

PROPERTY ADDRESS:

2. HOUSE SYSTEMS

Whether or not they have been corrected, state whether there have been problems affecting:		N/A	YES	NO	UN-KNOWN
a.	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Ceiling and attic fans	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Chimneys, fireplaces, inserts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Pool, hot tub, sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Sprinkler system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Heating system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k.	Cooling/air conditioning system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l.	Water heater	age of system: <i>New Water Heater April 26'</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve these problems:

3. BUILDING STRUCTURE

Whether or not they have been corrected, state whether there have been problems affecting:		N/A	YES	NO	UN-KNOWN
a.	1) The foundation or slab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2) The structure or exterior veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3) The floors and walls <i>New Flooring</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	4) The doors and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	1) Has the basement ever leaked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2) If so, when did the basement last leak?				
	3) Have you ever had any repairs done to the basement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4) If you have had basement leaks repaired, when was the repair done?				
	5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)				
	Explain:				
c.	Have you experienced, or are you aware of, any water or drainage problems in the crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Are you aware of any damage to wood due to moisture or rot?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Are you aware of any damage due to wood infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1) Has the house or any other improvement been treated for wood infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2) If yes, by whom?				
	3) Is there a warranty?				

Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:

4. ROOF

Whether or not they have been corrected, state whether there have been problems affecting:		N/A	YES	NO	UN-KNOWN
a.	How old is the roof covering? Age of the roof if known:				
b.	Has the roof leaked at any time since you have owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Has the roof leaked at any time before you owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	When was the last time the roof leaked?				
e.	Have you ever had any repairs done to the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seller Initials _____ Date/Time _____
 Seller Initials _____ Date/Time _____

Buyer Initials _____ Date/Time _____
 Buyer Initials _____ Date/Time _____