



ALABAMA REALTORS® 2026 PROPERTY CONDITION DISCLOSURE FORM

For use until March 31, 2027

To Be Completed by Seller(s): Seller's Initials JS Seller's Initials _____

If applicable: This document is Exhibit _____ to the Purchase Agreement

Disclaimer: Use of this Disclosure is voluntary and for those who make an independent determination as to the need for the form's use. Use of this form may impact the legal rights and responsibilities of the Seller and Buyer. ***By making this form available, Alabama Association of REALTORS® does not recommend or endorse its use or non-use. This form should be used by a licensee only with his/her Qualifying Broker's approval.***

Notice to Seller: Under Alabama law, Seller has no duty to disclose a known defect in a non-new construction property unless 1) it is a latent defect that poses a threat to the health and safety of inhabitants or 2) the buyer makes a direct inquiry. ***By completing this form, Seller agrees to truthfully answer all items contained herein, to the best of Seller's knowledge. If you do not understand any portion of this form, consult with an attorney prior to completing the form.***

Notice to Buyer: The declarations and information contained in this disclosure are not intended to substitute for inspections that the Buyer may wish to obtain. The disclosure is based solely on Seller's knowledge of the Property and without assistance or direction from Seller's Broker and/or Agent. Due to Alabama's nature as a *caveat emptor*, or buyer beware, state, an independent inspection is *always* recommended.

Seller(s) Name(s): Judith Elaine Sharpe

Property Address or Description: 1440 County Road 26, Roanoke, AL 36274

Does Seller currently occupy the property? Yes No | If no, date Seller most recently occupied the property: _____

	Yes	No	Unknown	N/A
1. Environmental Issues				
(a) Was the house built before 1978?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Were urea formaldehyde, asbestos-based materials, or lead-based paint used in or on this home?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Has the home had any testing for radon gas? If tested, results: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Are there any underground storage tanks, old septic tanks, field lines, dirt pits, hazardous material dumps or abandoned wells on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Is there any part of the property which was previously used for the manufacture of methamphetamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. House Systems				
Do you know of existing problems affecting:				
(a) Plumbing (Including Fixtures)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(e) Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Doors and Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Ceiling and Attic Fans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(j) Fire/ Smoke/ Carbon Monoxide Detection System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(l) Chimney, Fireplace and/or Inserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No	Unknown	N/A
(m) Water Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Outdoor Deck/ Patio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o) Pool, Hot Tub and/or Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(p) Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(q) Heating – Approximate Age: <i>2 Units: 2021 for Unit 1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(r) Cooling/ Air Conditioning – Approximate Age: <i>Unknown for Unit 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(s) Additional Structures (e.g., storage shed)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(t) Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: *Soft spot in kitchen floor*

3. Foundation/Structure/Basement/Exterior Finish

(a) Any defects or problems, current or past, to the foundation or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Any defects or problems, current or past, to the structure or exterior veneer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the house have Exterior Finish and Insulation System (EIFS) siding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Any defects or problems, current or past, to the EIFS siding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Any defects or problems, current or past, to the basement, including any leaks or repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explain:

4. Termites/ Wood Destroying Organisms/ Fungi/ Etc.

(a) Any signs, active or previous, of termites, powder post, wood boring beetles, or wood decaying fungus?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Any damage due to wood infestation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Has the house (or any improvements) been treated for wood infestation? If yes: when, by whom, and were any warranties provided?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Is there a current contract with a treatment company? Company name? Contract termination date? Transferable? Replacement or repair provision? (Add answer to explain section)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

5. Roof

(a) Type of roof? <i>Shingle</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Approximate age of roof? <i>Unknown</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Has the roof leaked at any time since you have owned or lived in the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

	Yes	No	Unknown	N/A
6. Land/Drainage				
(a) Are there any soil stability problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the property ever had drainage, flooding, or grading problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is the property wholly or partially located in a floodplain, floodway, flood pool, or reservoir?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Is there a retention/detention basin, pond, lake, creek, spring, or water shed on or adjoining the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Has the property ever had water damage which was not due to a flood event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: <i>Pond</i>				
7. Boundaries				
(a) Do you have a previous survey of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you made any improvements since the last survey?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are there any encroachments or unrecorded easements relating to the property of which you are aware?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
8. Water Supply				
(a) Source of water supply? Public _____ Private Well <input checked="" type="checkbox"/> Shared Well _____ Lake/Pond _____				
(b) Are there any known defects with water supply or pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sewer System				
(a) Property is serviced by: Public Sewer _____ Private Sewer _____ Septic Tank <input checked="" type="checkbox"/> None _____				
(b) Does your system require a pump/lift?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Any known defects with the sewer system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) If on a septic, when was it last pumped/serviced? <i>About 3 years ago</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) If serviced by a public or private sewer, is there an associated maintenance fee? If so, how much? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explain:				
10. Construction/Remodeling				
(a) Since you have owned the property, have there been any additions, structural modifications, or other alterations made?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Have you been notified of any building code violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Homeowner's/Condominium Associations				
(a) Is the property subject to rules or regulations of a homeowner's or condominium association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) If the property is subject to a homeowner's or condominium association, what is the yearly assessment? \$ _____ Is the assessment mandatory _____ or voluntary _____?				
(c) Are you aware of any condition that may result in an increase in taxes or assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				

	Yes	No	Unknown	N/A
12. Miscellaneous				
(a) Has any part of the property undergone fire damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is there any existing or threatened legal action affecting this property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are there any burial plots on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are any features of the property shared in common with adjoining landowners (e.g., walls, fences, driveways, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Are there any assessments other than property assessments that apply to this property (e.g., sewer assessments, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Are you aware of any other conditions or defects on the property which materially affect human health and safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: *Potential Foreclosure*

Additional Information:

The information provided is true and correct to the best of my knowledge, and I give permission to my broker to share this information with prospective buyer(s).

Judith Skaype

SELLER SIGNATURE

6/27/2024

DATE

SELLER SIGNATURE

DATE

Buyer acknowledges receipt of this form by signing below.

BUYER SIGNATURE

DATE

BUYER SIGNATURE

DATE