



RHODE ISLAND SINGLE FAMILY OR CONDOMINIUM REAL ESTATE SALES DISCLOSURE FORM  
Rhode Island Association of REALTORS®



**SELLER**

DATE 9/11/24 PROPERTY ADDRESS 97 NARRAGANSETT AVE, MS  
NEWPORT RI 02840  
Seller: MARK STENNING Current Address: \_\_\_\_\_

Seller has occupied subject property?  Yes  No If yes, number of years and when: SINCE 2009

Pursuant to R.I.G.L. Section 5-20.8-2 "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. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." It is recommended that, if selling a multi-unit property, Seller use the multi-unit sales disclosure and accompanying multi-unit addenda.

**STATEMENT**

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 following property information is accurate, true and complete to the best of his/her 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 related transactions 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. Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.

**GENERAL DISCLAIMER**

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

**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 1862 Addition(s): BUILT AS SINGLE FAMILY HOME IN 1862 Year(s): \_\_\_\_\_  
CONVERTED TO CONDOMINIUMS IN 1999

2. Roof (Shingles) Age: UNK # of Layers: \_\_\_\_\_ Previous Repairs: \_\_\_\_\_  
Known Defects: \_\_\_\_\_

3. Fireplaces # 1 # Working: UNK Maintenance History: UNK

4. Wood/Coal/Gas/Pellet Stove(s)  Yes  No If yes, Type \_\_\_\_\_ When installed? \_\_\_\_\_  
Permit received?  Yes  No Copy attached?  Yes  No

5. Heating System System Type: FORCED HOT WATER Age: UNK Fuel Type: GAS Number of zones: 1  
Size of onsite storage tank: \_\_\_\_\_ Owned by:  Fuel Provider  Seller

Supplemental heating?  Yes  No  Unknown If yes, type? BASEBOARD ELECTRIC IN TOWEN Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  
 No  Unknown

Modifications?  Yes (Explain) \_\_\_\_\_  No  Unknown

6. Underground Storage Tank(s) [Oil/Propane/Other] Underground tank on property?  Yes  No  Unknown

a. Tank in use?  Yes  No  Unknown Tested?  Yes  No  Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
Owned \_\_\_\_\_ Leased \_\_\_\_\_ Terms of Lease (\$ per month or year) \_\_\_\_\_ Duration of Lease \_\_\_\_\_  
Copy of lease available?  Yes  No Copy attached?  Yes  No

b. Tank closed?  Yes  No  Unknown Size of tank: \_\_\_\_\_ Fuel type: \_\_\_\_\_  
Tank filled?  Yes  No  Unknown If yes, documentation available. \_\_\_\_\_  
Tank removed?  Yes  No  Unknown If yes, documentation available. \_\_\_\_\_

7. Domestic Hot Water Heating Source: ELECTRIC HOT WATER If a separate tank, capacity: \_\_\_\_\_ gal. Age: 7 YEARS

Tank rented?  Yes  No If yes, Company rented from \_\_\_\_\_  
Known Defects: \_\_\_\_\_

8. Plumbing

Type: Copper Galvanized PVC Mixed None Other Unknown

Do any defects/malfunctions exist? Yes (Explain) No Unknown

9. Electrical Service

Fuses Circuit Breakers Amps Unknown
Type: Aluminum Wiring Knob & Tube BX Cable Romex Other Unknown

Do any defects/malfunctions exist? Yes (Explain) No Unknown

10. Solar Equipment/System

Yes No Unknown Age: Type of System: Space Heating Electrical Water Heating Unknown
Other (please specify)
Owned Leased Terms of lease (\$ per month or year) Duration of Lease
Copy of lease available? Yes No Copy attached? Yes No Operational? Yes No Unknown

11. Air Conditioning

Yes No Unknown Age:
Type of System: Central Air: Number of Zones Ductless Window Units: Number of Units Age
Built in Wall Units: Number of Units Age
Location Maintenance History

Do any defects/malfunctions exist? Yes (Explain) No Unknown

Modifications? Yes (Explain) No Unknown

12. Insulation

Wall: Yes No Unknown Type; Ceiling: Yes No Unknown Type
Floor: Yes No Unknown Type Ureaformaldehyde Insulation: Yes No Unknown

Additional Structural Information (Attach additional sheets if necessary.)

UTILITIES

13. Sewer, Septic and Other Wastewater Disposal Systems

Type in Use: Private Public Both
Public System: Is it connected? Yes No If not, is sewer available? Yes No Unknown
Outstanding Assessment? Yes No Minimum Annual Fee: \$ Outstanding Balance \$
Is Seller aware of any sewer backup or failure? Yes No Unknown If yes, please explain.

Sewer line maintenance and repair history (i.e. snaking, scoping):

Private System: (check all that apply), Cesspool Septic Leach field Gallies Denitrification System Unknown
Other

OWTS Design (DEM approved # of Bedrooms): Copy Available? Yes No Copy attached? Yes No
Location: Date installed:

Maintenance Requirements (State/Local):
Sanitation Company used:
Last pumped: Other Connections (Drywell, etc.):

Is Seller aware of any backup or failure? Yes No Unknown If yes, please explain.

OWTS maintenance and repair history:
Is the System shared? Yes No Unknown If yes, please explain.

Sewage Pumps? Yes No Unknown If yes, Type: Macerator/Grinder Pump Ejector Pump Both Unknown
Location:

Maintenance History (Any Failure):

\*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.\*

14. 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. 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).
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.
Dug Well or Drilled Well? Depth: Location:
Well water inspection certificate available? Yes No Copy attached? Yes No
Water Quality Problems? Yes No If yes, explain
Whole House Filtration System? Yes No Rented? Yes No Terms of lease (\$ per month or year)
Duration of Lease
Treatment System? Yes No Rented? Yes No Terms of lease (\$ per month or year)
Duration of Lease

Additional Utilities Information (Attach additional sheets if necessary.)

MUNICIPAL INFORMATION

15. Real Estate Property Tax
\$ 3472.99 for fiscal/calendar year ending 2023 Tax Rate: Current Exemptions: OWNER OCCUPIED RATE

16. Municipal Fire District Tax
Name of Fire District
\$ for fiscal/calendar year ending Tax Rate: Current Exemptions:

17. Easements/Encroachments
Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions 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 Unknown Copy attached? Yes No
Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property? Yes No Unknown
If yes, describe
Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?
Yes No Unknown Copy attached? Yes No
Does Seller have any knowledge of Encroachments? Yes No Unknown If yes, describe

18. Deed
Type of deed to be conveyed: Warranty Quitclaim Trustee's Foreclosure Collector's Executor's
Other Number of parcels conveying:

19. Zoning/Historical
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:
Have you applied for or been granted a special use permit for this property? Yes No
If yes, explain:
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:
Is this property located in a historic district? Yes No Unknown Historic restrictions? Yes No Unknown

20. Property Restrictions
Are there any recorded Property restrictions? Yes (Explain) No Unknown
Type of Restriction: Deed Subdivision Copy attached? Yes No No Unknown

21. Building Permits
Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes No
If no, explain:
If yes, has final approval been obtained? Yes No

**22. Building Code/Minimum Housing**

Outstanding Violations for which you have been cited while you have owned this property (attach copy): \_\_\_\_\_

**23. Flood Plain**

Is the property located in a flood plain?  Yes  No  Unknown Is there flood insurance on the property?  Yes  No

Is there an Elevation Certificate?  Yes  No Copy attached?  Yes  No

Is there a Letter of Map Amendment (LOMA)?  Yes  No Copy attached?  Yes  No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

**24. Wetlands**

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 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 Copy attached?  Yes  No

**25. Farms**

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

Additional Municipal Information (Attach additional sheets if necessary.)

**NOTICES/DISCLOSURES**

**26. Condo/Association Fees**

Monthly Condo/Association Fee: \$ 616.60 Included in Condo Fee? (check all that apply)  Heat  Electric  Water  Sewer

Other \_\_\_\_\_

Working Capital Deposit?  Yes  No If yes, Amount: \$ \_\_\_\_\_ Buyer to pay?  Yes  No

Current Outstanding Assessments: \$ 0

Fire Alarm System up to date?  Yes  No  Unknown

Approved Future Assessments:  Yes If yes, describe \_\_\_\_\_  No  Unknown

**27. Rental Property**

Are income and expense figures available?  Yes  No Copy attached?  Yes  No

Lease(s) period: \_\_\_\_\_ Copies available?  Yes  No Copy attached?  Yes  No

Seller shall provide a copy of Confirmation of Rental Terms. Copy attached?  Yes  No

Security Deposits \_\_\_\_\_ Rental Income \_\_\_\_\_

**28. Pools & Equipment**

Age of pool: \_\_\_\_\_ Maintenance History (Any Defects): \_\_\_\_\_

Was a permit obtained for the pool?  Yes  No  Unknown

**29. Lead Contamination**

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures 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 IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted?  Yes  No Copy attached?  Yes  No

Lead compliance certificate(s) available?  Yes  No Copy attached?  Yes  No

Are you aware of any lead in your water service line?  Yes  No  Unknown

**30. 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. **Contact the local Fire Marshal to determine the requirements for this Property.**

**31. 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 property been tested for radon?  Yes  No If yes, # of Pico curies/liter: \_\_\_\_\_

Copy of test available?  Yes  No Copy attached?  Yes  No Any action taken? \_\_\_\_\_

Is a Radon Mitigation System in use?  Yes  No

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SELLER'S INITIALS NS

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**32. Mold**

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any severe mold conditions, including moisture penetration and/or damage?  Yes  No  Unknown  
 If yes, please describe: \_\_\_\_\_

Has the property previously been tested for mold?  Yes  No  Unknown Copy attached?  Yes  No  
 Any previous mold mitigation action taken, including modifications to any ventilation system?  Yes  No  Unknown If yes, please describe: \_\_\_\_\_

**33. Homeowners Insurance Claims History**

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?  Yes  No If yes, please list all claims. WATER LEAK FROM UNIT ABOVE - MARCH 2022

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

**STRUCTURE**

Do any defects/mafunctions 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                       |              |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Basement                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Driveway(s)        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sidewalks    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bulkhead/Hatchway                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior Walls     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceilings                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floors             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Windows      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chimney(s)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Doors  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Interior Walls     |                          |                          |                                     |                          |              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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.)  
 \_\_\_\_\_

**EQUIPMENT/SYSTEMS/APPLIANCES**

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
48. Alarm/Security System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
49. Ceiling/Whole House Fan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
50. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Dehumidifier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dryer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Garage Door Opener(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Garbage Disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57. Hot Tub/Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58. Intercom System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59. Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60. Kitchen Stove/Oven	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
61. Lawn Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62. Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
64. Satellite Dish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
65. Stand-Alone Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
66. Sump Pump	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
67. Trash Compactor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Negotiable	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

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68. Washer  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
69. \_\_\_\_\_  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
70. \_\_\_\_\_  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK
71. \_\_\_\_\_  Yes  No  NA  Negotiable  <1yr  1-5yrs  6-10 yrs  10+  UK  Working  Needs Repair  UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

### CONDITIONS

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y                        | N                        | UK                                  | NA                       |  | Y   | N                        | UK                                  | NA                       |                             |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Penetration           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property                | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wood Rot                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | <b>Previous Flooding:</b>                         |                          |                                     |                          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property               | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Into the Improvements       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste                             | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Onto the Property           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile          | <b>Structural Repairs:</b>                        |                          |                                     |                          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improper Drainage                                    | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Landfill   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage                           | <b>Termites or Other Wood-Destroying Insects:</b> |                          |                                     |                          |                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Settling   | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Active Infestation          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Soil Movement  | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Treatment          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s)                    | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS                              | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair       |
|                          |                          |                                     |                          |  | <input type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Current Service Contract    |

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

### COMMENTS

Additional Comments:

### ACKNOWLEDGMENT

Seller 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.

Date 4/15/24 Seller MARK STENNING Date \_\_\_\_\_ Seller \_\_\_\_\_  
 Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_

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.

Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_  
 Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_

### CHANGES

Changes since property was first listed [If changes were made, initial below]:

Date \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Date \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

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