



**R.I. REAL ESTATE SALES DISCLOSURE FORM  
RHODE ISLAND ASSOCIATION OF REALTORS®**



**SELLER**

DATE \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

Seller \_\_\_\_\_ Current Address \_\_\_\_\_

Seller has occupied **subject** property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number of years and when: \_\_\_\_\_

"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. **It is recommended that a separate sales disclosure form be completed for each unit of a multi-unit property.**

**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** \_\_\_\_\_ Addition(s): \_\_\_\_\_ Year(s): \_\_\_\_\_
- 2. **Roof (Shingles)** Age: \_\_\_\_\_ # of Layers: \_\_\_\_\_ Previous Repairs: \_\_\_\_\_ Known Defects: \_\_\_\_\_
- 3. **Fireplaces** # \_\_\_\_\_ # Working: \_\_\_\_\_ Maintenance History: \_\_\_\_\_
- 4. **Wood/Coal/Gas Stove(s)** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Type \_\_\_\_\_ When installed? \_\_\_\_\_ Permit received? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach copy \_\_\_\_\_
- 5. **Insulation** Wall/Type: \_\_\_\_\_ Ceiling/Type: \_\_\_\_\_ Floor/Type: \_\_\_\_\_ Unknown \_\_\_\_\_  
Ureaformaldehyde Insulation: Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
- 6. **Electrical Service** Fuses \_\_\_\_\_ Circuit Breakers \_\_\_\_\_ Amps \_\_\_\_\_ Unknown \_\_\_\_\_  
Type: Aluminum Wiring \_\_\_\_\_ Knob & Tube \_\_\_\_\_ BX Cable \_\_\_\_\_ Romex \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_
- 7. **Heating System** Type: \_\_\_\_\_ Age: \_\_\_\_\_ If oil fuel, size of tank: \_\_\_\_\_ Number of zones: \_\_\_\_\_  
Underground tanks on property? Yes \_\_\_\_\_ (Size?) \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
Supplemental heating? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type? \_\_\_\_\_
- 8. **Domestic Hot Water** Heating Source: \_\_\_\_\_ If a separate tank, capacity: \_\_\_\_\_ gal. Age \_\_\_\_\_  
Rented? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Company rented from \_\_\_\_\_
- 9. **Air Conditioning** Central Air \_\_\_\_\_ Number of zones \_\_\_\_\_ Window Units \_\_\_\_\_ Number of units \_\_\_\_\_ Age \_\_\_\_\_  
Location \_\_\_\_\_ Maintenance History \_\_\_\_\_

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

**UTILITIES**

- 10. **Sewage System** Type (private, public or both): \_\_\_\_\_ If public system available, is it connected? Yes \_\_\_\_\_ No \_\_\_\_\_  
If public, Outstanding Assessment? Yes \_\_\_\_\_ No \_\_\_\_\_ Minimum Annual Fee: \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_  
If private, Cesspool \_\_\_\_\_ Septic \_\_\_\_\_ Leach field \_\_\_\_\_ Galleys \_\_\_\_\_ Unknown \_\_\_\_\_ Other \_\_\_\_\_  
#Bedrooms/per ISDS Design: \_\_\_\_\_ Copy Available? Yes \_\_\_\_\_ No \_\_\_\_\_  
Location: \_\_\_\_\_ Date installed: \_\_\_\_\_  
Maintenance History (Any Failure): \_\_\_\_\_ 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."

UTILITIES

11. **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. 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. 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)."  
 Dug well or drilled well? \_\_\_\_\_ Depth: \_\_\_\_\_ Location: \_\_\_\_\_  
 Well water inspection certificate available? Yes \_\_\_\_ No \_\_\_\_ If yes, attach copy  
 Water Quality Problems? Yes (Explain) \_\_\_\_\_ No \_\_\_\_  
 Filtration System? Yes \_\_\_\_ No \_\_\_\_ Treatment System? Yes \_\_\_\_ No \_\_\_\_

**Additional Utilities Information (Attach additional sheets if necessary.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MUNICIPAL INFORMATION

12. **Property Tax** \$ \_\_\_\_\_ for fiscal/calendar year ending \_\_\_\_ Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

13. **Easements/ Encroachments** Seller is legally required to provide the Buyer with a copy of any previous surveys of the property 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 \_\_\_\_ If yes, attach copy  
 Does Seller have any knowledge of Easement(s) or Right(s) of Way on property? Yes \_\_\_\_ No \_\_\_\_  
 If yes, describe \_\_\_\_\_  
 Does Seller have any knowledge of Encroachments? Yes \_\_\_\_ No \_\_\_\_  
 If yes, describe \_\_\_\_\_

14. **Deed** Type of deed to be conveyed: \_\_\_\_\_ Number of parcels conveying: \_\_\_\_\_

15. **Zoning** "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: \_\_\_\_\_ 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: \_\_\_\_\_

16. **Restrictions** Plat or other? Yes (Explain) \_\_\_\_\_ No \_\_\_\_ Copy available to Buyer: \_\_\_\_\_

17. **Building Permits** Have you applied for or been granted a special permit for this property? Yes \_\_\_\_ No \_\_\_\_  
 If yes, explain: \_\_\_\_\_  
 Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes \_\_\_\_ No \_\_\_\_ If no, explain: \_\_\_\_\_

18. **Building Code/or Minimum Housing** Violations: \_\_\_\_\_

19. **Flood Plain** Is the property located in a flood plain? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_  
 Is there flood insurance on the property? Yes \_\_\_\_ No \_\_\_\_ If yes, \$ \_\_\_\_\_ per year.

20. **Wetlands** The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in RIGL 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 \_\_\_\_\_

21. **Megan's Law** If the Buyer is concerned about convicted felons in the neighborhood, he/she should contact the local police authority.

**Additional Municipal Information (Attach additional sheets if necessary.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONDO / MULTI UNIT**

22. **Condo/Assoc. Fees** Monthly Condo/Association Fee: \$ \_\_\_\_\_ Heat/Electric/Water Included in Fee? \_\_\_\_\_  
 Working Capital Deposit? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Amount: \$ \_\_\_\_\_  
 Buyer to pay? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Current Outstanding Assessments: \$ \_\_\_\_\_  
 Fire Alarm System up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_  
 Anticipated Future Assessments: Yes \_\_\_\_\_ If yes, describe \_\_\_\_\_  
 No \_\_\_\_\_ Unknown \_\_\_\_\_

23. **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 Units: \_\_\_\_\_  
 Are the existing rents current? Yes \_\_\_\_\_ No \_\_\_\_\_ Security Deposits \_\_\_\_\_  
 Are all units legal for the current zoning and use? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Appliances Offered: \_\_\_\_\_

**Additional Condo/Multi Unit Information (Attach additional sheets if necessary.)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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**NOTICES / DISCLOSURES**

24. **Pools & Equipment** Age of pool: \_\_\_\_\_ Maintenance history: \_\_\_\_\_  
 Was a permit obtained for the pool? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

25. **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 \_\_\_\_\_

26. **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. Three-unit dwellings must be equipped with interconnected smoke detectors effective July 1, 2008. Contact the local Fire Marshal to determine the requirements for this Property.

27. **Radon** "Radon has been determined to exist in the State of Rhode Island. Testing for the presence of Radon in residential real estate prior to purchase is advisable."  
 Has building been tested for Radon? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, # of Pico curies/liter: \_\_\_\_\_  
 Copy of test available? Yes \_\_\_\_\_ No \_\_\_\_\_ Any action taken? \_\_\_\_\_

**Additional Notices/Disclosures Information (Attach additional sheets if necessary.)** \_\_\_\_\_  
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**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

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|----|---|--|----|---|--------------------|----|---|--------------|
| 28 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Basement                                     | 34 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Driveway(s)        | 39 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Plumbing     |
| 29 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bulkhead/Hatchway                            | 35 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Exterior Walls     | 40 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sidewalks    |
| 30 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ceilings                                     | 36 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Floors             | 41 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Walls/Fences |
| 31 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Chimney(s)                                   | 37 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Foundation/Slab(s) | 42 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Windows      |
| 32 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Doors  | 38 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Interior Walls     |    |   |              |
| 33 | <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.)** \_\_\_\_\_  
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**EQUIPMENT / SYSTEMS**

**Does any item, equipment or system in or on the property and conveying with the sale need repair or replacement?**  
 Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y N UK NA

Y N UK NA

Y N UK NA

- |    |   |                         |    |   |                       |    |   |                 |
|----|---|-------------------------|----|---|-----------------------|----|---|-----------------|
| 43 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Alarm/Security System   | 51 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Generator             | 59 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Satellite Dish  |
| 44 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ceiling/Whole House Fan | 52 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hot Tub/Sauna         | 60 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sump Pump       |
| 45 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Central Vac/Equipment   | 53 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Intercom System       | 61 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Trash Compactor |
| 46 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Dishwasher              | 54 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Jacuzzi/Whirlpool     | 62 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Washer          |
| 47 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Dryer                   | 55 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Kitchen Stove/Oven    | 63 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____           |
| 48 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Freezer                 | 56 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Lawn Sprinkler System | 64 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____           |
| 49 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Garage Door Opener(s)   | 57 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Lighting Fixtures     | 65 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____           |
| 50 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Garbage Disposal        | 58 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Refrigerator          | 66 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____           |

**If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)** \_\_\_\_\_  
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<b>CONDITIONS</b>	<p><b>Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p style="text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></p> <p>67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos</p> <p>68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cemetery or Burial Ground on Property</p> <p>69 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diseased Tree(s) within 100' of Dwelling/Outbuilding</p> <p>70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Endangered Species/Habitat on Property</p> <p>71 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste</p> <p>72 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste Site Within 1 Mile</p> <p>73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Drainage</p> <p>74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landfill</p> <p>75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mold</p> <p>76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Fire/Smoke Damage</p> <p>77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Settling</p> <p>78 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Movement</p> <p>79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subsurface Structure(s) or Pit(s)</p> <p>80 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Synthetic Stucco / EIFS</p> </td> <td style="width: 50%; border: none;"> <p style="text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></p> <p>81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Penetration</p> <p>82 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood Rot</p> <p style="padding-left: 40px;">Previous Flooding:</p> <p>83 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Into the Improvements</p> <p>84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onto the Property</p> <p style="padding-left: 40px;">Structural Repairs:</p> <p>85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Foundation Repairs</p> <p>86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Structural Repairs</p> <p style="padding-left: 40px;">Termites or Other Wood-Destroying Insects:</p> <p>87 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active Infestation</p> <p>88 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Treatment</p> <p>89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Damage Repaired</p> <p>90 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Damage Needing Repair</p> <p>91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Service Contract</p> </td> </tr> </table> <p><b>If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)</b> _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></p> <p>67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos</p> <p>68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cemetery or Burial Ground on Property</p> <p>69 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diseased Tree(s) within 100' of Dwelling/Outbuilding</p> <p>70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Endangered Species/Habitat on Property</p> <p>71 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste</p> <p>72 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste Site Within 1 Mile</p> <p>73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Drainage</p> <p>74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landfill</p> <p>75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mold</p> <p>76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Fire/Smoke Damage</p> <p>77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Settling</p> <p>78 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Movement</p> <p>79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subsurface Structure(s) or Pit(s)</p> <p>80 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Synthetic Stucco / EIFS</p>	<p style="text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></p> <p>81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Penetration</p> <p>82 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood Rot</p> <p style="padding-left: 40px;">Previous Flooding:</p> <p>83 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Into the Improvements</p> <p>84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onto the Property</p> <p style="padding-left: 40px;">Structural Repairs:</p> <p>85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Foundation Repairs</p> <p>86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Structural Repairs</p> <p style="padding-left: 40px;">Termites or Other Wood-Destroying Insects:</p> <p>87 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active Infestation</p> <p>88 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Treatment</p> <p>89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Damage Repaired</p> <p>90 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Damage Needing Repair</p> <p>91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Service Contract</p>
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<b>COMMENTS</b>	<p><b>Additional Comments:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<b>STATEMENT</b>	<p>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 above property information is accurate, true and complete to the best of his 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 transactions related thereto 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. <b>Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.</b></p>		
<b>ACKNOWLEDGMENT</b>	<p>Seller hereby 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.</p> <p>Date _____ Seller _____ Date _____ Seller _____</p> <p>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.</p> <p>Date _____ Buyer _____ Date _____ Buyer _____</p>		
<b>CHANGES</b>	<p><b>Changes since property was first listed:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date _____ Seller's Initials _____ Date _____ Buyer's Initials _____</p>		