



RHODE ISLAND REAL ESTATE SALES DISCLOSURE FORM
Rhode Island Association of REALTORS®



SELLER

DATE 05/02/2018 PROPERTY ADDRESS 12 Glendale Avenue
Providence RI 02906

Seller: Christopher J. Heath Current Address: 805 Beckley Lane
Lindsey N. Heath Chesapeake VA 23322

Seller has occupied subject property? Yes No If yes, number of years and when: Sep 2014-Jul 2016

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 a separate sales disclosure form be completed for each unit of a multi-unit property.**

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 1918 Addition(s): _____ Year(s): _____

2. Roof (Shingles)
 Age: 9 # of Layers: _____ Previous Repairs: _____
 Known Defects: _____

3. Fireplaces
 # _____ # Working: _____ Maintenance History: _____

4. Wood/Coal/Gas Stove(s)
 Yes No If yes, Type _____ When installed? _____ Permit received? Yes No
 If yes, attach copy _____

5. Heating System
 System Type: Steam Age: U/K Fuel Type: oil Number of zones: _____
 Size of onsite storage tank: 250 Owned by: Fuel Provider Seller
 Underground tanks on property? Yes No Unknown (Size?) _____
 Supplemental heating? Yes No If yes, type? _____

6. 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 attached (optional) _____ Operational? Yes No Unknown

7. Domestic Hot Water
 Heating Source: Gas If a separate tank, capacity: 40 gal. Age U/K
 Rented? Yes No If yes, Company rented from _____
 Known Defects: _____

8. Insulation

Wall: Yes No Unknown Type _____; Ceiling: Yes No Unknown Type _____;
Floor: Yes No Unknown Type _____ Ureaformaldehyde Insulation: Yes No Unknown

9. Electrical Service

Fuses _____ Circuit Breakers Amps 100 Unknown _____
Type: Aluminum Wiring _____ Knob & Tube _____ BX Cable _____ Romex _____ Other _____ Unknown _____

10. Air Conditioning

Yes No Unknown Age: _____
Type of System: Central Air: Number of Zones _____ Ductless Window Units: Number of Units 4 Age _____
 Built in Wall Units: Number of Units _____ Age _____
Location _____ Maintenance History _____

Additional Structural Information (Attach additional sheets if necessary.)

5. Gas line in house/gas stove. 5a. Well Mclain Furnace last serviced 12/17 by Petro Oil. 5b. Oil tank is showing signs of corrosion. 5c. Current tenant reported infrequent radiator condensation from bathroom.
8. Attic needs 12' insulation.
9. Non GFCI outlets on exterior.

UTILITIES

11. Sewage System

Type: Private Public Both If public system available, is it connected? Yes No
If public, Outstanding Assessment? Yes No Minimum Annual Fee: \$ _____ Outstanding Balance \$ _____
If private (check all that apply), Cesspool Septic: Leach field Galleys Denitrification System Unknown
 Other _____
OWTS Design (DEM approved # of Bedrooms): _____ Copy Available? Yes No
Location: _____ Date installed: _____
Maintenance History (Any Failure): _____
Maintenance Requirements (State/Local): _____
Sanitation Company used: _____
Last pumped: _____ Other Connections (Drywell, etc.): _____

"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."

12. 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 If yes, attach copy
Water Quality Problems? Yes No If yes, explain _____
Filtration System? Yes No Rented? Yes No Treatment System? Yes No Rented? Yes No

Additional Utilities Information (Attach additional sheets if necessary.)

MUNICIPAL INFORMATION

13. Real Estate Property Tax

\$ 6636.40 for fiscal/calendar year ending 2016 Tax Rate: _____ Current Exemptions: _____

14. Municipal Fire District Tax

Name of Fire District _____
\$ _____ for fiscal/calendar year ending _____ Tax Rate: _____ Current Exemptions: _____



BUYER'S INITIALS _____ SELLER'S INITIALS _____

15. 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 If yes, attach copy
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 If yes, attach copy

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

16. Deed

Type of deed to be conveyed: Warranty Quitclaim Trustee's Foreclosure Collector's Executor's
 Other _____ Number of parcels conveying: _____

17. 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: _____

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

18. Restrictions

Plat or other? Yes (Explain) _____ No Unknown

Copy available to Buyer: _____

19. 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

20. Building Code/or Minimum Housing

Outstanding Violations: _____

21. 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 Available to Buyer: _____

Is there a Letter of Map Amendment (LOMA)? Yes No Copy Available to Buyer: _____

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.

22. 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

23. 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.

Additional Municipal Information (Attach additional sheets if necessary.)



CONDO/MULTI UNIT

24. Condo/Association Fees

Monthly Condo/Association Fee: \$ _____ Heat/Electric/Water Included in Fee? _____
 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
 Anticipated Future Assessments: Yes If yes, describe _____ No Unknown

25. Multi-Family or Other Rental Property

Are income and expense figures available? Yes No If yes, attach copies
 Lease(s) period: _____ Copies available? Yes No
 Number of Legal Units: _____ Seller shall provide a copy of Confirmation of Rental Terms.
 Security Deposits _____ Rental Income _____

Additional Condo/Multi Unit Information (Attach additional sheets if necessary.)

NOTICES/DISCLOSURES

26. Pools & Equipment

Age of pool: n/a Maintenance history: _____
 Was a permit obtained for the pool? Yes No Unknown

27. Lead Contamination

"Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards 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 property is required to provide the Buyer with any information on lead or lead hazards in paint, interior dust, soil, or water from risk assessments or inspections in the Seller's possession and notify the Buyer of any known or potential lead or lead-based hazards, and must receive a lead disclosure and educational brochure. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase."

Have you ever had a lead paint inspection conducted? Yes No If yes, copy of report available? Yes No
 Lead compliance certificate(s) available? Yes No

28. 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.**

29. 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 building been tested for Radon? Yes No If yes, # of Pico curies/liter: _____
 Copy of test available? Yes No Any action taken? _____
 Is a Radon Mitigation System in use? Yes No

30. 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 mold conditions? Yes No Unknown
 If yes, please describe: _____

Has the property previously been tested for mold? Yes No Unknown
 Any previous mold mitigation action taken? Yes No Unknown If yes, please describe: _____

31. 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>
32 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basement	38 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveway(s)	43 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing
33 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bulkhead/Hatchway	39 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exterior Walls	44 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sidewalks
34 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ceilings	40 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Floors	45 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walls/Fences
35 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chimney(s)	41 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Foundation/Slab(s)	46 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows
36 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doors	42 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interior Walls	
37 <input checked="" type="checkbox"/> <input 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.)

36. Some interior doors do not latch properly. 38. Cracks/heaving noted in driveway. 39. Siding worn in some areas. 42. Hallway bannister - plaster may require repair. 43. Some basement piping has rust and/or corrosion. 46. North attic window cloudy due to failed seal.

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
47 Alarm/Security 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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
48 Ceiling/Whole House Fan	<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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
49 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
50 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
51 Dishwasher	<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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52 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 type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53 Freezer	<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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54 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
55 Garbage Disposal	<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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56 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
57 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
58 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
59 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
60 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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
61 Lawn Sprinkler 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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62 Microwave	<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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63 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 type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
64 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
65 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
66 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
67 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 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 <u>Doorbell</u>	<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 type="checkbox"/> UK	<input type="checkbox"/> Working <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> UK
69 <u>Kitchen Island</u>	<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 type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input checked="" 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

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

52. Rigid dryer vent preferred to flexible.
68. Doorbell inoperable.
69. Kitchen island to convey with sale.

CONDITIONS

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

- | Y | N | UK | NA | |
|----|-------------------------------------|--------------------------|--------------------------|--|
| 71 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos |
| 72 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property |
| 73 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding |
| 74 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property |
| 75 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste |
| 76 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile |
| 77 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Drainage |
| 78 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landfill |
| 79 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage |
| 80 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Settling |
| 81 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Movement |
| 82 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) |
| 83 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS |

- | Y | N | UK | NA | |
|---|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| 84 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Penetration |
| 85 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood Rot |
| Previous Flooding: | | | | |
| 86 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Into the Improvements |
| 87 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onto the Property |
| Structural Repairs: | | | | |
| 88 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| 89 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs |
| Termites or Other Wood-Destroying Insects: | | | | |
| 90 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active Infestation |
| 91 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment |
| 92 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired |
| 93 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair |
| 94 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |

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

84. Per previous owner, isolated puddle under basement stairs during 2010. Current tenant reports of minor pooled water during 2017 floods.

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 _____	Seller <u>Christopher J Heath</u>	<small>dotloop verified 05/11/18 3:44PM EDT AOKC-1GDV-CWRF-J2KA</small>	Date _____	Seller <u>Lindsey M. Heath</u>	<small>dotloop verified 05/11/18 3:45PM EDT LVZM-RVOI-QILE-YKRT</small>
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:

[Empty box for changes since property was first listed]

Date _____ Seller's Initials _____ Date _____ Buyer's Initials _____

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STEELE REALTY CONSULTANTS
INTERNATIONAL

MOLD AND MOLD-FORMING CONDITION DISCLOSURE

Date: 5/9/18
Seller(s): Christopher J. Heath & Lindsey N. Heath
Property Address: 12 Glendale Avenue Providence RI. 02906

Seller(s) certifies that to the best of Seller(s) knowledge and belief (check all that apply):

- Seller(s) has no knowledge of the presence of conditions that could lead to the growth of mold (excessive humidity, water leakage, drainage problems, flooding etc.)
- Seller(s) has treated the property address above for mold. Please provide details:

- Seller(s) knows of the presence of conditions that could lead to the growth of mold (excessive humidity, water leakage, drainage problems, flood etc). Please provide details:

The Seller(s) makes this disclosure knowing that the Listing Agent, the Buyer Agent and any potential Buyer(s) will rely on the information contained in this disclosure.

Christopher J. Heath
dotloop verified
05/09/18 11:06AM EDT
4AIR-B7JY-KFYJ-KJAU

Lindsey N. Heath
dotloop verified
05/09/18 11:07AM EDT
HCGL-WJP2-YBD3-9VKG

Seller Date Seller Date

I/We have received and read this disclosure. Note: For further information, see Rhode Island Department of Health's "Fact Sheet Mold in the Home: Health Concerns". Completion of this form does not mean that the Seller(s) has performed any investigation of the property or that the Seller(s) warrants that the property is without mold.

Buyer Date Buyer Date



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: 12 Glendale Avenue
Unit # (if applicable) _____, Town/City East Side of Prov, 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 3.8 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]

 05/08/18 8:00PM EDT
 05/08/18 8:05PM EDT

(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.

 05/08/18 8:00PM EDT
 05/08/18 8:05PM EDT

(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 INITIALS _____ SELLER'S INITIALS  05/08/18 8:00PM EDT
 05/08/18 8:05PM EDT

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)

ko
05/09/18
9:16AM EDT

- f) Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852(d) and 216-RICR-50-15-3 Section 3.8 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.

_____	_____		<small>dotloop verified 05/08/18 8:00PM EDT 7NXY-YMWY-MLZS-WCSQ</small>
Buyer	Date	Seller Christopher J. Heath	Date
_____	_____		<small>dotloop verified 05/08/18 8:05PM EDT PHEB-T8DB-AEJO-DRXN</small>
Buyer	Date	Seller Lindsey N. Heath	Date
_____	_____	Seller	Date
_____	_____	Seller	Date
_____	_____		<small>dotloop verified 05/09/18 9:16AM EDT 2BAJ-IMLS-G4RR-5Q7R</small>
Cooperating Licensee	Date	Listing Licensee Kathryn Cocuzzo	Date