water tank  well or well-related equipment  pool/spa or pool/spa related equipment  stream/pond or other water collection area  culverts/dams  drainage ditch/system  bomb shelter  Other \_\_\_\_\_  **NONE**

**If Yes to Section Z-5**, identify the location of and the reason that each item that has been filled in, removed, abandoned or is not in use at the Property and **attach all Documents**: \_\_\_\_\_

- 6. Has any type of fire (including but not limited to chimney flue and electrical fire) occurred to the interior or exterior of the Property at any time? . . . . . YES  NO

**If Yes to Section Z-6**, identify the type and location of the fire and **attach all Documents**: \_\_\_\_\_

- 7. Are there any locking devices, key pads, and/or other combination locks to any doors, cabinets, drawers or mailboxes? . . . . . YES  NO

**If Yes to Section Z-7**, identify (a) the location of each locking device;(b) whether or not the keys are missing; and (c) the combinations or access codes: August smart lock installed on garage door - can be modified

- 8. (a) Are there any garage door openers/remote controls? . . . . . YES  NO
- (b) Do all garage door openers/remote control devices function? . . . . . YES  NO

**If Yes to Section Z-8(a)**, state the number of existing control devices: 2

- 9. Has any death, natural or otherwise, of a human being occurred anywhere on the Property within the past three (3) years? . . . . . YES  NO

**If Yes to Section Z-9**, describe the manner of death: \_\_\_\_\_

**PART VI. ADDITIONAL INFORMATION NOT OTHERWISE DISCLOSED ABOVE (use additional pages, if necessary):**

**SELLER CERTIFIES THAT THE INFORMATION PROVIDED IN THIS DISCLOSURE IS TRUE AND CORRECT TO THE BEST OF SELLER'S KNOWLEDGE AS OF THE DATE SIGNED BELOW AND SELLER ACKNOWLEDGES RECEIPT OF A COPY OF THIS 15 PAGE DISCLOSURE:**

Date: 6/1/2022 Seller: Andrew M Nguyen, Trustee Seller: Andrew M Nguyen, Trustee  
 (Print Name) (Signature)  
 Date: 6/1/2022 Seller: Jay S Khil, Trustee Seller: Jay S. Fei  
 (Print Name) (Signature)

**BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS 15 PAGE DISCLOSURE:**

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