



RHODE ISLAND SINGLE FAMILY OR CONDOMINIUM OR LAND REAL ESTATE SALES DISCLOSURE FORM

Rhode Island Association of REALTORS®



SELLER

DATE 01/07/2026 PROPERTY ADDRESS 6 Meadowcrest Drive, East Providence, RI 02915

Seller: John Anderson Current Address: 6 Meadowcrest Dr, Riverside,, RI 02915

Seller has occupied subject property? ☒ Yes ☐ No If yes, number of years and when: 23

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

STATEMENT

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

GENERAL DISCLAIMER

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

STRUCTURE

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

1. Year Built

1958 Addition(s): Master bedroom area 2003 Year(s): 68 / 23

2. Roof (Shingles)

Age: 23 # of Layers: 1 Previous Repairs: Leak in roof due to satellite dish removal

Known Defects: No known defects

3. Fireplaces

1 # Working: Yes Maintenance History: exterior cosmetic repair around 2016

4. Wood/Coal/Gas/Pellet Stove(s)

☒ Yes ☐ No If yes, Type Wood to Pellet When installed? 2003 / 2015

Permit received? ☒ Yes ☐ No Copy attached? ☒ Yes ☐ No

5. Heating System

System Type: Forced hot air Age: 20 Fuel Type: Natural gas Number of zones: 1

Size of onsite storage tank: n/a Owned by: ☐ Fuel Provider ☐ Seller

Supplemental heating? ☐ Yes ☒ No ☐ Unknown If yes, type? Do any defects/malfunctions exist? ☐ Yes (Explain) ☐ No ☐ Unknown

Modifications? ☐ Yes (Explain) ☐ No ☐ Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other]

Underground tank on property? ☐ Yes ☒ No ☐ Unknown

a. Tank in use? ☐ Yes ☐ No ☐ Unknown Tested? ☐ Yes ☐ No ☐ Unknown Size of tank: _____ Fuel type: _____

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

Copy of lease available? ☐ Yes ☐ No Copy attached? ☐ Yes ☐ No

b. Tank closed? ☐ Yes ☐ No ☐ Unknown Size of tank: _____ type: _____

Tank filled? ☐ Yes ☐ No ☐ Unknown If yes, documentation available.

Tank removed? ☐ Yes ☐ No ☐ Unknown If yes, documentation available.

7. Domestic Hot Water

Heating Source: Natural Gas If a separate tank, capacity: 50 gal. Age 5

Tank rented? ☐ Yes ☒ No If yes, Company rented from _____

Known Defects: No known defects

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8. Plumbing

Type: Copper ☒ Galvanized ☐ PVC ☐ Mixed ☐ None ☐ Other ☐ Unknown ☐

Do any defects/malfunctions exist? ☐ Yes (Explain) No known defects.

☐ No ☐ Unknown

Modifications? ☐ Yes (Explain)

☒ No ☐ Unknown

9. Electrical Service

Fuses _____ Circuit Breakers Yes _____ Amps 100 _____ Unknown _____

Type: Aluminum Wiring ☐ Knob & Tube ☐ BX Cable ☐ Romex ☐ Other ☐ Unknown ☒

Do any defects/malfunctions exist? ☐ Yes (Explain) No known defects

☐ No ☐ Unknown

Modifications? ☐ Yes (Explain)

☒ No ☐ Unknown

10. Solar Equipment/System

☐ Yes ☐ No ☐ Unknown Age: _____ of System: ☐ Space Heating ☐ Electrical ☐ Water Heating ☐ Unknown

☐ Other (please specify) _____

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

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

11. Air Conditioning

☒ Yes ☐ No ☐ Unknown Age: 20 _____

Type of System: ☒ Central Air: Number of Zones _____ ☐ Ductless ☐ Window Units: Number of Units _____ Age _____

☐ Built in Wall Units: Number of Units _____ Age _____

Location left side of house near the chimney.

Maintenance History _____

Do any defects/malfunctions exist? ☒ Yes (Explain) AC is not functioning and will need to be replaced.

☐ No ☐ Unknown

Modifications? ☐ Yes (Explain)

☒ No ☐ Unknown

12. Insulation

Wall: ☐ Yes ☐ No ☒ Unknown Type _____; Ceiling: ☐ Yes ☐ No ☒ Unknown Type _____;

Floor: ☐ Yes ☐ No ☒ Unknown Type _____ Ureaformaldehyde Insulation: ☐ Yes ☐ No ☒ Unknown

Additional Structural Information (Attach additional sheets if necessary.)

Fiberglass insulation in attic / eve.

UTILITIES

13. Sewer, Septic and Other Wastewater Disposal Systems

Type in Use: ☐ Private ☒ Public ☐ Both

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

Outstanding Assessment? ☐ Yes ☒ No Minimum Annual Fee: \$ _____ Outstanding Balance \$ _____

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

Never had an issue with sewer. Sewer fee's are included in monthly water bill.

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

Never had an issue with sewer.

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

☐ Other

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

Location: _____ Date installed: _____

Maintenance Requirements (State/Local): _____

Sanitation Company used: _____

Last pumped: _____ Other Connections (Drywell, etc.): _____

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

OWTS maintenance and repair history:

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

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

Location: _____

Maintenance History (Any Failure): _____

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

BUYER'S INITIALS _____

SELLER'S INITIALS _____

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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 _____ Water is tested by East Providence Utilities Division.

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.)

Providence Water Supply Board and the City of East Providence, Water Utilities Division supplies / monitors water quality.

MUNICIPAL INFORMATION

15. Real Estate Property Tax

\$ \$5,004.16 for fiscal/calendar year ending 12/31/2024 Tax Rate: _____ Current Exemptions: Homestead 14%

16. Municipal Fire District Tax

Name of Fire District City of East Providence

\$ _____ 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 _____ No easement.

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 _____ No encroachments

18. Deed

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

☐ Other _____ Number of parcels conveying: 1

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 known property restrictions ☐ 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

32. 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, 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:
No signs of mold. Family never displayed signs and symptoms associated with mold exposure.

33. 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
Never filed a claim.

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		
34.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement	40.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway(s)	45.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sidewalks
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bulkhead/Hatchway	41.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	46.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Fences
36.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	42.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floors	47.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
37.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimney(s)	43.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundation/Slab(s)					
38.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	44.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interior Walls					
39.	<input 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.)

Would recommend a chimney inspection prior to use of fireplace. Interior / exterior doors could be replaced.
Driveway could use sealing.

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
48. 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 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
49. 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 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
50. 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
51. 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
52. 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 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
53. 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. 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 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
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 checked="" type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input checked="" 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 type="checkbox"/> Working <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62. 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
63. Refrigerator	<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
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. 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
66. 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

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67. Trash Compactor	<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
68. 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
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
71. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

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

Lawn Sprinkler may need a new back flow preventer. Minor leak in second floor bathroom. Minor leak under kitchen sink.

CONDITIONS

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

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

COMMENTS

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

CHANGES

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

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