

GENERAL INSTRUCTIONS

This document is a disclosure of the condition of residential property known by the **SELLER** on the date this statement was completed, and it is based on the seller's actual knowledge of the property. It is **NOT a warranty of any kind** by the seller or any Real Estate Licensee participating in any capacity in this transaction and this PCDS is not a substitute for any inspection(s) or test(s). The buyer is encouraged to obtain their own independent professional inspections and environmental tests and is encouraged to check public records pertaining to the property. However, the buyer may rely on the information contained herein when deciding to negotiate the terms for the purchase of this residential real estate. This statement may be made available to other parties and is to be **signed and dated by the SELLER(S)**.

Instructions to Seller(s):

- Complete this form yourself.
- Answer all questions based upon your actual (personal) knowledge of the residential property.
- Attach additional pages with your signature if additional space is required to describe the condition(s).
- If some items do not apply to your property, check "NA" (Not Applicable). If you do not know the answer to a question, you should check "UNK" (Unknown).

Note to Seller(s):

A knowingly false or incomplete statement by the seller on this form may subject the seller to claims by the buyer prior to or after the transfer of title. In the event a seller fails to perform the statutory duty to deliver a PCDS prior to the signing by the buyer of an offer to purchase or a binding contract of sale, the buyer will be allowed (upon the subsequent receipt of a PCDS or material amendment thereto) to terminate the contract (including a full return of earnest money) by delivery of a written notice of termination within three (3) days after in-person delivery of a PCDS (or material amendment thereto), or within five (5) days after delivery by deposit in the mail of a PCDS (or material amendment thereto).

Note to Buyer(s):

If the seller does not give you a completed PCDS before you make a written offer to purchase the property (or sign a contract to purchase), you may terminate any resulting contract without penalty to you as the buyer (your earnest money will be fully returned). To terminate the contract, you must deliver to the seller or the seller's agent a written notice of termination within three (3) days of your in-person receipt of a PCDS (or material amendment thereto) from the seller (or within five (5) days of the seller's depositing a PCDS (or material amendment thereto) in the mail to you).

SELLER'S STATEMENT OF PROPERTY'S CONDITION

The seller makes the representations on this PCDS based upon the seller's actual (personal) knowledge of the property for delivery to a prospective buyer of the residence. The following are representations made by the seller and are not the representations of any real estate licensee involved in the transaction.

I. GENERAL INFORMATION

- | | | | | |
|---|---|--|------------------------------|-----------------------------|
| 1. Does the seller currently have ownership of the residence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 2. Does the seller currently occupy the residence? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 3. Are there certificates of occupancy related to the property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 4. Is the residence a condominium? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 5. Is the residence a modular/mobile home on a permanent foundation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 6. Was the residence built in conformity to approved building codes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| 7. What dates have the seller occupied the residence? | <hr/> | | | |
| 8. What is the approximate square footage of the heated/cooled living area? | <hr/> | | | |
| 9. How or by whom was the heated/cooled square footage area determined? | <hr/> | | | |

II. ROOF

1. Are you aware whether all or any portion of the roof has been repaired or replaced? ☒ Yes ☐ No ☐ Unk ☐ NA

If Yes, please explain here (attach additional pages if necessary).

hail damage

2. To your knowledge, are there any written warranties presently in place for the roof? If Yes, please provide a copy. ☐ Yes ☐ No ☐ Unk ☐ NA

3. Are you aware of any current leaks or defects with the roof such as structural issues, dry rot, water backups, moisture issues, wind damage, or hail damage? ☐ Yes ☒ No ☐ Unk ☐ NA

If Yes, please explain here (attach additional pages if necessary).

4. The roof is 2 years old.

III. UTILITIES, INTERNET, AND TELEVISION SERVICES

Utilities	Service Provider (state NA if Not Applicable)	Average Monthly Bill
Electricity	energy	175.54
Natural Gas		
Water	Well	
Garbage Collection	Waste Management	
Propane	Partridge Propane, Inc	251.57
Solar Panels	N/A	
(other)		
DISH		214.00
ADT		193.43

If applicable, Propane Tank is: ☐ Owned, ☐ Leased. If leased, the fee is \$ _____ per: Month ☐, Year ☐.

1. Is your drinking water from a private well? ☒ Yes ☐ No ☐ Unk ☐ NA
- a) If YES, has the water quality been tested for safety? ☒ Yes ☐ No ☐ Unk ☐ NA
- If YES, please attach the Water Safety Report (if available).

2. The sewage system is: ☐ Public ☐ Private ☐ Septic ☐ Cesspool ☒ Treatment ☐ Lift ☐ Other

If an individual system, provide:

Manufacturer Name: _____

Location on Property: _____

Is a sewage pump installed? ☒ Yes ☐ No ☐ Unk ☐ NA

If an individual system, has it been inspected by the proper state/county/Health Department officials? ☒ Yes ☐ No ☐ Unk ☐ NA

If an individual system, what is the date of the last servicing? _____

How many bedrooms are allowed by the individual wastewater permit? _____

3. Is cable Television available at the site? ☒ Yes ☐ No ☐ Unk ☐ NA

What type of internet service is available at the site? ☐ DSL ☐ Cable ☐ Fiber Optic ☐ Satellite ☐ Unk ☒ NA

If internet service is currently available, who is the provider? _____

IV. STRUCTURAL ITEMS & SOILS

1. Are you aware of any settlement/heaving of soils, any collapsible or expansive soils or poorly compacted fill on the Property? ☐ Yes ☒ No ☐ Unk ☐ NA
2. Are you aware of any past or present movement, shifting, deterioration or other problems with the walls (interior or exterior) or the foundation of the Property? ☐ Yes ☒ No ☐ Unk ☐ NA
3. Are you aware of any tests to determine the composition/compaction of soil or the presence of any "expandable soils" being present on the Property? ☐ Yes ☒ No ☐ Unk ☐ NA
4. Are you aware of any foundation repairs made in the past?
 - a) If YES, is there a written report? ☐ Yes ☒ No ☐ Unk ☐ NA
 - b) If YES, is there a warranty which can be transferred to the buyer? ☐ Yes ☐ No ☐ Unk ☐ NA
5. To your knowledge, are any foundation repairs currently needed? ☐ Yes ☒ No ☐ Unk ☐ NA
6. Except for "Cosmetic Upgrades" (carpet, paint, wallpaper) have you remodeled, made any additions, structural modifications, or other alterations or improvements to the property? ☐ Yes ☐ No ☐ Unk ☐ NA
 - a) If YES, please attach a detailed description of all work completed, the name of the building contractor who completed the work and the completion date of the work.
7. Were all necessary work PERMITS and approvals secured in compliance with local, city and county building codes? ☐ Yes ☐ No ☐ Unk ☐ NA

If Yes, please explain here (attach additional pages if necessary).

8. Are you aware if there has ever been damage to any portion of the (residence) structure because of the following:

Fire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	Windstorm	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA
Hail	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	Tornados	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA
Hurricane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	Other Disaster	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

hail damage to roof

9. Are you aware of the presence of, or damage (repaired or unrepaired) caused by, termites or wood-destroying insects? ☐ Yes ☒ No ☐ Unk ☐ NA

If Yes, please explain here (attach additional pages if necessary).

10. Are you aware of the presence of animals or animal infestations on the property and/or in the residence? ☐ Yes ☒ No ☐ Unk ☐ NA

If Yes, please explain here (attach additional pages if necessary).

11. Other than routine maintenance and upkeep during your ownership, are you aware of any problems, malfunctions, or defects with any of the following?

Interior Walls	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Fireplace	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Windows	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Doors/Door Trim	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Ceiling	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Flooring	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sinks/Wet Bar	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Shower	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Sauna	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Jetted Bathtubs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Lighting	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Ceiling Fans	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Electrical Outlets	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Locks	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

Exterior Walls	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Chimney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Skylights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Rain Gutters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Driveway	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Irrigation Sys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
French Drain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Patio	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Outdoor Fireplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Outdoor Kitchen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> NA
Soffit(s)/Fascia(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Stucco/Dryvit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Garage Door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

V. LAND AND SITE DATA

1. Is there an engineer's survey of the Property available?

☐ Yes ☐ No ☐ Unk ☐ NA

If Yes, please attach a copy of the survey and indicate by whom the survey was completed and the date of the survey (attach additional pages if necessary).

2. Are you aware of the existence of any of the following? Add additional distinct issues below, use a separate page if needed:

Property tax: ☐ Yes ☐ No ☐ Unk If Yes: \$ _____/year. Homestead exemption: ☐ Yes ☐ No

Encroachments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Easements	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Soil Problems	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Land Fill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Foreclosure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Pending Litigation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Restrictive Covenants	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Mechanics Lien(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Materials Lien(s)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Rights of Way	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
CRP	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
16 th Section land	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Leasehold	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

Boundary Dispute	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Soil Erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Standing Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Drainage Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Zoning Noncompliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Judgments/Liens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Special Assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Eminent Domain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
HOA/COA Dues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Historic Registry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
Pearl River Valley land	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
PID: \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA
(Other) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	<input type="checkbox"/> NA

If Yes, please explain here (attach additional pages if necessary).

3. Are you aware if any portion of the Property (including a part of the site) is currently located in a FEMA Designated Flood Hazard Zone?
 a) If Yes, what is the flood zone classification of the Flood Hazard Zone? ☐ Yes ☒ No ☐ Unk ☐ NA
4. Has the residence ever been flooded by rising water from the outside? ☐ Yes ☒ No ☐ Unk ☐ NA
5. Is flood insurance currently required?
 a) If Yes, please indicate the premium currently being paid and the date that the premium was last adjusted. Date Paid _____ Date Last Adjusted _____
☐ Yes ☐ No ☐ Unk ☐ NA
6. Are you aware if any portion of the Property (Site) is currently designated as being located within a WETLANDS area and is subject to specific restrictive uses? ☐ Yes ☒ No ☐ Unk ☐ NA
7. Are you aware of any occurrence of water penetration or damage (at any time, for any reason) to:
- | | | | | | | | | | |
|-------|------------------------------|--|------------------------------|-----------------------------|-------------|------------------------------|--|------------------------------|--|
| Walls | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Windows | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Doors | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Crawl Space | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input checked="" type="checkbox"/> NA |
| Attic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Basement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unk | <input checked="" type="checkbox"/> NA |

If Yes, please explain here (attach additional pages if necessary).

8. Are you aware of water penetration or damage FOR ANY REASON, because of:
- | | | | | | | | | | |
|--------------------|------------------------------|--|------------------------------|-----------------------------|---------------|------------------------------|--|------------------------------|-----------------------------|
| Flooding | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Lot Drainage | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Pipe Fittings | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Condensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Sewer Overflow | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Moisture Seep | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Sewer Backup | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Leaking Pipes | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Plumbing Fixtures | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Broken Pipes | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |
| Leaking Appliances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA | Other Causes | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unk | <input type="checkbox"/> NA |

If Yes, please explain here (attach additional pages if necessary).

VI. BUILT-IN APPLIANCES, SYSTEMS AND MECHANICAL EQUIPMENT REMAINING WITH RESIDENCE

Instructions to Seller(s):

- If an item listed below does not exist or will be uninstalled and removed from the residence before closing, CROSS THROUGH the name of the item using a line or "X," so that the list below will reflect the items remaining with the residence.
- If other distinct built-in appliances, systems, or mechanical equipment exist and will remain, add them in the blanks provided below or use a separate page.
- Indicate whether the item is powered by gas or electricity, and the age in years of the item (if age not known, indicate "Unknown").
- Where a "(#)" appears in the entries below, indicate, in the blank space provided immediately thereafter, how many of the item will remain with the property.

e) Indicate in the box provided after the list below if seller knows of a problem with one or more items appearing in the list.

ITEM	GAS/ELECTRIC	AGE
Built-In Cooktop		16
Built-In Oven(s)		16
Built-In Dishwasher		16
Built-In Microwave		16
Built-In Ice Maker	N/A	
Built-in Trash Compactor	N/A	
Built-in Range		
Built-In Refrigerator		

ITEM	GAS/ELECTRIC	AGE
Garbage Disposal	N/A	
Garage Door Opener(s) (#)___		
Central Air (#) <u>2</u>		
Central Heat (#) <u>2</u>		
Water Heaters (#) <u>1</u>		
Tankless Heater (#) <u>1</u>	N/A	
Ductless HVAC		

If seller knows of a problem with one or more items listed above, explain the problem here (attach additional pages if necessary).
If no explanation(s) appear in this box or on an attached page, seller thereby indicates being unaware of any problems.

VII. CERTIFICATION

SELLER certifies that the information in this Property Condition Disclosure Statement is true and complete to the seller's actual (personal) knowledge as of the date signed by the seller. If a seller of residential real property acquires knowledge which renders materially inaccurate a Property Condition Disclosure Statement provided previously, the seller shall deliver a revised Property Condition Disclosure Statement to the buyer as soon as practicable. In no event, however, shall a seller be required to provide a revised Property Condition Disclosure Statement after the transfer of title from the seller to the buyer or occupancy by the buyer, whichever is earlier.

Seller's Signature(s)

x Angela J. Bobst
x Clark B. Bobst

Date 07-07-2025
Date _____

BUYER acknowledges receipt of a copy of this statement and buyer understands that this information is a statement of certain conditions and information concerning the property known to the seller. It is not a warranty of any kind by the seller and is not a substitute for any home, pest, hazardous waste, or other inspections or testing of the property or inspection(s) of the public records.

Buyer's Signature(s)

x Angela J. Bobst
x _____

Date 07-07-2025
Date _____

SELLER'S CLOSING CERTIFICATION: Seller certifies at closing that the information in this PCDS, including any amendments, remains true and complete to the seller's actual (personal) knowledge as of the date of the transaction's closing.

Seller's Signature(s) at closing

x Clark B. Bobst
x Angela J. Bobst

Date of closing _____
Date of closing _____