



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



**SELLER**

DATE 10/20/2020 PROPERTY ADDRESS 80 Edgehill Road, Providence, RI 02906

Seller: Samuel H. Moore and Andrea W. Bailey

Current Address: 80 Edgehill Road, Providence, RI 02906

Seller has occupied subject property?  Yes  No If yes, number of years and when: May 2017-Present

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**  
 1945 Addition(s): No Year(s): \_\_\_\_\_

**2. Roof (Shingles)**  
 Age: 13 # of Layers: \_\_\_\_\_ Previous Repairs: Flashing updated around chimney Winter 2017-2018  
 Known Defects: \_\_\_\_\_

**3. Fireplaces**  
 # 1 # Working: 1 Maintenance History: UK

**4. Wood/Coal/Gas Stove(s)**  
 Yes  No If yes, Type Wood When installed? UK Permit received?  Yes  No  
 If yes, attach copy Wood stove used regularly. Chimney scheduled to be swept 11/4/2020.

**5. Heating System**  
 System Type: Oil/Steam Age: 28 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? Wood Stove

**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: On Demand Oil If a separate tank, capacity: \_\_\_\_\_ gal. Age \_\_\_\_\_  
 Rented?  Yes  No If yes, Company rented from \_\_\_\_\_  
 Known Defects: \_\_\_\_\_

BUYER'S INITIALS

SELLER'S INITIALS

*SMH*  
 10/22/20  
 dd 10/22/20  
 12:28 PM EDT

**8. Insulation**

Wall:  Yes  No  Unknown Type block/Fiberglass; Ceiling:  Yes  No  Unknown Type fiberglass;  
Floor:  Yes  No  Unknown Type \_\_\_\_\_ Ureaformaldehyde Insulation:  Yes  No  Unknown

**9. Electrical Service**

Fuses \_\_\_\_\_ Circuit Breakers X 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 \_\_\_\_\_ Age \_\_\_\_\_  
 Built in Wall Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_  
Location \_\_\_\_\_ Maintenance History \_\_\_\_\_

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

**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 \$ 0  
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**

\$ 7522.76 for fiscal/calendar year ending 2020 Tax Rate: 24.56 Current Exemptions: \_\_\_\_\_

**14. Municipal Fire District Tax**

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

BUYER'S INITIALS

SELLER'S INITIALS

SMH  
10/22/20  
MOB  
10/22/20  
12:28 PM EDT

**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

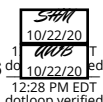
**23. Farms**

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.)**

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

SELLER'S INITIALS \_\_\_\_\_



### CONDO/MULTI UNIT

#### 24. Condo/Association Fees

Monthly Condo/Association Fee: \$ 0 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: \_\_\_\_\_ Maintenance History (Any Defects): \_\_\_\_\_  
 N/A  
 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 property been tested for radon?  Yes  No If yes, # of Pico curies/liter: \_\_\_\_\_  
 Copy of test available?  Yes  No Any action taken? No  
 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basement                                     | 38 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveway(s)        | 43 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing     |
| 33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Bulkhead/Hatchway                            | 39 <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows      |
| 36 <input type="checkbox"/> <input checked="" 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 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.)

Some water damage from chimney leak damage 2nd floor ceiling in Bedroom and plaster above fireplace. Seller will pay to repair.

### 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 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
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 checked="" 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
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 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
51 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 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 checked="" type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53 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
54 Garage Door Opener(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input checked="" 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 checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56 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 checked="" 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 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
62 Microwave	<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 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 checked="" 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 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 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 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 checked="" 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 _____	<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
69 _____	<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
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.)

BUYER'S INITIALS  SELLER'S INITIALS  10/22/20 12:28 PM EDT

**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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Wood Rot                    |
| <b>Previous Flooding:</b>                         |                                     |                          |                                     |                             |
| 86  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Into the Improvements       |
| 87  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Onto the Property           |
| <b>Structural Repairs:</b>                        |                                     |                          |                                     |                             |
| 88  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Previous Foundation Repairs |
| 89  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Other Structural Repairs    |
| <b>Termites or Other Wood-Destroying Insects:</b> |                                     |                          |                                     |                             |
| 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.)

Updated Brick Pointing summer 2019, including chimney and filled in broken concrete inside garage

**COMMENTS**

Additional Comments:

[Empty box for additional comments]

**ACKNOWLEDGMENT**

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

Date 10/20/2020	Seller	<i>Samuel H. Moore</i>	dotloop verified 10/22/20 12:34 PM EDT MVDF-KPZE-OFFP-MNWI	Date _____	Seller	<i>Andrea W. Bailey</i>	dotloop verified 10/22/20 12:28 PM EDT UF36-SOTF-UTUE-DWRW
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 10/20/2020	Seller's Initials	<i>SMH</i> <i>AWB</i>	Date 10/22/2020	Buyer's Initials	
		dotloop verified 12:34 PM EDT 28 PM EDT			

This entire form is licensed for the exclusive use of members in good standing of the Rhode Island Association of REALTORS® and is protected by federal and state copyright law. Unauthorized use of this form is prohibited and can result in civil and criminal penalties. All rights reserved. Copyright© 2018.





**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:** 80 Edgehill Road

**Unit # (if applicable)** \_\_\_\_\_, **Town/City** Providence, **State of Rhode Island, Zip code** 02906

**Federal Lead Warning Statement**

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

**Rhode Island State Disclosure Requirements**

**Rhode Island State Law:** 216-RICR-50-15-3 Section 3.8 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]



(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.



(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



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

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

**Agent's Acknowledgment** (initial)

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

Buyer	Date

<i>Samuel H. Moore</i>	<small>dotloop verified 10/21/20 3:16 PM EDT 63WJ-ZRG4-XEZT-6EGB</small>
Seller	Date

Buyer	Date

<i>Andrea W. Bailey</i>	<small>dotloop verified 10/22/20 12:52 PM EDT QKMW-JU9Y-30I4-OSWF</small>
Seller	Date

Buyer	Date

Seller	Date

Buyer	Date

Seller	Date

Cooperating Licensee	Date

Listing Licensee	Date





STEELE REALTY CONSULTANTS  
INTERNATIONAL

MOLD AND MOLD-FORMING CONDITION DISCLOSURE

Date: 10/21/2020

Seller(s): Andrea W. Bailey Samuel H. Moore

Property Address: 80 Edgehill Road 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.

*Andrea W. Bailey*  
dotloop verified  
10/22/20 12:52 PM EDT  
JM5B-UP3H-OZ2M-VBSL

*Samuel H. Moore*  
dotloop verified  
10/21/20 3:16 PM EDT  
XTFS-UL2I-QDCD-RIK4

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