



# RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

JANUARY 2026 EDITION



Seller's Name(s): Patrick Tandy & Angela Tandy Date: 08/26/2026

Property Address: 3765 S Naples Meridian ID 83642

Section 55-2501, et seq., Idaho Code, requires **SELLERS** of residential real property to complete a property condition disclosure form and deliver a signed and dated copy of the completed disclosure form to each prospective transferee or his agent within ten (10) calendar days of transferor's acceptance of transferee's offer. "Residential Real Property" means real property that is improved by a building or other structure that has one (1) to four (4) dwelling units or an individually owned unit in a structure of any size. This also applies to real property which has a combined residential and commercial use.

Notwithstanding that transfer of newly constructed residential real property that previously has not been inhabited is exempt from disclosure pursuant to section 55-2505, Idaho Code, **SELLERS** of such newly constructed and non-exempt existing residential real property shall disclose information regarding annexation and city services in the form as prescribed in questions **1, 2, and 3**.

|                                                                                                                                                          | Yes | No | Do Not Know | The property is already within city limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|--------------------------------------------|
| 1. Is the property located in an area of city impact, adjacent or contiguous to a city limit, and thus legally subject to annexation by the city?        |     |    |             | <b>X</b>                                   |
| 2. Does the property, if not within city limits, receive any city services, thus making it legally subject to annexation by the city?                    |     |    | <b>X</b>    |                                            |
| 3. Does the property have a written consent to annex recorded in the county recorder's office, thus making it legally subject to annexation by the city? |     |    | <b>X</b>    |                                            |

THE PURPOSE OF THE STATEMENT: This is a statement made by the **SELLER** of the conditions and information concerning the property known by the **SELLER**. This is NOT a statement of any agent representing the **SELLER** and no agent is authorized to make representations, or verify representations, concerning the condition of the property. Unless otherwise advised, the **SELLER** does not possess any expertise in construction, architectural, engineering or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owning the property, the **SELLER** possesses no greater knowledge than that which could be obtained upon careful inspection of the property by the potential **BUYER**. Unless otherwise advised, the **SELLER** has not conducted any inspection of generally inaccessible areas such as the foundation or roof. **This disclosure is not a warranty** of any kind by the **SELLER** or by any agent representing the **SELLER** in this transaction. It is not a substitute for any inspections. The **BUYER** is encouraged to obtain his/her own professional inspections.

## THE FOLLOWING ARE IN THE CONDITIONS INDICATED:

| <b>APPLIANCES SECTION</b>         | None/Not Included | Working  | Not Working | Do Not Know | Remarks  |
|-----------------------------------|-------------------|----------|-------------|-------------|----------|
| Built-in Vacuum System            | <b>X</b>          |          |             |             |          |
| Clothes Dryer                     | <b>X</b>          |          |             |             |          |
| Clothes Washer                    | <b>X</b>          |          |             |             |          |
| Dishwasher                        |                   | <b>X</b> |             |             |          |
| Disposal                          |                   | <b>X</b> |             |             |          |
| Refrigerator                      | <b>X</b>          |          |             |             |          |
| Kitchen Vent Fan/Hood             |                   | <b>X</b> |             |             |          |
| Microwave Oven                    |                   | <b>X</b> |             |             |          |
| Oven(s)/ Range(s)/Cook top(s)     |                   | <b>X</b> |             |             |          |
| Trash Compactor                   | <b>X</b>          |          |             |             |          |
| <b>ELECTRICAL SYSTEMS SECTION</b> | None/Not Included | Working  | Not Working | Do Not Know | Remarks  |
| Security System(s)                | <b>X</b>          |          |             |             |          |
| Garage Door Opener(s)/Control(s)  |                   | <b>X</b> |             |             |          |
| Light Fixtures                    |                   | <b>X</b> |             |             |          |
| Smoke Detector(s)/Fire Alarm(s)   |                   | <b>X</b> |             |             |          |
| Carbon Monoxide Detector(s)       | <b>X</b>          |          |             |             |          |
|                                   | None/Not included | Working  | Not Working | Owned       | Financed |
| Solar Panels                      | <b>X</b>          |          |             |             |          |

SELLER'S Initials (  ) (  ) Date 08/28/2026

BUYER'S Initials ( ) ( ) Date

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**JANUARY 2026 EDITION**

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PROPERTY ADDRESS: 3765 S Naples

Meridian

ID 83642

| HEATING & COOLING SYSTEMS SECTION                                                                                                                                                                                                                                                                                                                                            |  | None/Not Included                                             | Working                                                                                 | Not Working    | Do Not Know                                                                                                                                        | Remarks |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Attic Fan(s)                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Central Air Conditioning                                                                                                                                                                                                                                                                                                                                                     |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Room Air Conditioner(s)                                                                                                                                                                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Evaporative Cooler(s)                                                                                                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Fireplace(s)                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Fireplace Insert(s)                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Furnace/Heating System(s)                                                                                                                                                                                                                                                                                                                                                    |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Humidifier(s)                                                                                                                                                                                                                                                                                                                                                                |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Wood/Pellet Stove(s)                                                                                                                                                                                                                                                                                                                                                         |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Air Cleaner(s)                                                                                                                                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| <b>FUEL TANK SECTION</b>                                                                                                                                                                                                                                                                                                                                                     |  | N/A (x) Propane ( ) Oil ( ) Diesel ( ) Gasoline ( ) Other ( ) |                                                                                         |                |                                                                                                                                                    |         |
| Location:                                                                                                                                                                                                                                                                                                                                                                    |  | Size:                                                         |                                                                                         |                |                                                                                                                                                    |         |
| In Use: ( ) Not In Use: ( ) Above Ground: ( ) Buried: ( ) Owned: ( ) Leased: ( )                                                                                                                                                                                                                                                                                             |  |                                                               |                                                                                         |                |                                                                                                                                                    |         |
| <b>MOISTURE &amp; DRAINAGE CONDITIONS SECTION</b>                                                                                                                                                                                                                                                                                                                            |  | Yes                                                           | No                                                                                      | Do Not Know    | Remarks                                                                                                                                            |         |
| Is the property located in a floodplain?                                                                                                                                                                                                                                                                                                                                     |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Are you aware of any site drainage problems?                                                                                                                                                                                                                                                                                                                                 |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Has there been any water intrusion or moisture related damage to any portion of the property, including, but not limited to, the crawlspace, floors, walls, ceilings, siding, or basement, based on flooding; moisture seepage, moisture condensation, sewer overflow/backup, or leaking pipes, plumbing fixtures, appliances, or moisture related damage from other causes? |  | <input checked="" type="checkbox"/>                           |                                                                                         |                | Upstairs hallway bathroom tub/shower leaked into laundry room. Water remediation and repair done by licensed contractors and covered by insurance. |         |
| Have you had the property inspected for the existence of any types of mold?                                                                                                                                                                                                                                                                                                  |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| If the property has been inspected for mold, is a copy of the inspection report available?                                                                                                                                                                                                                                                                                   |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Are you aware of the existence of any mold-related problems on any interior portion of the property, including but not limited to, floors, walls, ceilings, basement, crawlspaces, and attics, or any mold-related structural damage?                                                                                                                                        |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Have you ever had any water intrusion, moisture related damage, mold or mold-related problems on the property remediated, repaired, fixed or replaced?                                                                                                                                                                                                                       |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| <b>WATER &amp; SEWER SYSTEMS SECTION</b>                                                                                                                                                                                                                                                                                                                                     |  | None/Not Included                                             | Working                                                                                 | Not Working    | Do Not Know                                                                                                                                        | Remarks |
| Hot Tub/Spa and Equipment                                                                                                                                                                                                                                                                                                                                                    |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Pool and Pool Equipment                                                                                                                                                                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Plumbing System – Faucets and Fixtures                                                                                                                                                                                                                                                                                                                                       |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Water Heater(s)                                                                                                                                                                                                                                                                                                                                                              |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Water Softener (owned)                                                                                                                                                                                                                                                                                                                                                       |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Water Softener (leased)                                                                                                                                                                                                                                                                                                                                                      |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Landscape Sprinkler System                                                                                                                                                                                                                                                                                                                                                   |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |
| Septic System                                                                                                                                                                                                                                                                                                                                                                |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| Sump Pump/Lift Pump                                                                                                                                                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| <b>SEWER SYSTEM TYPE SECTION</b>                                                                                                                                                                                                                                                                                                                                             |  | Public System (City/Municipal)                                | Community System                                                                        | Private System | Other/Remarks                                                                                                                                      |         |
| Property Sewer Provided By:                                                                                                                                                                                                                                                                                                                                                  |  | <input checked="" type="checkbox"/>                           |                                                                                         |                |                                                                                                                                                    |         |
| If a private system, please provide the following information about the septic system:                                                                                                                                                                                                                                                                                       |  | Date Last Pumped<br>/ /                                       | Is there a Maintenance Fee?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                | If Yes, list amount & explain monthly or annual fee?                                                                                               |         |
|                                                                                                                                                                                                                                                                                                                                                                              |  | Yes                                                           | No                                                                                      | Do Not Know    | Other/Remarks                                                                                                                                      |         |
| If a private septic system, is there a shared drain field?                                                                                                                                                                                                                                                                                                                   |  |                                                               | <input checked="" type="checkbox"/>                                                     |                |                                                                                                                                                    |         |

SELLER'S Initials (  ) (  ) Date 08/28/2026

BUYER'S Initials ( ) ( ) Date

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PROPERTY ADDRESS: **3765 S Naples**

**Meridian**

**ID 83642**

| <b>WATER SOURCE &amp; TYPE SECTION</b>                                                                                                                                 | <b>Public System<br/>(City/Municipal)</b> | <b>Community<br/>System</b> | <b>Private System<br/>(Well, Cistern,<br/>etc)</b> | <b>Other/Remarks</b>                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|----------------------------------------------------|--------------------------------------|
| Domestic Water Provided By:                                                                                                                                            | <b>X</b>                                  |                             |                                                    |                                      |
| Landscape Water Provided By:                                                                                                                                           |                                           | <b>X</b>                    |                                                    |                                      |
| Irrigation Water Provided By:                                                                                                                                          |                                           | <b>X</b>                    |                                                    |                                      |
|                                                                                                                                                                        | <b>Yes</b>                                | <b>No</b>                   | <b>Do Not Know</b>                                 | <b>Other/Remarks</b>                 |
| Shared Well                                                                                                                                                            |                                           | <b>X</b>                    |                                                    |                                      |
| Shared Well Agreement                                                                                                                                                  |                                           | <b>X</b>                    |                                                    |                                      |
| <b>ROOF SECTION</b>                                                                                                                                                    | <b>Year of<br/>Installation</b>           | <b>Do Not know</b>          |                                                    | <b>Remarks</b>                       |
| What is the age of the roof?                                                                                                                                           | <b>2005</b>                               |                             |                                                    |                                      |
|                                                                                                                                                                        | <b>Yes</b>                                | <b>No</b>                   | <b>Do Not Know</b>                                 | <b>Remarks</b>                       |
| Is there present damage to the roof?                                                                                                                                   |                                           | <b>X</b>                    |                                                    |                                      |
| Does the roof leak?                                                                                                                                                    |                                           | <b>X</b>                    |                                                    |                                      |
| <b>SIDING SECTION</b>                                                                                                                                                  | <b>Year of<br/>Installation</b>           | <b>Do Not Know</b>          |                                                    |                                      |
| What is the age of the siding?                                                                                                                                         | <b>2005</b>                               |                             |                                                    |                                      |
|                                                                                                                                                                        | <b>Yes</b>                                | <b>No</b>                   | <b>Do Not Know</b>                                 | <b>Remarks</b>                       |
| Are there any problems with the siding?                                                                                                                                | <b>X</b>                                  |                             |                                                    | <b>water damage on attached shed</b> |
| <b>HAZARDOUS CONDITIONS SECTION</b>                                                                                                                                    | <b>Yes</b>                                | <b>No</b>                   | <b>Do Not Know</b>                                 | <b>Remarks</b>                       |
| Are you aware of any asbestos, radon, or other toxic or hazardous materials on the property?                                                                           |                                           | <b>X</b>                    |                                                    |                                      |
| Is there a radon mitigation system?                                                                                                                                    |                                           | <b>X</b>                    |                                                    |                                      |
| Are you aware if the property has ever been used as an illegal drug manufacturing site?                                                                                |                                           | <b>X</b>                    |                                                    |                                      |
| Are you aware of any current or previous insect, rodent or other pest infestation(s) on the property?                                                                  |                                           | <b>X</b>                    |                                                    |                                      |
| Have you ever had the property serviced by an exterminator or had the property otherwise remediated for insect, rodent or other pest infestation(s)?                   |                                           | <b>X</b>                    |                                                    |                                      |
| Is there any damage due to wind, fire, or flood?                                                                                                                       |                                           | <b>X</b>                    |                                                    |                                      |
| <b>OTHER DISCLOSURES SECTION</b>                                                                                                                                       | <b>Yes</b>                                | <b>No</b>                   | <b>Do Not Know</b>                                 | <b>Remarks</b>                       |
| Are there any conditions that may affect your ability to clear title such as encroachments, easements, zoning violations, lot line disputes, etc.?                     |                                           | <b>X</b>                    |                                                    |                                      |
| Has the property been surveyed since you owned it?                                                                                                                     |                                           | <b>X</b>                    |                                                    |                                      |
| Have you received any notices by any governmental or quasi-governmental entity affecting this property; i.e. Local improvement district (LID) or zoning changes, etc.? |                                           | <b>X</b>                    |                                                    |                                      |
| Are there any structural problems with the improvements?                                                                                                               |                                           | <b>X</b>                    |                                                    |                                      |
| Are there any structural problems with the foundation?                                                                                                                 |                                           | <b>X</b>                    |                                                    |                                      |

SELLER'S Initials (  ) (  ) Date **08/28/2026** BUYER'S Initials ( ) ( ) Date

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PROPERTY ADDRESS: 3765 S Naples

Meridian

ID 83642

| OTHER DISCLOSURES SECTION                                                                                                                                   | Yes | No | Do Not Know | Remarks                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|----------------------------------------|
| Have any substantial additions or alterations been made without a building permit?                                                                          | X   |    |             | attached shed behind 3rd bay of garage |
| Has the fireplace/wood stove/chimney/flue been cleaned?                                                                                                     |     | X  |             |                                        |
| Has the fireplace/wood stove/chimney/flue been inspected?                                                                                                   |     | X  |             |                                        |
| Are you aware or is there reason to believe that the home is located in a historic district or is a historic landmark?                                      |     | X  |             |                                        |
| Are all mineral rights appurtenant to the property included, unencumbered, and part of the sale of this property?                                           |     | X  |             |                                        |
| Has the home on this property ever been moved?                                                                                                              |     | X  |             |                                        |
| Have you ever filed a homeowner's insurance claim on the property?                                                                                          | X   |    |             | see above tub/shower leak              |
| Is there a Home/Condo Owner's Association?                                                                                                                  | X   |    |             |                                        |
| Is there a private road to this property?                                                                                                                   |     | X  |             |                                        |
| Is there a shared road agreement for this property?                                                                                                         |     | X  |             |                                        |
| ADDITIONAL REMARKS AND/OR EXPLANATIONS SECTION:                                                                                                             | Yes | No | Do Not Know | If yes, explain in the lines below     |
| Are you aware of any other existing problems concerning the property including legal, physical, product defects or other items that are not already listed? |     | X  |             |                                        |
|                                                                                                                                                             |     |    |             |                                        |
|                                                                                                                                                             |     |    |             |                                        |

The SELLER certifies that the information herein is true and correct to the best of the SELLER'S knowledge as of the date signed by the SELLER. The SELLER is familiar with the residential property and each act performed in making a disclosure of an item of information is made and performed in good faith.

SELLER and BUYER understand and acknowledge that the statements contained herein are the representations of the SELLER regarding the condition of the property. No statement made herein is a statement of a SELLER'S agent or agents, and no agent is authorized to make any statement, or verify any statement, relating to the condition of the property. SELLER and BUYER also understand and acknowledge that SELLER in no way warrants or guarantees the above information regarding the property.

SELLER and BUYER understand that Listing Broker and Selling Broker in no way warrant or guarantee the above information on the property.

 08/28/2026
  08/28/2026

SELLER \_\_\_\_\_ DATE \_\_\_\_\_ SELLER \_\_\_\_\_ DATE \_\_\_\_\_

BUYER hereby acknowledges receipt of a copy of this disclosure. BUYER may only exercise BUYER'S statutory right to rescind the purchase and sale agreement within **three (3) business days** following receipt of this disclosure statement by a written, signed and dated document that is delivered to the seller or his agents by personal delivery, ordinary or certified mail, or facsimile transmission. Per statute BUYER's rescission must be based on a specific objection to a disclosure in the disclosure statement. The notice of statutory rescission must specifically identify the disclosure objected to by the BUYER. If no signed notice of rescission is received by the SELLER within the **three (3) business day** period, BUYER's statutory right to rescind is waived. The statutory rescission referenced in this section is separate and distinct from, and does not affect, any rescission, cancellation, or contingency term enumerated in any other written document related to this transaction, including but not limited to the purchase and sale agreement.

BUYER \_\_\_\_\_ DATE \_\_\_\_\_ BUYER \_\_\_\_\_ DATE \_\_\_\_\_

**AMENDED DISCLOSURE FORM:** Subsequent to the delivery of the initial SELLER'S Property Condition Disclosure Form previously acknowledged, SELLER hereby makes the following amendments. (Attach additional pages if necessary.) Other than those amendments made below, the SELLER states that there have been no changes to the information contained in the initial SELLER'S Property Condition Disclosure Form. **IF THERE ARE NO UPDATES, THERE IS NO NEED TO SIGN BELOW.**

SELLER \_\_\_\_\_ DATE \_\_\_\_\_ SELLER \_\_\_\_\_ DATE \_\_\_\_\_

BUYER hereby acknowledges receipt of a copy of this amended disclosure. BUYER may only exercise BUYER'S statutory right to rescind the purchase and sale agreement within **three (3) business days** following receipt of this amended disclosure statement by a written, signed and dated document that is delivered to the seller or his agents by personal delivery, ordinary or certified mail, or facsimile transmission. Per statute BUYER's rescission must be based on a specific objection to a disclosure in this amended disclosure statement. The notice of statutory rescission must specifically identify the disclosure objected to by the BUYER. If no signed notice of rescission is received by the SELLER within the **three (3) business day** period, BUYER's statutory right to rescind is waived. The statutory rescission referenced in this section is separate and distinct from, and does not affect, any rescission, cancellation, or contingency term enumerated in any other written document related to this transaction, including but not limited to the purchase and sale agreement.

BUYER \_\_\_\_\_ DATE \_\_\_\_\_ BUYER \_\_\_\_\_ DATE \_\_\_\_\_