

## RHODE ISLAND MANDATORY REAL ESTATE RELATIONSHIP DISCLOSURE

R.I.G.L. § 5-20.6 allows a real estate broker or salesperson to provide real estate services to you whether you are a buyer, seller, tenant, or landlord. The minimum level of service required by law will depend on the type of relationship that you wish to have with a real estate licensee. These relationships are defined on this form. Although it is not legally required, you may also choose to sign a written contract to further define your relationship. The principal broker of the real estate brokerage or a person designated by him or her must also agree to the type of relationship that you choose to have with the licensee.

### *Types of Real Estate Relationships*

#### **TRANSACTION FACILITATOR**

A Transaction Facilitator is a real estate licensee who provides assistance to a buyer, seller, tenant, or landlord, or both, in a real estate transaction but does not represent you.

A Transaction Facilitator owes the following duties to you as a customer: to perform agreed upon ministerial acts timely and competently; to perform these acts with honesty, good faith, reasonable skill and care; and properly account for money or property placed in the care and responsibility of the principal broker. A licensee acting as a transaction facilitator does not owe confidentiality or any other fiduciary duties to a customer. A Transaction Facilitator does not represent you and cannot negotiate on your behalf.

#### **DESIGNATED CLIENT REPRESENTATIVE**

A Designated Client Representative is a real estate licensee who represents a buyer, seller, tenant, or landlord in a real estate transaction and advocates on your behalf.

A Designated Client Representative owes the following duties to you as a client: to perform the terms of the client representation contract, if any, with reasonable skill and care; promote the client's best interest in good faith and honesty; protect the client's confidential information during the relationship and after its termination; perform agreed upon ministerial acts timely and competently; perform these acts with honesty, good faith, reasonable care and skill; and to properly account for money or property placed in the care and responsibility of the principal broker. Only the real estate licensee(s) who have been specifically appointed by the principal broker or the principal broker's designee may represent you as a client. The other real estate licensees who are affiliated with the brokerage owe no duty to you except for confidentiality. If another licensee who is affiliated with the same brokerage becomes a Designated Client Representative for another party in a transaction with you, then that other affiliated licensee has no duty to protect any confidential information about you learned after he or she begins to represent the other party. In order for a real estate licensee to represent you as a Designated Client Representative, the licensee must obtain your informed written consent and provide you with a written notice.

#### **NEUTRAL DUAL FACILITATOR**

A neutral Dual Facilitator is an individual real estate licensee who assists a buyer and seller or tenant and landlord in the same transaction and must be neutral as to any conflicting interests between the parties to the transaction.

A neutral Dual Facilitator relationship exists solely for a specific transaction between the parties. A Dual Facilitator must be neutral as to any conflicting interests between the parties to the transaction. A Dual Facilitator owes the following duties to all parties: protecting the confidential information of you and the other party except where disclosure is required or permitted by state law; and accounting for funds. This Mandatory Real Estate Relationship Form cannot be used to obtain your consent to a Dual Facilitator relationship. In order for a real estate licensee to assist you as a neutral Dual Facilitator, the licensee must obtain the informed, written consent from you, the other party and the principal broker on a separate Dual Facilitator consent form.

#### **TRANSACTION COORDINATOR**

A Transaction Coordinator is a principal broker or his or her designee who supervises a real estate transaction.

The principal broker or his or her designee assumes this role in a transaction in which one affiliated licensee represents a buyer or tenant as a designated client representative and another affiliated licensee represents a seller or landlord as a designated client representative in the same transaction or if one affiliated licensee is assisting both the buyer and seller or landlord and tenant in the same transaction as a dual facilitator. A transaction coordinator does not owe any fiduciary duties to any party in a transaction except the duties to protect the confidential information of the parties and to properly account for money placed in his or her care. A principal broker or his or her designee becomes a Transaction Coordinator automatically, so a customer or client is not required to sign an additional disclosure form.

BUYER'S/TENANT'S INITIALS \_\_\_\_\_ SELLER'S/LANDLORD'S INITIALS     CAP

**Real Estate Licensee's Responsibilities**

R.I.G.L. § 5-20.6-8 requires any real estate licensee who assists you to present this form to you prior to the disclosure of any confidential information. A real estate licensee must also disclose which party they represent and obtain your written acknowledgement of that relationship. The law also requires real estate licensees to fulfill the duties of their relationship with you as defined by state law and/or in a written contract. Failure to comply with this law is a violation of Rhode Island license law and can result in disciplinary action to the licensee.

**Fair Housing**

All real estate licensees shall comply with federal and state housing laws, which prohibit discrimination based on protected class status, including, but not limited to race, national origin, age, color, religion, sexual orientation, gender identity or expression, familial status, marital status, sex, disability, service member in the armed forces, veteran, victim of domestic violence, and lawful source of income.

**Consumer Information and Responsibilities**

**If you wish to have a real estate licensee represent you, this relationship must be established no later than the preparation of an offer to purchase, purchase and sales agreement or lease.** Rhode Island law presumes that all real estate licensees are acting as Transaction Facilitators unless otherwise stated on this form. A real estate licensee can act as your designated client representative only if that real estate licensee obtains your informed written consent to that relationship on this form.

A principal broker may only appoint a real estate licensee to represent you as a Designated Client Representative with your informed, written consent acknowledged on this Mandatory Relationship Disclosure Form. This designation as your representative applies only to the real estate licensee(s) listed below. An inherent conflict of interest may exist if you choose a designated client representative who is affiliated with the same principal broker as the other party's designated client representative. Other licensees affiliated with the company do not represent you or owe you any duties, except for confidentiality in accordance with R.I.G.L. § 5-20.6-5(e), unless disclosed to you in writing. Also, these other licensees may represent or assist another party in your real estate transaction.

If the real estate licensee who provided this disclosure is a member of a team, 230-RICR-30-20-2.31(B) states "When a Team is working with a prospective buyer, seller, tenant or landlord, the relationship of each licensee on the team to the client(s) must be disclosed in accordance with R.I. Gen. Laws § 5-20.6-8." **[Sign and attach an Addendum for teams.]**

230-RICR-30-20-2.2 (A)(13) defines a team as "two (2) or more licensees who: (a) Work under the supervision of the same principal broker to perform activities that require a license; (b) Represent themselves to the public as being part of a team or group; and (c) Are designated by a team name that is both approved by the principal broker and different from the brokerage name of their principal broker."

**Consumer and Broker Acknowledgement**

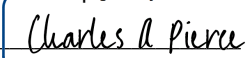
By signing below, I, the consumer, acknowledge that I have received and read the information in this Rhode Island Mandatory Relationship Disclosure Form. I understand and agree that the real estate licensee has disclosed that he or she will be working with me in the following capacity.

**Seller/Landlord**

- Transaction Facilitator
- Designated Client Representative

**Buyer/Tenant**

- Transaction Facilitator
- Designated Client Representative

<hr/>	<hr/>	<hr/>
Consumer Signature	Printed Name	Date
	CHARLES A PIERCE	10/2/2024
<small>A47B1B3A277B407...</small>		
<hr/>	<hr/>	<hr/>
Consumer Signature	Printed Name	Date
<hr/>	<hr/>	<hr/>
Consumer Signature	Printed Name	Date

By signing below, I, the real estate licensee, acknowledge that I have provided this disclosure form to the above consumer(s) as required by Rhode Island law.

**Paiva Realty Group**

Name of Brokerage Firm	Name of Team		
<small>DocuSigned by:</small> 	STEPHEN PERRINO	RES0034697	10/2/2024
Licensee Signature	Printed Name	License #	Date
<small>A439A398EA6B4D0...</small>			

**Licensee: please initial here if the consumer declines to sign this notice and state the consumer's reason for refusal:**



**SELLER'S LEAD DISCLOSURE**  
Rhode Island Association of REALTORS®



**Disclosure of Information about Lead-Based Paint and Lead-Based Hazards required by Federal and Rhode Island law.**

Property Address: 173 CONGDON  
Unit # (if applicable) 3, Town/City PROVIDENCE, State of Rhode Island, Zip code 02906

**Federal Lead Warning Statement**

**Federal Law:** 42 U.S.C. 4852(d) "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Buyer with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase."

**Rhode Island State Disclosure Requirements**

**Rhode Island State Law:** 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards requires the Seller of any interest in residential property on which a residential dwelling was built prior to 1978 to disclose to the Buyer any known information on lead-based paint or lead-based hazards in paint, interior dust, soil, or water, or potential lead-based paint or lead-based hazards and their location(s), or potential location(s). Such information includes (1) any records or reports which are in Seller's possession or reasonably obtainable regarding such hazards or potential exposure to such hazards in the property; (2) a copy of any current lead certificate(s) for the dwelling or dwelling unit and common areas; and (3) a chronological listing of all available lead inspection reports and certificates for the property being sold. The Seller shall provide Buyer with an Environmental Protection Agency educational pamphlet entitled "Protect Your Family from Lead in Your Home" containing the insert "What You Should Know About the R.I. Lead Law."

**Seller's Disclosure** [Seller(s) complete and initial each section below]

CLP<sup>DS</sup> (a) Presence of lead in paint, interior dust, soil or water and/or lead-based hazards in paint, interior dust, soil, or water: (check one below)  
 Seller discloses that the following known lead-based paint and/or lead-based hazards are present in the housing (explain).

Seller has no knowledge of lead-based paint and/or lead-based hazards in the housing.

CLP<sup>DS</sup> (b) Records and reports available to Seller (check all that apply below):  
 Seller has provided Buyer, the Listing Licensee and Cooperating Licensee, if any, with a copy of the most current lead certificate dated: \_\_\_\_\_  
 Rhode Island law requires Seller to provide, at no charge, copies of all available reports and certificates to which Seller has access within seven (7) days of a request by Buyer.

Seller has access to the following reports and records relating to lead:  
(Seller: List in chronological order all available lead inspection reports and certificates for the property being sold.)

Date of document: \_\_\_\_\_ Type of lead certificate or report: \_\_\_\_\_


Buyer may obtain copies of all such documents by contacting: \_\_\_\_\_

Seller has no lead certificates, reports or records pertaining to lead-based paint and/or lead-based hazards in the dwelling or dwelling unit and common areas for the property being sold.

**Buyer's Acknowledgment** [Buyer(s) initial each section that applies]

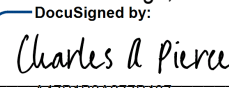
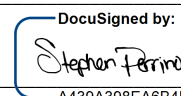
- \_\_\_\_\_ (c) Buyer has received copies of all information listed above.
- \_\_\_\_\_ (d) Buyer has received the pamphlet "Protect Your Family from Lead in Your Home" that includes the R.I. section "What You Should Know About the R.I. Lead Law."
- \_\_\_\_\_ (e) Buyer has (check one below):
  - Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards; or
  - Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards.

**Agent's Acknowledgment** (initial)

-  (f) Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852(d) and 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards, and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____	_____	DocuSigned by: 	10/2/2024
Buyer	Date	Seller <small>A47B1B3A277B407</small> <b>CHARLES A PIERCE</b>	Date
_____	_____	_____	_____
Buyer	Date	Seller	Date
_____	_____	_____	_____
Buyer	Date	Seller	Date
_____	_____	DocuSigned by: 	10/2/2024
Cooperating Licensee	Date	Listing Licensee <small>A139A3985A6B409</small> <b>STEPHEN FERRINO</b>	Date



**RHODE ISLAND SINGLE FAMILY OR CONDOMINIUM REAL ESTATE SALES DISCLOSURE FORM**  
**Rhode Island Association of REALTORS®**



**SELLER**

DATE 10/1/24 PROPERTY ADDRESS 173 CONGDON PROVIDENCE RI 02906

Seller: CHARLES A PIERCE Current Address: \_\_\_\_\_

Seller has occupied subject property?  Yes  No If yes, number of years and when: 3 2021-2024

Pursuant to R.I.G.L. Section 5-20.8-2 "Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." **It is recommended that, if selling a multi-unit property, Seller use the multi-unit sales disclosure and accompanying multi-unit addenda.**

**STATEMENT**

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the following property information is accurate, true and complete to the best of his/her knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all related transactions may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Listing Licensee(s) for such advice. **Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.**

**GENERAL DISCLAIMER**

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

**STRUCTURE**

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built 1960 Addition(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

2. Roof (Shingles)  
 Age: UNK # of Layers: UNK Previous Repairs: \_\_\_\_\_  
 Known Defects: \_\_\_\_\_

3. Fireplaces  
 # N/A # Working: N/A Maintenance History: \_\_\_\_\_

4. Wood/Coal/Gas/Pellet Stove(s)  
 Yes  No If yes, Type \_\_\_\_\_ When installed? \_\_\_\_\_  
 Permit received?  Yes  No Copy attached?  Yes  No

5. Heating System  
 System Type: FORCED HOT WATER Age: UNK Fuel Type: GAS Number of zones: 2  
 Size of onsite storage tank: N/A Owned by:  Fuel Provider  Seller  
 Supplemental heating?  Yes  No  Unknown If yes, type? HEAT PUMP Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  
 No  Unknown  
 Modifications?  Yes (Explain) \_\_\_\_\_  
 No  Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other]  
 Underground tank on property?  Yes  No  Unknown  
 a. Tank in use?  Yes  No  Unknown Tested?  Yes  No  Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
 Owned \_\_\_\_\_ Leased \_\_\_\_\_ Terms of Lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_  
 Copy of lease available?  Yes  No Copy attached?  Yes  No  
 b. Tank closed?  Yes  No  Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
 Tank filled?  Yes  No  Unknown If yes, documentation available.  
 Tank removed?  Yes  No  Unknown If yes, documentation available.

7. Domestic Hot Water  
 Heating Source: GAS If a separate tank, capacity: 30 gal. Age: UNK  
 Tank rented?  Yes  No If yes, Company rented from \_\_\_\_\_  
 Known Defects: UNK

**8. Plumbing**

Type: Copper \_\_\_\_\_ Galvanized \_\_\_\_\_ PVC \_\_\_\_\_ .Mixed  None \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_

Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown

Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**9. Electrical Service**

Fuses \_\_\_\_\_ Circuit Breakers  Amps 100 Unknown \_\_\_\_\_

Type: Aluminum Wiring \_\_\_\_\_ Knob & Tube \_\_\_\_\_ BX Cable \_\_\_\_\_ Romex \_\_\_\_\_ Other \_\_\_\_\_ Unknown

Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown

Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**10. Solar Equipment/System**

Yes  No  Unknown Age: \_\_\_\_\_ Type of System:  Space Heating  Electrical  Water Heating  Unknown

Other (please specify) \_\_\_\_\_

Owned \_\_\_\_\_ Leased \_\_\_\_\_ Terms of lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_

Copy of lease available?  Yes  No Copy attached?  Yes  No Operational?  Yes  No  Unknown

**11. Air Conditioning**

Yes  No  Unknown Age: <1

Type of System:  Central Air: Number of Zones \_\_\_\_\_  Ductless  Window Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_

Built in Wall Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_

Location \_\_\_\_\_ Maintenance History \_\_\_\_\_

Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  Unknown

Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

**12. Insulation**

Wall:  Yes  No  Unknown Type \_\_\_\_\_; Ceiling:  Yes  No  Unknown Type \_\_\_\_\_;

Floor:  Yes  No  Unknown Type \_\_\_\_\_ Ureaformaldehyde Insulation:  Yes  No  Unknown

**Additional Structural Information (Attach additional sheets if necessary.)**

Empty box for additional structural information.

**UTILITIES**

**13. Sewer, Septic and Other Wastewater Disposal Systems**

Type in Use:  Private  Public  Both

Public System: Is it connected?  Yes  No If not, is sewer available?  Yes  No  Unknown

Outstanding Assessment?  Yes  No Minimum Annual Fee: \$ \_\_\_\_\_ Outstanding Balance \$ \_\_\_\_\_

Is Seller aware of any sewer backup or failure?  Yes  No  Unknown If yes, please explain. \_\_\_\_\_

Sewer line maintenance and repair history (i.e. snaking, scoping): VNW

Private System: (check all that apply),  Cesspool  Septic:  Leach field  Galleys  Denitrification System  Unknown

Other \_\_\_\_\_

OWTS Design (DEM approved # of Bedrooms): \_\_\_\_\_ Copy Available?  Yes  No Copy attached?  Yes  No

Location: \_\_\_\_\_ Date installed: \_\_\_\_\_

Maintenance Requirements (State/Local): \_\_\_\_\_

Sanitation Company used: \_\_\_\_\_

Last pumped: \_\_\_\_\_ Other Connections (Drywell, etc.): \_\_\_\_\_

Is Seller aware of any backup or failure?  Yes  No  Unknown If yes, please explain. \_\_\_\_\_

OWTS maintenance and repair history: \_\_\_\_\_

Is the System shared?  Yes  No  Unknown If yes, please explain. \_\_\_\_\_

Sewage Pumps?  Yes  No  Unknown If yes, Type:  Macerator/Grinder Pump  Ejector Pump  Both  Unknown

Location: \_\_\_\_\_

Maintenance History (Any Failure): \_\_\_\_\_

"Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

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Rev 07/24 Page 2 of 7

**14. Water System**

Public Filtration System?  Yes  No

Private If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health." "The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."

"If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3."

Dug Well or  Drilled Well? Depth: \_\_\_\_\_ Location: \_\_\_\_\_

Well water inspection certificate available?  Yes  No Copy attached?  Yes  No

Water Quality Problems?  Yes  No If yes, explain \_\_\_\_\_

Whole House Filtration System?  Yes  No Rented?  Yes  No Terms of lease (\$ per month or year) \_\_\_\_\_

Duration of Lease \_\_\_\_\_

Treatment System?  Yes  No Rented?  Yes  No Terms of lease (\$ per month or year) \_\_\_\_\_

Duration of Lease \_\_\_\_\_

**Additional Utilities Information (Attach additional sheets if necessary.)**

\_\_\_\_\_

**MUNICIPAL INFORMATION**

**15. Real Estate Property Tax**

\$ 2353 for fiscal/calendar year ending 2023 Tax Rate: 18.35 Current Exemptions: HO homestead

**16. Municipal Fire District Tax**

Name of Fire District \_\_\_\_\_

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

**17. Easements/Encroachments**

Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.

Does Seller have a copy of any surveys in his/her possession?  Yes  No  Unknown Copy attached?  Yes  No

Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property?  Yes  No  Unknown

If yes, describe \_\_\_\_\_

Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?

Yes  No  Unknown Copy attached?  Yes  No

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

**18. Deed**

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

Other \_\_\_\_\_ Number of parcels conveying: \_\_\_\_\_

**19. Zoning/Historical**

"Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."

Classification: UNH

Have you applied for or been granted a special use permit for this property?  Yes  No

If yes, explain: \_\_\_\_\_

Is the current use a permitted use under the current zoning regulations?  Yes  No  Unknown

If no, explain: \_\_\_\_\_

Is the current use non-conforming in any other way?  Yes  No  Unknown

If yes, explain: \_\_\_\_\_

Is this property located in a historic district?  Yes  No  Unknown Historic restrictions?  Yes  No  Unknown

**20. Property Restrictions**

Are there any recorded Property restrictions?  Yes (Explain) \_\_\_\_\_  No  Unknown

Type of Restriction:  Deed  Subdivision Copy attached?  Yes  No

**21. Building Permits**

Have building permits been obtained for all required construction and/or renovation while you have owned the property?  Yes  No

If no, explain: N/A

If yes, has final approval been obtained?  Yes  No

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**22. Building Code/or Minimum Housing**

Outstanding Violations for which you have been cited while you have owned this property (attach copy): N/A

**23. Flood Plain**

Is the property located in a flood plain?  Yes  No  Unknown Is there flood insurance on the property?  Yes  No

Is there an Elevation Certificate?  Yes  No Copy attached?  Yes  No

Is there a Letter of Map Amendment (LOMA)?  Yes  No Copy attached?  Yes  No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

**24. Wetlands**

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.

Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp?

Yes (Explain) \_\_\_\_\_

No  Unknown Copy attached?  Yes  No

**25. Farms**

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

**26. Shoreline Access**

"Members of the public shall have the right to access shoreline property as defined in § 5-20.8-1. The public's rights and privileges of the shore may be exercised, where shore exists, on wet sand or dry sand or rocky beach, up to ten feet (10') landward of the "recognizable high tide line" subject to the restrictions governed by § 46-23-26 and any general laws to the contrary. The seller of the real estate is required to notify the buyer of any public rights of way on the real estate that are known to the seller. The seller shall provide the buyer with a copy of any documentation evidencing such rights of way or conditions of public access that is in the seller's possession. The buyer is advised to contact the Coastal Resources Management Council, the municipality or applicable nonprofit organizations to determine whether any public rights of way exist. The seller shall provide the buyer with a copy of any permits relating to the real estate that were issued by the Coastal Resources Management Council and that are in the seller's possession."

Does Seller have any knowledge of public right(s) of way relating to shoreline access on the property?  Yes  No  Unknown

If yes, describe \_\_\_\_\_

Does Seller have a copy of documentation of public right(s) of way in his/her possession?  Yes  No  Unknown Copy attached?  Yes  No

Is Seller aware of any permit(s) relating to the property that were issued by the Coastal Resources Management Council (CRMC)?

If yes, describe \_\_\_\_\_

NO

Does Seller have a copy of any permits issued by CRMC in his/her possession?  Yes  No  Unknown Copy attached?  Yes  No

**Additional Municipal Information (Attach additional sheets if necessary.)**

**NOTICES/DISCLOSURES**

**27. Condo/Association Fees**

Monthly Condo/Association Fee: \$ 135 Included in Condo Fee? (check all that apply)  Heat  Electric  Water  Sewer

Other \_\_\_\_\_

Working Capital Deposit?  Yes  No If yes, Amount: \$ \_\_\_\_\_ Buyer to pay?  Yes  No

Current Outstanding Assessments: \$ NONE

Fire Alarm System up to date?  Yes  No  Unknown

Approved Future Assessments:  Yes If yes, describe \_\_\_\_\_  No  Unknown

**28. Rental Property**

Are income and expense figures available?  Yes  No Copy attached?  Yes  No

Lease(s) period: \_\_\_\_\_ Copies available?  Yes  No Copy attached?  Yes  No

Seller shall provide a copy of Confirmation of Rental Terms. Copy attached?  Yes  No

Security Deposits \_\_\_\_\_ Rental Income \_\_\_\_\_

**29. Pools & Equipment**

Age of pool: N/A Maintenance History (Any Defects): \_\_\_\_\_

Was a permit obtained for the pool?  Yes  No  Unknown

BUYER'S INITIALS \_\_\_\_\_ SELLER'S INITIALS AW



**30. Lead Contamination**

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted?  Yes  No Copy attached?  Yes  No

Lead compliance certificate(s) available?  Yes  No Copy attached?  Yes  No

Are you aware of any lead in your water service line?  Yes  No  Unknown

**31. Smoke/Carbon Monoxide Detectors**

Installed and functioning?  Yes  No R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. **Contact the local Fire Marshal to determine the requirements for this Property.**

**32. Radon**

"Radon has been determined to exist in the State of Rhode Island. Testing for the presence of radon in residential real estate prior to purchase is advisable."

Has property been tested for radon?  Yes  No If yes, # of Pico curies/liter: \_\_\_\_\_

Copy of test available?  Yes  No Copy attached?  Yes  No Any action taken? \_\_\_\_\_

Is a Radon Mitigation System in use?  Yes  No

**33. Mold**

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any severe mold conditions, including moisture penetration and/or damage?  Yes  No  Unknown

If yes, please describe: Previous moisture in basement, sump pump installed. No problems since install.

Has the property previously been tested for mold?  Yes  No  Unknown Copy attached?  Yes  No

Any previous mold mitigation action taken, including modifications to any ventilation system?  Yes  No  Unknown If yes, please describe: \_\_\_\_\_

**34. Homeowners Insurance Claims History**

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?

Yes  No If yes, please list all claims. \_\_\_\_\_

**Additional Notices/Disclosures Information (Attach additional sheets if necessary.)**

**STRUCTURE**

**Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).**

- | <u>Y</u> | <u>N</u>                 | <u>UK</u>                           | <u>NA</u>                           | <u>Y</u>                            | <u>N</u>                 | <u>UK</u>                           | <u>NA</u>                | <u>Y</u> | <u>N</u>                 | <u>UK</u>                           | <u>NA</u>                           |  |
|----------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|-------------------------------------|--|
| 35.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 36.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Bulkhead/Hatchway                            |
| 37.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 37.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Walls/Fences                                 |
| 38.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 38.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Windows                                      |
| 39.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 39.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Interior Walls                               |
| 40.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Other Structural Components (Describe) _____ |
| 41.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 41.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Driveway(s)                                  |
| 42.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 42.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Exterior Walls                               |
| 43.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 43.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Floors                                       |
| 44.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 44.      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Foundation/Slab(s)                           |
| 45.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 45.      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Doors  |

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

**EQUIPMENT/SYSTEMS/APPLIANCES**

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
49. Alarm/Security System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
50. Ceiling/Whole House Fan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Dehumidifier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Garage Door Opener(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Garbage Disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58. Hot Tub/Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59. Intercom System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60. Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
61. Kitchen Stove/Oven	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62. Lawn Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63. Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
65. Satellite Dish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
66. Stand-Alone Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
67. Sump Pump	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
68. Trash Compactor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
69. Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
70. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
71. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
72. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

**CONDITIONS**

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Penetration
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cemetery or Burial Ground on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Rot
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diseased Tree(s) within 100' of Dwelling/Outbuilding	<b>Previous Flooding:</b>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endangered Species/Habitat on Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Into the Improvements
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous or Toxic Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onto the Property
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hazardous or Toxic Waste Site Within 1 Mile	<b>Structural Repairs:</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Improper Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous Foundation Repairs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landfill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Structural Repairs
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Fire/Smoke Damage	<b>Termites or Other Wood-Destroying Insects:</b>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Active Infestation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Subsurface Structure(s) or Pit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Previous Damage Repaired
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Synthetic Stucco / EIFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Damage Needing Repair
					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current Service Contract

BUYER'S INITIALS \_\_\_\_\_

SELLER'S INITIALS CU

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Rev 07/24 Page 6 of 7

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

PREVIOUS WATER PENETRATION IN BASEMENT. SEAL PUMP INSTALLED TO REMEDIATE. NO ISSUES SINCE.

COMMENTS

Additional Comments:

[Empty box for additional comments]

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Date 10/1/24 Seller CHARLES A PIERCE Date \_\_\_\_\_ Seller \_\_\_\_\_

Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_

Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_

CHANGES

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

[Empty box for changes since first listed]

Date \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Date \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

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# 173 Congdon Street, Unit 3, Providence

