



GRAEBEL RELOCATION SERVICES WORLDWIDE, INC.
HOMEOWNER DISCLOSURE STATEMENT

INSTRUCTIONS TO THE HOMEOWNER(S): Please complete the following form by placing an "X" in the appropriate box for each question. Please do not skip any questions. If the question does not apply to the property, write "N/A" in one of the boxes for that question. If the answer to any question requires a more detailed explanation than is possible in the space provided, please explain your answer on an attached sheet.

Homeowner Name: CHERISH SAMUELS
Homeowner Name: RORY DUBOSE
Property Address: 946 RIVER LANDING DR
MEMPHIS TENNESSEE 38103
Date Purchased: 06/28/2018

IN CONNECTION WITH MY/OUR RELOCATION, I/WE MAKE THE FOLLOWING DISCLOSURES TO THE BEST OF MY/OUR CURRENT ACTUAL KNOWLEDGE REGARDING MY/OUR PROPERTY WITH THE KNOWLEDGE THAT PROSPECTIVE BUYERS MAY RELY ON THIS INFORMATION IN DECIDING WHETHER, OR ON WHAT TERMS, TO PURCHASE THE PROPERTY. I/WE FURTHER UNDERSTAND THAT AN OFFER TO PURCHASE WILL NOT BE MADE UNTIL THIS DISCLOSURE IS COMPLETED.

Table with columns: I. TITLE, YES, NO, UNKNOWN. Rows include: A. Type of property (Single Family, Duplex, Zero Lot Line/Town House, Condominium, Townhome/PUD, Other); B. Approximate dimensions (37 x 95); C. Approximate acreage (0.08 acres); D. Legal authority to sell; E. Fee simple ownership; F. Ground lease; G. Joint maintenance agreements; H. Special deed; I. Joint ownership; J. Entity control; K. Third party rights (refusal, option to purchase, lease, life estate, mineral rights).

Homeowner(s) Initials [Handwritten initials]

Buyer(s) Initials /

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1. TITLE	YES	NO	UNKNOWN
If yes, explain:			
L. Are there, or have there ever been, any encroachments, overlaps, boundary disputes (e.g., disagreements or lawsuits), unrecorded easements, or boundary agreements (written or verbal) related to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
M. Are there any rights of way, easements, or access limitations that may affect the owner's use of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
N. Is there any study, survey project, or notice that would adversely affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
O. Are there any pending or existing bonds or assessments against the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
P. Have there ever been any zoning violations or nonconforming uses on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
Q. Are there any zoning violations, nonconforming uses, or any unusual restrictions on the property that would affect future construction or remodeling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
R. Is there a boundary survey for the property? If yes, attach survey.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S. Are the property's boundaries marked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
T. Are there any covenants, conditions, or restrictions which affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
U. Is the property accessed by public <input checked="" type="checkbox"/> or private road <input type="checkbox"/> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If private, what yearly upkeep amount is paid by the property owner?			
If private, explain road upkeep in detail:			
V. Are there any planned road widenings or extensions which may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W. Is the property located in, or in close proximity to, a historic preservation area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X. Is the property located in, or in close proximity to, a special tax district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. WATER	YES	NO	UNKNOWN
A. Household Water			
(1) The source of the water is: Public <input checked="" type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/>			
(2) Water source information:			
a. Are there any written agreements for shared water source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
b. Is there an easement (recorded or unrecorded) for access to and/or maintenance of the water source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
c. Has there been repairs, treatments, or changes to the water source or water supply system for this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
d. Has there been or are you aware of any environmental/safety concerns for the water source supplied to the property (private well or community well)? This would include any community notifications by federal, state, or local authorities and events that could compromise the water supply to the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
e. If there is a private well on the property, has there been potable water testing, and has there ever been potable water failure determination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
f. Are any problems or repairs needed (e.g., water pressure or water flow problems)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
g. Does the source provide an adequate year round supply of potable water?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:			

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2. WATER		YES	NO	UNKNOWN
h. Are there any water treatment systems (softener, purifier, etc.) for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain, and state if the system(s) is/are leased or owned:				
<b>B. Irrigation</b>				
(1) Are there any water rights for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
(2) If they exist, to your knowledge, have the water rights been used during the last five (5) year period?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
(3) If so, is the certificate available?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
<b>C. Outdoor Sprinkler System</b>				
(1) Is there an outdoor sprinkler system for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Are there any defects in the outdoor sprinkler system?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
(3) If sprinkler systems are present on the property, are the systems being used to control and manage potential expansive soils structural effects on the house structure?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
(4) Are you aware of or do you have knowledge of defects or repairs to the sprinkler system now or in the past?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				

3. SEWER/SEPTIC SYSTEM		YES	NO	UNKNOWN
A. The property is served by:				
Public Sewer Main	<input checked="" type="checkbox"/>			
Septic Tank System	<input type="checkbox"/>			
Other (describe):				
B. If the property is served by a public or community sewer main, is the house connected to the sewer main?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:				
C. Is the property currently subject to a sewer capacity charge?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
D. If the property is connected to a septic system:				
(1) Was a permit issued for its construction, and was it approved by the municipality or county following its construction?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
(2) On what date was it last pumped:				
(3) Is the septic system able to be pumped without removing any structures?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are there, or have there ever been, any defects in the operation of the septic system?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
(5) On what date was it last inspected:				
By whom:				
(6) For how many bedrooms was the system approved?				
(7) Please attach any copies of permits, inspection reports, or other documents related to the system.				
E. Do all plumbing fixtures, including laundry drain, go to the septic/sewer system?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:				
F. Are you aware of any changes or repairs to the septic system?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:				
G. Is the septic system, including drainage field, located entirely within the property's boundaries?		N/A	<input type="checkbox"/>	<input type="checkbox"/>
If no, explain:				



4. STRUCTURAL	YES	NO	UNKNOWN
A. How old is the current roof? 4 years. (If unknown, mark unknown.)			<input type="checkbox"/>
Roof is constructed of: <input checked="" type="checkbox"/> Asphalt Shingle, <input type="checkbox"/> Wood Shingle, <input type="checkbox"/> Slate, <input type="checkbox"/> Metal, <input type="checkbox"/> Tile, <input type="checkbox"/> Asbestos, <input type="checkbox"/> Unknown, <input type="checkbox"/> Other:			
B. Was the property originally built as a modular or manufactured home?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Has the roof leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, has it been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain any roof repairs of which you are aware (e.g., repairs necessitated by ice damming, etc.):			
D. Are you aware of any manufacturer's roof material defects or class action lawsuits concerning the roof of your house?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
E. Has the roof leaked or been damaged by weather, fire, physical impact, or other events?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
F. Has the house undergone any conversions, additions, remodeling, or material repairs (beyond normal maintenance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1) If yes, were all building permits obtained?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
(2) If yes, were all final inspections obtained?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
Explain any conversions/additions/remodeling:			
G. Do you know the age of the house?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give year of original construction (if approximation, indicate such): 2000			
H. Are you aware of:			
(1) Any movement, shifting, deterioration, or other problems with walls, foundation, crawl space, or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Any cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement, floors, or garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Any water leakage or dampness in the crawl space or basement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Any dry rot on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Any repairs or other attempts to control the cause or effect of any problem described above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain any "Yes" answer(s) to 1-5 above. When describing repairs or control efforts, describe the location, extent, date, and name of person/company who did the work. Attach any reports and/or other documentation:			
I. Does the property contain any exterior insulation finish systems (EIFS), exterior finish Systems, or surfaces referred to as synthetic stucco, hardcoat stucco, or similar products?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
J. If you know of any defect(s) regarding the following items, mark the defective item with an "X":			
(1) Attic Stairs <input type="checkbox"/>	(2) Balconies <input type="checkbox"/>	(3) Ceilings <input type="checkbox"/>	
(4) Chimney <input type="checkbox"/>	(5) Deck <input type="checkbox"/>	(6) Doors <input type="checkbox"/>	
(7) Door locks <input type="checkbox"/>	(8) Drain Tile <input type="checkbox"/>	(9) Driveways <input type="checkbox"/>	
(10) Exterior Walls <input type="checkbox"/>	(11) Fences <input type="checkbox"/>	(12) Fire Alarms <input type="checkbox"/>	
(13) Fireplaces <input type="checkbox"/>	(14) Foundations <input type="checkbox"/>	(15) Garage Floors <input type="checkbox"/>	
(16) Gutters <input type="checkbox"/>	(17) Interior Walls <input type="checkbox"/>	(18) Interior Floors <input type="checkbox"/>	
(19) Outbuildings <input type="checkbox"/>	(20) Patio <input type="checkbox"/>	(21) Retaining Walls <input type="checkbox"/>	
(22) Sidewalks <input type="checkbox"/>	(23) Slab Floors <input type="checkbox"/>	(24) Walkways <input type="checkbox"/>	
(25) Windows <input type="checkbox"/>	(26) Window Locks <input type="checkbox"/>	(27) Wood Stoves <input type="checkbox"/>	
(28) Ceiling joints <input type="checkbox"/>	(29) Other wood support components <input type="checkbox"/>	(30) Attic support wood structures <input type="checkbox"/>	
(31) Crawl space joists <input type="checkbox"/>	(32) Load-bearing columns/supports <input type="checkbox"/>	(33) Water damage <input type="checkbox"/>	
If you checked any of the above items, explain the defect(s):			
K. In the last four (4) years, was a pest, dry rot, mold, radon test, structural, or whole house inspection done?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, which test(s), when, and by whom was the inspection done? (Attach documentation)			
L. Have you ever had a mold (fungus/fungal) problem or mold remediation, abatement, clean up, or removal at your property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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If yes, please provide documentation and post clearance report.			
4. STRUCTURAL	YES	NO	UNKNOWN
M. Has the property had a problem with pest control, infestations, or vermin? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N. Are you aware of:			
(1) Any termites, wood destroying insects, or pests on or affecting the property? If yes, describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Property damage by termites, wood destroying insects, or pests? If yes, describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Any termite/pest control treatments on the property in the last four (4) years? If yes, list company and where treated:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Current warranty or other coverage by a licensed pest control company on the property? If yes, explain warranty and attach documentation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O. Have you or anyone else made a homeowner's insurance claim(s) regarding the property in the last four (4) years? If yes, explain when and why: If yes, have you been paid for any insurance claims for which work has not yet been completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P. Please attach copies of any engineering reports related to the property.			
Q. Are you aware of expansive soils under your house or in your community? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Are you aware of the presence of any defective drywall (as defined below) (e.g., "Chinese Drywall") on the property? "Defective drywall" includes, but is not limited to, plasterboard or drywall containing a level of sulfur, methane, and/or other volatile organic compounds (VOCs) that can potentially cause an unusual level of corrosion of electrical wiring, copper or other piping, and air-conditioning components. In addition, defective drywall can sometimes emit a sulfur odor (e.g., akin to rotten eggs). If yes, identify the location of the defective drywall on the property, its date of purchase and/or installation (if known), describe any problems experienced related to the defective drywall, and any actions taken to remedy any problems experienced related to the defective drywall:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S. Are you aware of any unusual or sulfurous (rotten egg) odors on the property? If yes, describe the odor(s), identify the location(s) of such odor(s), and describe any actions taken to investigate, identify, and/or remedy such odor(s):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T. Are you aware of any problems relating to corrosion of metals and/or damage to copper-containing electronic equipment, wires, pipes, plumbing, or air conditioning components on the property? If yes, describe the problem and any actions taken to investigate, identify, and/or remedy such problem:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U. Have you or any person residing in the property experienced insomnia, nosebleeds, headaches, or breathing difficulties while residing in the property? If yes, describe the symptoms experienced, their duration, whether a cause of such symptoms was ever linked to (or suggested as being linked to) some condition on the property, and any actions taken to remedy any property-related cause of such symptoms.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



5. SYSTEMS AND FIXTURES				YES	NO	UNKNOWN
If the following systems or fixtures are included with the transfer, do they have any existing defects, service concerns, or had repairs (minor and major) performed:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. Electrical system, including wiring, all switches, all outlets, all fixtures, and service				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
Electrical system wiring (mark one):				Copper <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Unknown <input checked="" type="checkbox"/>
B. Are there any alternate power systems serving the property (e.g., solar, wind, generator)?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
C. Plumbing system, including pipes, faucets, fixtures, and toilets				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
D. Hot water heater (mark one):				Electric: <input type="checkbox"/>	Natural Gas: <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>
				Age: 5 years		
If yes, explain:						
E. Cooling system (mark one):				Central Electric: <input checked="" type="checkbox"/>	Central Gas: <input type="checkbox"/>	Heat Pump: <input type="checkbox"/>
				Window Unit(s)	(# included in sale)	Other:
If yes, explain:						
Date of last servicing: 06/2024				By whom: Mr Greenway		
Age: 4 years				Zoned?		
Rooms without cooling vents?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, which rooms?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Heating system (mark one):				Electric: <input type="checkbox"/>	Natural Gas: <input checked="" type="checkbox"/>	Fuel Oil: <input type="checkbox"/>
				Heat Pump: <input type="checkbox"/>	Propane: <input type="checkbox"/>	Other: <input type="checkbox"/>
If yes, explain:						
Date of last servicing: 10/2024				By whom: Mr Greenway		
Age: 4 years				Zoned?		
Rooms without heating vents?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, which rooms:				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Telephone system (wiring and blocks/jacks inside the house)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
H. Security system (mark one):				Owned: <input checked="" type="checkbox"/>	Leased: <input type="checkbox"/>	Any defects? <input type="checkbox"/>
Describe security system: Xfinity Security (installed keypad)						
If defects are indicated, explain:						
I. Oven/stove (mark one):				Electric: <input type="checkbox"/>	Natural Gas: <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>
				Age: 1 years		
If yes, explain:						
J. List any other appliances to remain (attach additional sheets if necessary)						
(1) LG Refrigerator, Frigidaire Gas Range				Age: 1 years		
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
(2) Bosch Dishwasher				Age: 6 years		
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
K. Are any trees, shrubs, or other flora on the property diseased, dead, or damaged?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:						
L. Are there fences on the property?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were the fences put up by the current property owner?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, are the fences in good condition and repair?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other:				Any defects?		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If defects are indicated, explain:						
N. Are there on-going or current warranties on systems/fixtures?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please list: HVAC Units (10 year parts, 20 year HX), Refrigerator and Range (5 year Lowe's Protection Plan)						

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5. SYSTEMS AND FIXTURES	YES	NO	UNKNOWN
O. Has there been newly installed systems (e.g., electrical services, water services, heating services, or security systems) while you have owned the house?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: Heating and Cooling systems (interior and exterior units plus ductwork)			

6. COMMON INTEREST	YES	NO	UNKNOWN
A. Is the property subject to the rules and regulations of any homeowners' or condominium owners' association?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the name of the association? Harbor Town Community Association, Inc			
B. Are there regular periodic assessments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give amount per: Month: \$ Year: \$ Other: \$ 634.95			
If other, explain: Quarterly assessment			
C. Are there any pending special assessments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: Quarterly special assessment of \$93 applies in 2025 (Jan and April are paid)			
D. Are there any shared "common areas" or any joint maintenance agreements (facilities such as walls, fences, landscaping, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any such areas exist, explain:			
E. Are there any problems related to such common areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
F. Are there any pending or threatened claims or lawsuits against the association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
G. Are there any unpaid association assessments or dues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			

7. APPLIANCES, HEATING, PLUMBING, ELECTRICAL, AND MECHANICAL SYSTEMS, AND OTHER ITEMS			
<b>Instructions:</b> Mark <b>INCLUDED</b> if the item is included in the sale. If the item is included in sale, mark <b>Yes</b> or <b>No</b> to indicate whether the item is in working order. Indicate the item's approximate age (in years) in the "age" space, if provided. If age is unknown, mark "?" in space.			
ITEM	INCLUDED	YES	NO
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioner (central) age: 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Conditioner (wall/window) age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Cleaner/Purifier age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arbor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball Post and Goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detectors (battery)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detectors (hardwired)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan(s), # included:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Central Vacuum System and Attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Dryer age: 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clothes Washer age: 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Convection Oven(s) age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop/Stovetop age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher age: 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door Bells	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan(s) (kitchen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fan(s) (bathroom(s))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fireplace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fireplace Mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace age: 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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## 7. APPLIANCES, HEATING, PLUMBING, ELECTRICAL, AND MECHANICAL SYSTEMS, AND OTHER ITEMS

Instructions: Mark **INCLUDED** if the item is included in the sale. If the item is included in sale, mark **Yes** or **No** to indicate whether the item is in working order. Indicate the item's approximate age (in years) in the "age" space, if provided. If age is unknown, mark "?" in space.

ITEM	INCLUDED	YES	NO
Furnace Mechanisms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Freezer age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener Auto-reverse Safety Mechanism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener Remote Opener(s), # included: 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gas Grill / Barbeque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating System (central) age: 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating System (supplemental) age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidifier age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Sprinkler Auto-timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Sprinkler Backflow Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven age: ?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Playground Equipment/Swing Set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Range/Oven age: 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Range Timer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Range Vent-hood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Refrigerator age: 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security System (if owned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors (battery)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors (hardwired)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Solar Collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Building/Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storm Doors and Windows (all doors and windows)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool Equipment/Mechanisms (include all covers and systems (e.g., filtration and safety)) age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Mechanisms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TV Antenna/Receiver/Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV Cable Wiring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Filter age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Heater age: 6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Softener age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Screens (all windows)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Window Treatments (incl. draperies, curtains, and rods) age unknown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Whirlpool/Hot Tub/Sauna/Spa (include all covers and systems (e.g., filtration and safety)) age:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# GRAEBEL

## 7. APPLIANCES, HEATING, PLUMBING, ELECTRICAL, AND MECHANICAL SYSTEMS, AND OTHER ITEMS

**Instructions:** Mark **INCLUDED** if the item is included in the sale. If the item is included in sale, mark **Yes** or **No** to indicate whether the item is in working order. Indicate the item's approximate age (in years) in the "age" space, if provided. If age is unknown, mark "?" in space.

ITEM	INCLUDED	YES	NO
Yard Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explanations: if any item above is NOT in good working order, list the item and explain the defect on an attached sheet.**

## 8. SAFETY ISSUES

	YES	NO	UNKNOWN
A. Has there ever been a carbon monoxide problem/poisoning with the combustion appliances or fireplace at the property? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Has there ever been a fire at the property? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Has there ever been a tripping hazard in or around the property? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Has the property ever been flooded? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Has there ever been any kind of structural collapse (e.g., porch, patio, rear deck, steps, etc.) at the property? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. If property is located in Canada, has there ever been a WETT Inspection (Wood Energy Technology Transfer)? If so, please provide inspection report.	<input checked="" type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>

## 9. GENERAL

	YES	NO	UNKNOWN
A. Are you aware of past and current settling, soil subsidence, expansive soils, or other soil problems (e.g., sliding, earth movement, upheaval, or stability) on the property? If yes, explain: Please attach copies of any soil reports for the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Are there any standing water, drainage, or flooding problems on the property? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Have any of the properties in the immediate neighborhood ever had any settling or soil (e.g., sliding, earth movement, upheaval, or stability) problems? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Have any of the properties in the immediate neighborhood ever had any standing water, drainage, or flooding problems? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does the property contain fill material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Is the property located in an area which could potentially be impacted by high risk of fire, winds, floods, beach movements, earthquake, expansive soils, landslides, or liquefactions? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Is there, or has there ever been, any material damage to the property or any of the structures from fire, wind, floods, beach movements, earthquake, expansive soils, landslides, or liquefactions? If yes, explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Is the property in a designated flood plain (e.g., state or federal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Are any insurance premiums paid on the property subsidized or pooled by a regulatory agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>


# GRAEBEL

9. GENERAL	YES	NO	UNKNOWN
J. Are you aware of any environmental, toxic materials, substances, chemicals, or materials that may be considered a hazard or safety concern on the property, but not limited to asbestos, vermiculite attic insulation, foam insulation (UFFI-Urea Formaldehyde Foam Insulation), elevated radon levels at or over 4.0 picoCuries per liter (pCi/L), lead-based paint, mold, or contaminated soil or water?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
K. Are you aware of or do you have knowledge of an underground heating oil/fuel/chemical/gasoline, diesel tank (UST) or aboveground storage tank (AST) being on the property in the past or currently?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, do you have knowledge of the UST or AST ever leaking or releasing contents to the soil and environment?			
L. If yes to the above K. question, was the tank removed?	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide documentation and paperwork for the tank removal and any soil testing reports.			
M. Is there any unusual amount of noise from any source (e.g., airplanes, traffic, trains, schools, or business) that affects the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
N. Are you aware of or do you have any other neighborhood conditions or problems that could or have or are affecting the property (e.g., troublesome neighbors, dumps, quarries, junkyards, or toxic disposal sites)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
O. Are there high voltage power lines on, adjacent to, or near the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
P. Has the property ever been used as an illegal drug-manufacturing site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
Q. Are you aware of any registered sexual offender(s) residing or consistently working within a five (5) mile radius of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
R. Are you aware of any homicides, murders, particularly egregious crimes, or suicides which occurred on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, explain:			
S. How proximate is the property to a nuclear power plant? N/A miles (if within 50 miles)			
T. Were any pets kept in the household or on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: A single dog from 2018-2024			
U. If the property contains a wood-burning stove or fireplace, when was/were the chimney(ies) last cleaned?			<input type="checkbox"/>
Detail date(s) and chimney(ies), or mark Unknown: 11/2022			
V. Are you aware of any of the following regarding the property?			
(1) Existing threatened legal action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Legal action, threatened or otherwise, at any time since you have owned the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Violation of any law or regulation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) General stains or pet stains to carpet or floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Transferable warranties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Any locks without keys?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Unrecorded interests affecting the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Fire damage at any time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9) Appraiser's lien or construction lien?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10) Landfills or underground problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above are marked, explain on an attached sheet.			
W. Do you know of any other material defects, facts, conditions, or circumstances which may affect the value, beneficial use, or desirability of this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, explain on an attached sheet.			

# GRAEBEL

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR CURRENT ACTUAL KNOWLEDGE AND, EXCEPT AS SET FORTH HEREIN, NO MATERIAL PROBLEMS EXIST WITH RESPECT TO THE PROPERTY AS OF THE DATE(S) OF MY/OUR SIGNATURE(S) SET FORTH BELOW. I/WE HEREBY AUTHORIZE THE FURNISHING OF THE FOREGOING INFORMATION TO ANY PROSPECTIVE BUYER OF THE PROPERTY.

Homeowner: 

Homeowner: 

Name: CHERISH SAMUELS  
Date: 3/30/2025

Name: RORY DUBOSE  
Date: 3/31/25

### ACKNOWLEDGMENT AND RECEIPT BY BUYER(S)

BUYER(S) ACKNOWLEDGE(S) THAT BUYER(S) HAVE RECEIVED, READ, UNDERSTOOD, AND ACCEPTED A COPY OF THIS HOMEOWNER DISCLOSURE STATEMENT WHICH HAS BEEN SIGNED BY THE HOMEOWNER(S).

BUYER(S) ACKNOWLEDGE(S) THAT THE INFORMATION CONTAINED IN THE FOREGOING HOMEOWNER DISCLOSURE STATEMENT IS BASED UPON THE CURRENT ACTUAL KNOWLEDGE OF THE HOMEOWNER(S) AND IS NOT A WARRANTY OR GUARANTY BY HOMEOWNER(S) OR BY GRAEBEL OF ANY NATURE WHATSOEVER TO BUYER(S).

BUYER(S) ACKNOWLEDGE(S) THAT BUYER(S) HAS/HAVE THE OPPORTUNITY TO INVESTIGATE ALL MATERIAL CONDITIONS REGARDING THE PROPERTY, THAT BUYER(S) IS/ARE ENCOURAGED TO OBTAIN ALL APPROPRIATE INSPECTIONS OF THE PROPERTY BY QUALIFIED PROFESSIONAL INDEPENDENT INSPECTORS, AND THAT BUYER(S) MAY OBTAIN HOME WARRANTY PROTECTION PLANS WITH REGARD TO THE PROPERTY.

BUYER(S) ACKNOWLEDGE(S) THAT, IN ACCORDANCE WITH APPLICABLE LAW IN CERTAIN JURISDICTIONS, SELLERS OF RESIDENTIAL PROPERTY ARE NOT OBLIGATED TO DISCLOSE CERTAIN MATTERS WITH REGARD TO THE PROPERTY AND THAT CERTAIN QUESTIONS ABOVE MAY NOT HAVE BEEN ANSWERED BY HOMEOWNER(S).

BUYER(S) ACKNOWLEDGE(S) THAT ACCEPTANCE OF THIS HOMEOWNER DISCLOSURE STATEMENT BY BUYER(S) WITH PARTIAL OR INCOMPLETE ANSWERS TO CERTAIN QUESTIONS SHALL CONSTITUTE A WAIVER BY BUYER(S) OF ANY CLAIMS AGAINST ANY PARTY WITH REGARD TO ANY INFORMATION WHICH MIGHT HAVE BEEN DISCLOSED IN RESPONSE TO SUCH QUESTIONS.

Buyer: \_\_\_\_\_

Buyer: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_