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



Property: 2240 Eastridge Ave Menlo Park CA 94025

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⚠ 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: (KG) (TG)

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?
see List of Work Completed	_____	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:
1. HOA provides weekly gardening services for the common areas and annual gutter cleaning (typically in Nov); 2. Professional pest control company with 5 year warranty (through April 2024) w/ ongoing service as necessary

Seller's Initials: () ()

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:

	Your Property	Adjacent Property
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: (KG) (TG)

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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? Minor crack noted in the garage slab flooring

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 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: (KG) (TG)

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? _____

In 2019, we installed new floors, new dual pane windows, new sliding glass doors, and insulation

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: New furnace, HVAC ducts, Nest thermostat, and insulation installed in 2019
- 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: 3
- 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: (KG) (TG)

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: 2019: New central A/C (electric), ducting, Nest thermostat, and insulation
- 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 3
- 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: (KG) (TG)

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 and Verizon

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): Xfinity 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): Xfinity 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: _____
Living room, primary bedroom

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): Nest security cameras

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: (KG) (TG)

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, furnace, and water heater, all installed in 2019 or more recently; no issues or problems

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): Copper and galvanized, according to property inspection report

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: (KG) (TG)

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):

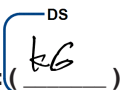
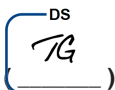
- 1. Are you aware of any sewer clean-outs? YES NO
If Yes, identify the number and exact location of each sewer clean-out _____
- 2. Are you aware of any Work, including but not limited to, snaking or rooting of the Sewer System within the last 5 years? YES NO
- 3. Are you aware of any past and/or present 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

Seller's Initials: () ()

Buyer's Initials: (_____) (_____)

- 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 backyard
 - 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: backyard light
 - 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: _____

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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/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): birds, squirrels, ants and insects are typical in this neighborhood

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.

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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: _____

Nearby school but have worked from home for the past 2+ years and never had any issues with noise

- 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: (KG) (TG)

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: **W4: See HOA docs for possible development restrictions** _____

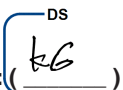
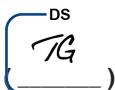
Attach all Documents regarding any past, existing and/or proposed **GOVERNMENTAL/HOA/COMMUNITY RESTRICTIONS, ISSUES, CONDITIONS AND/OR PROBLEMS.**

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**:

X7: See HOA docs for possible development restrictions; X13: shared driveway to the unit

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: (_____) (_____)

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

- 1. What is the approximate age of the structures on the Property? Built in 1967
- 2. How long have you owned the Property? Since April 2019
- 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: _____

- 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: 9/12/2022 Seller: Todd Grover Seller: _____
 (Print Name) (Signature)

Date: 9/12/2022 Seller: Kelly Grover Seller: _____
 (Print Name) (Signature)

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

Date: _____ Buyer: _____ Buyer: _____
 (Print Name) (Signature)

Date: _____ Buyer: _____ Buyer: _____
 (Print Name) (Signature)