





**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.)**

Empty box for additional utilities information.

**MUNICIPAL INFORMATION**

**15. Real Estate Property Tax**

\$5309.19 for fiscal/calendar year ending 2025 Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

**16. Municipal Fire District Tax**

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

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

**17. Easements/Encroachments**

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

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

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

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

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

Yes  No  Unknown Copy attached?  Yes  No

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

**18. Deed**

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

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

**19. Zoning/Historical**

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

Classification: Residential

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

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

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

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

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

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

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

**20. Property Restrictions**

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

Type of Restriction:  Deed  Subdivision Copy attached?  Yes  No

**21. Building Permits**

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

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

If yes, has final approval been obtained?  Yes  No

BUYER'S INITIAL 

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SELLER'S INITIALS 

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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): \_\_\_\_\_

**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 \_\_\_\_\_  
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: \$ \_\_\_\_\_ Included in Condo Fee? (check all that apply)  Heat  Electric  Water  Sewer  
 Other \_\_\_\_\_  
Working Capital Deposit?  Yes  No If yes, Amount: \$ \_\_\_\_\_ Buyer to pay?  Yes  No  
Current Outstanding Assessments: \$ \_\_\_\_\_  
Fire Alarm System up to date?  Yes  No  Unknown  
Approved Future Assessments:  Yes If yes, describe \_\_\_\_\_  No  Unknown

**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: \_\_\_\_\_ Maintenance History (Any Defects): \_\_\_\_\_  
Was a permit obtained for the pool?  Yes  No  Unknown

BUYER'S INITIALS 

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 SELLER'S INITIALS 

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### 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: 1.5

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

Is a Radon Mitigation System installed?  Yes  No Is Radon Mitigation System functioning?  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: \_\_\_\_\_

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).

- | Y   | N                        | UK                                  | NA                       | Y                                   | N                                            | UK  | NA                                  | Y                                   | N                        | UK                       | NA                 |     |                                     |                                     |                          |                          |              |
|-----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------------------|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|-----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------|
| 35. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Basement                                     | 41. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Driveway(s)        | 46. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks    |
| 36. | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bulkhead/Hatchway                            | 42. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls     | 47. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| 37. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Ceilings                                     | 43. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors             | 48. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows      |
| 38. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Chimney(s)                                   | 44. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s) |     |                                     |                                     |                          |                          |              |
| 39. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Doors                                        | 45. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Walls     |     |                                     |                                     |                          |                          |              |
| 40. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Other Structural Components (Describe) _____ |     |                                     |                                     |                          |                          |                    |     |                                     |                                     |                          |                          |              |

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

41. Driveway cracks were filled when it was sealed.

46. Cracks on the rear cement sidewalk.

BUYER'S INITIAL

SELLER'S INITIALS

12345 67890  
dotloop verified

**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 type="checkbox"/> NA <input checked="" 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
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 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 checked="" type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Garage Door Opener(s)	<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 checked="" type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Garbage Disposal	<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
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 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
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 checked="" type="checkbox"/> 10+ <input 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 checked="" 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
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 checked="" type="checkbox"/> 10+ <input 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 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
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 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 checked="" 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
70. snow blower	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" 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. lawn mower	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" 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. trimmer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" 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).

<b>Y N UK NA</b>	<b>Y N UK NA</b>
73. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos	86. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood Rot
74. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cemetery or Burial Ground on Property	<b>Previous Flooding:</b>
75. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diseased Tree(s) within 100' of Dwelling/Outbuilding	87. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Into the Improvements
76. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Endangered Species/Habitat on Property	88. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onto the Property
77. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste	<b>Structural Repairs:</b>
78. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste Site Within 1 Mile	89. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Foundation Repairs
79. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Drainage	90. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Structural Repairs
80. <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>
81. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Settling	91. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active Infestation
82. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Movement	92. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Treatment
83. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subsurface Structure(s) or Pit(s)	93. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Previous Damage Repaired
84. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Synthetic Stucco / EIFS	94. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Damage Needing Repair
85. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Penetration	95. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Service Contract

BUYER'S INITIALS

SELLER'S INITIALS 

12:48 PM EST  
dotloop verified

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

Early 2004 Previous owners had treatment completed. No recent activity detected.

**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.

Seller Denis Stolyarov dotloop verified  
02/19/26 12:48 PM EST  
MP4E-PU3Z-K8TE-DWGE Date 02/19/2026 Seller [ ] Date \_\_\_\_\_

Seller [ ] Date 02/19/2026 Seller [ ] Date \_\_\_\_\_

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.

Buyer [ ] Date \_\_\_\_\_ Buyer [ ] Date \_\_\_\_\_

Buyer [ ] Date \_\_\_\_\_ Buyer [ ] Date \_\_\_\_\_

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