

# SELLER'S PROPERTY DISCLOSURE STATEMENT

SPD

This form recommended and approved for, but not restricted to use by, the members of the Pennsylvania Association of Realtors® (PAR).

1 **PROPERTY** 600 Victoria Lane, Wexford, PA 15090

2 **SELLER** CALLEJA MANZUR MARIA FERNANDA, MARTIN IAIN MCNEILL

## 3 INFORMATION REGARDING THE REAL ESTATE SELLER DISCLOSURE LAW

4 The Real Estate Seller Disclosure Law (68 P.S. §7301, et seq.) requires that before an agreement of sale is signed, the seller in a residential  
5 real estate transfer must disclose all known **material defects** about the property being sold that are not readily observable. A **material defect**  
6 is a problem with a residential real property or any portion of it that would have a significant adverse impact on the value of the property or  
7 that involves an unreasonable risk to people on the property. The fact that a structural element, system or subsystem is at or beyond the end  
8 of its normal useful life is not by itself a material defect.

9 This property disclosure statement ("Statement") includes disclosures beyond the basic requirements of the Law and is designed to assist  
10 Seller in complying with disclosure requirements and to assist Buyer in evaluating the property being considered. Sellers who wish to see  
11 or use the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. Neither this Statement  
12 nor the basic disclosure form limits Seller's obligation to disclose a material defect.

13 This Statement discloses Seller's knowledge of the condition of the Property as of the date signed by Seller and **is not a substitute for any**  
14 **inspections or warranties** that Buyer may wish to obtain. **This Statement is not a warranty of any kind by Seller or a warranty or rep-**  
15 **resentation by any listing real estate broker, any selling real estate broker, or their licensees.** Buyer is encouraged to address concerns  
16 about the condition of the Property that may not be included in this Statement.

17 **The Law provides exceptions (listed below) where a property disclosure statement does not have to be completed. All other sellers**  
18 **are obligated to complete a property disclosure statement, even if they do not occupy or have never occupied the Property.**

- 19 1. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship or trust.
- 20 2. Transfers as a result of a court order.
- 21 3. Transfers to a mortgage lender that results from a buyer's default and subsequent foreclosure sales that result from default.
- 22 4. Transfers from a co-owner to one or more other co-owners.
- 23 5. Transfers made to a spouse or direct descendant.
- 24 6. Transfers between spouses as a result of divorce, legal separation or property settlement.
- 25 7. Transfers by a corporation, partnership or other association to its shareholders, partners or other equity owners as part of a plan of  
26 liquidation.
- 27 8. Transfers of a property to be demolished or converted to non-residential use.
- 28 9. Transfers of unimproved real property.
- 29 10. Transfers of new construction that has never been occupied and:  
30 a. The buyer has received a one-year warranty covering the construction;  
31 b. The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized model  
32 building code; and  
33 c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.



### 34 COMMON LAW DUTY TO DISCLOSE

35 Although the provisions of the Real Estate Seller Disclosure Law exclude some transfers from the requirement of completing a disclo-  
36 sure statement, the Law does not excuse the seller's common law duty to disclose any known material defect(s) of the Property in order  
37 to avoid fraud, misrepresentation or deceit in the transaction. **This duty continues until the date of settlement.**

### 38 EXECUTOR, ADMINISTRATOR, TRUSTEE SIGNATURE BLOCK

39 According to the provisions of the Real Estate Seller Disclosure Law, the undersigned executor, administrator or trustee is not required  
40 to fill out a Seller's Property Disclosure Statement. **The executor, administrator or trustee, must, however, disclose any known**  
41 **material defect(s) of the Property.**

42 \_\_\_\_\_ DATE \_\_\_\_\_

43 **Seller's Initials**   **Date** 08/31/2025

**SPD Page 1 of 11** **Buyer's Initials** \_\_\_\_\_ / \_\_\_\_\_ **Date** \_\_\_\_\_



Sewickley, 421 Broad Street Sewickley PA 15143  
Angela Pulkowski

COPYRIGHT PENNSYLVANIA ASSOCIATION OF REALTORS® 2021

Phone: 4125194817

Fax:

rev. 3/21; rel. 7/21  
600 Victoria Lane

Produced with Lone Wolf Transactions (zipForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201 [www.lwolf.com](http://www.lwolf.com)

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

## 1. SELLER'S EXPERTISE

- (A) Does Seller possess expertise in contracting, engineering, architecture, environmental assessment or other areas related to the construction and conditions of the Property and its improvements?
- (B) Is Seller the landlord for the Property?
- (C) Is Seller a real estate licensee?

	Yes	No	Unk	N/A
A		<input checked="" type="checkbox"/>		
B		<input checked="" type="checkbox"/>		
C		<input checked="" type="checkbox"/>		

**Explain any "yes" answers in Section 1:** \_\_\_\_\_

## 2. OWNERSHIP/OCCUPANCY

### (A) Occupancy

1. When was the Property most recently occupied? In October of 2021
2. By how many people? 5
3. Was Seller the most recent occupant?
4. If "no," when did Seller most recently occupy the Property? \_\_\_\_\_

### (B) Role of Individual Completing This Disclosure. Is the individual completing this form:

1. The owner
2. The executor or administrator
3. The trustee
4. An individual holding power of attorney

### (C) When was the Property acquired? In October of 2021

### (D) List any animals that have lived in the residence(s) or other structures during your ownership: \_\_\_\_\_ pets (dog and cat)

	Yes	No	Unk	N/A
A1				
A2				
A3	<input checked="" type="checkbox"/>			
A4				
B1	<input checked="" type="checkbox"/>			
B2		<input checked="" type="checkbox"/>		
B3		<input checked="" type="checkbox"/>		
B4		<input checked="" type="checkbox"/>		
C				

**Explain Section 2 (if needed):** \_\_\_\_\_

## 3. CONDOMINIUMS/PLANNED COMMUNITIES/HOMEOWNERS ASSOCIATIONS

### (A) Disclosures for condominiums and cooperatives are limited to Seller's particular unit(s). Disclosures regarding common areas or facilities are not required by the Real Estate Seller Disclosure Law.

### (B) Type. Is the Property part of a(n):

1. Condominium
2. Homeowners association or planned community
3. Cooperative
4. Other type of association or community \_\_\_\_\_

### (C) If "yes," how much are the fees? \$125 \_\_\_\_\_, paid ([ ] Monthly)([ ] Quarterly)(☒ Yearly)

### (D) If "yes," are there any community services or systems that the association or community is responsible for supporting or maintaining? Explain: gardening and electricity of common areas

### (E) If "yes," provide the following information:

1. Community Name Sterling Woods
2. Contact Lee Belitsky
3. Mailing Address 603 Victoria Lane, Wexford, PA 15090
4. Telephone Number \_\_\_\_\_

### (F) How much is the capital contribution/initiation fee(s)? \$ \_\_\_\_\_

	Yes	No	Unk	N/A
B1		<input checked="" type="checkbox"/>		
B2	<input checked="" type="checkbox"/>			
B3		<input checked="" type="checkbox"/>		
B4		<input checked="" type="checkbox"/>		
C				
D	<input checked="" type="checkbox"/>			
E1				
E2				
E3				
E4			<input checked="" type="checkbox"/>	
F			<input checked="" type="checkbox"/>	

**Notice to Buyer:** A buyer of a resale unit in a condominium, cooperative, or planned community must receive a copy of the declaration (other than the plats and plans), the by-laws, the rules or regulations, and a certificate of resale issued by the association, condominium, cooperative, or planned community. Buyers may be responsible for capital contributions, initiation fees or similar one-time fees in addition to regular maintenance fees. The buyer will have the option of canceling the agreement with the return of all deposit monies until the certificate has been provided to the buyer and for five days thereafter or until conveyance, whichever occurs first.

## 4. ROOFS AND ATTIC

### (A) Installation

1. When was or were the roof or roofs installed? May 2025
2. Do you have documentation (invoice, work order, warranty, etc.)?

### (B) Repair

1. Was the roof or roofs or any portion of it or them replaced or repaired during your ownership?
2. If it or they were replaced or repaired, were any existing roofing materials removed?

### (C) Issues

1. Has the roof or roofs ever leaked during your ownership?
2. Have there been any other leaks or moisture problems in the attic?
3. Are you aware of any past or present problems with the roof(s), attic, gutters, flashing or downspouts?

	Yes	No	Unk	N/A
A1				
A2	<input checked="" type="checkbox"/>			
B1	<input checked="" type="checkbox"/>			
B2	<input checked="" type="checkbox"/>			
C1	<input checked="" type="checkbox"/>			
C2		<input checked="" type="checkbox"/>		
C3		<input checked="" type="checkbox"/>		

Seller's Initials MB / IM

Date 08/31/2025

SPD Page 2 of 11

Buyer's Initials \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**Explain any "yes" answers in Section 4. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date they were done:** After the roof replacement there was water filtering through causing a leak in the office and the roofing company came to fix it and hasn't given problems since

**5. BASEMENTS AND CRAWL SPACES**

**(A) Sump Pump**

- 1. Does the Property have a sump pit? If "yes," how many? \_\_\_\_\_
- 2. Does the Property have a sump pump? If "yes," how many? \_\_\_\_\_
- 3. If it has a sump pump, has it ever run?
- 4. If it has a sump pump, is the sump pump in working order?

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2		<input checked="" type="checkbox"/>		
A3				<input checked="" type="checkbox"/>
A4				<input checked="" type="checkbox"/>
B1		<input checked="" type="checkbox"/>		
B2		<input checked="" type="checkbox"/>		
B3	<input checked="" type="checkbox"/>			

**(B) Water Infiltration**

- 1. Are you aware of any past or present water leakage, accumulation, or dampness within the basement or crawl space?
- 2. Do you know of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?
- 3. Are the downspouts or gutters connected to a public sewer system?

**Explain any "yes" answers in Section 5. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date they were done:** the house is connected to the public sewer system

**6. TERMITES/WOOD-DESTROYING INSECTS, DRYROT, PESTS**

**(A) Status**

- 1. Are you aware of past or present dryrot, termites/wood-destroying insects or other pests on the Property?
- 2. Are you aware of any damage caused by dryrot, termites/wood-destroying insects or other pests?

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2		<input checked="" type="checkbox"/>		
B1	<input checked="" type="checkbox"/>			
B2		<input checked="" type="checkbox"/>		

**(B) Treatment**

- 1. Is the Property currently under contract by a licensed pest control company?
- 2. Are you aware of any termite/pest control reports or treatments for the Property?

**Explain any "yes" answers in Section 6. Include the name of any service/treatment provider, if applicable:** Complete Pest Control Services comes once a month for insect, bee, wasp and rodent prevention

**7. STRUCTURAL ITEMS**

(A) Are you aware of any past or present movement, shifting, deterioration, or other problems with walls, foundations, or other structural components?

(B) Are you aware of any past or present problems with driveways, walkways, patios or retaining walls on the Property?

(C) Are you aware of any past or present water infiltration in the house or other structures, other than the roof(s), basement or crawl space(s)?

**(D) Stucco and Exterior Synthetic Finishing Systems**

- 1. Is any part of the Property constructed with stucco or an Exterior Insulating Finishing System (EIFS) such as Dryvit or synthetic stucco, synthetic brick or synthetic stone?
- 2. If "yes," indicate type(s) and location(s) \_\_\_\_\_
- 3. If "yes," provide date(s) installed \_\_\_\_\_

(E) Are you aware of any fire, storm/weather-related, water, hail or ice damage to the Property?

(F) Are you aware of any defects (including stains) in flooring or floor coverings?

	Yes	No	Unk	N/A
A		<input checked="" type="checkbox"/>		
B		<input checked="" type="checkbox"/>		
C	<input checked="" type="checkbox"/>			
D1		<input checked="" type="checkbox"/>		
D2				<input checked="" type="checkbox"/>
D3				<input checked="" type="checkbox"/>
E		<input checked="" type="checkbox"/>		
F	<input checked="" type="checkbox"/>			

**Explain any "yes" answers in Section 7. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** carpets have stains from the wear and tear & pet ownership. Hardwood in the dining room has a pet stain. Living room and office have new luxury vinyl flooring installed by Molineaux.

**8. ADDITIONS/ALTERATIONS**

(A) Have any additions, structural changes or other alterations (including remodeling) been made to the Property during your ownership? Itemize and date all additions/alterations below.

	Yes	No	Unk	N/A
A		<input checked="" type="checkbox"/>		

Addition, structural change or alteration (continued on following page)	Approximate date of work	Were permits obtained? (Yes/No/Unk/NA)	Final inspections/ approvals obtained? (Yes/No/Unk/NA)

162 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the  
163 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

164		Approximate date	Were permits	Final inspections/
165		of work	obtained?	approvals obtained?
166	Addition, structural change or alteration		(Yes/No/Unk/NA)	(Yes/No/Unk/NA)
167				
168				
169				
170				
171				
172				

173	<input type="checkbox"/> A sheet describing other additions and alterations is attached.	Yes	No	Unk	N/A
174	(B) Are you aware of any private or public architectural review control of the Property other than zoning				
175	codes? If "yes," explain: _____				

176 **Note to Buyer:** The PA Construction Code Act, 35 P.S. §7210 et seq. (effective 2004), and local codes establish standards for building and  
177 altering properties. Buyers should check with the municipality to determine if permits and/or approvals were necessary for disclosed work  
178 and if so, whether they were obtained. Where required permits were not obtained, the municipality might require the current owner to up-  
179 grade or remove changes made by the prior owners. Buyers can have the Property inspected by an expert in codes compliance to determine  
180 if issues exist. Expanded title insurance policies may be available for Buyers to cover the risk of work done to the Property by previous  
181 owners without a permit or approval.

182 **Note to Buyer:** According to the PA Stormwater Management Act, each municipality must enact a Storm Water Management Plan for  
183 drainage control and flood reduction. The municipality where the Property is located may impose restrictions on impervious or semi-per-  
184 vious surfaces added to the Property. Buyers should contact the local office charged with overseeing the Stormwater Management Plan  
185 to determine if the prior addition of impervious or semi-pervious areas, such as walkways, decks, and swimming pools, might affect your  
186 ability to make future changes.

187 **9. WATER SUPPLY**

188	(A) <b>Source.</b> Is the source of your drinking water (check all that apply):	Yes	No	Unk	N/A
189	1. Public	<input checked="" type="checkbox"/>			
190	2. A well on the Property		<input checked="" type="checkbox"/>		
191	3. Community water		<input checked="" type="checkbox"/>		
192	4. A holding tank		<input checked="" type="checkbox"/>		
193	5. A cistern		<input checked="" type="checkbox"/>		
194	6. A spring		<input checked="" type="checkbox"/>		
195	7. Other _____		<input checked="" type="checkbox"/>		
196	8. If no water service, explain: _____				
197	(B) <b>General</b>				
198	1. When was the water supply last tested? _____			<input checked="" type="checkbox"/>	
199	Test results: _____			<input checked="" type="checkbox"/>	
200	2. Is the water system shared?		<input checked="" type="checkbox"/>		
201	If "yes," is there a written agreement?				<input checked="" type="checkbox"/>
202	4. Do you have a softener, filter or other conditioning system?		<input checked="" type="checkbox"/>		
203	5. Is the softener, filter or other treatment system leased? From whom? _____				<input checked="" type="checkbox"/>
204	6. If your drinking water source is not public, is the pumping system in working order? If "no,"				<input checked="" type="checkbox"/>
205	explain: _____				<input checked="" type="checkbox"/>
206	(C) <b>Bypass Valve</b> (for properties with multiple sources of water)				
207	1. Does your water source have a bypass valve?		<input checked="" type="checkbox"/>		
208	2. If "yes," is the bypass valve working?				<input checked="" type="checkbox"/>
209	(D) <b>Well</b>				
210	1. Has your well ever run dry?				<input checked="" type="checkbox"/>
211	2. Depth of well _____				<input checked="" type="checkbox"/>
212	3. Gallons per minute: _____, measured on (date) _____				<input checked="" type="checkbox"/>
213	4. Is there a well that is used for something other than the primary source of drinking water?				
214	If "yes," explain _____				<input checked="" type="checkbox"/>
215	5. If there is an unused well, is it capped?				<input checked="" type="checkbox"/>

217 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the  
 218 **Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.**

	Yes	No	Unk	N/A
219 (E) Issues		<input checked="" type="checkbox"/>		
220 1. Are you aware of any leaks or other problems, past or present, relating to the water supply, pumping system and related items?		<input checked="" type="checkbox"/>		
221				
222 2. Have you ever had a problem with your water supply?		<input checked="" type="checkbox"/>		
223				
224				
225				

223 **Explain any problem(s) with your water supply. Include the location and extent of any problem(s) and any repair or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** \_\_\_\_\_  
 224  
 225

226 **10. SEWAGE SYSTEM**

	Yes	No	Unk	N/A
227 (A) General				
228 1. Is the Property served by a sewage system (public, private or community)?	<input checked="" type="checkbox"/>			
229 2. If "no," is it due to unavailability or permit limitations?				<input checked="" type="checkbox"/>
230 3. When was the sewage system installed (or date of connection, if public)? 2002				
231 4. Name of current service provider, if any: McCandless Township Sanitary Authority				
232 (B) Type Is your Property served by:				
233 1. Public	<input checked="" type="checkbox"/>			
234 2. Community (non-public)				
235 3. An individual on-lot sewage disposal system				
236 4. Other, explain:				
237 (C) Individual On-lot Sewage Disposal System. (check all that apply):				
238 1. Is your sewage system within 100 feet of a well?			<input checked="" type="checkbox"/>	
239 2. Is your sewage system subject to a ten-acre permit exemption?			<input checked="" type="checkbox"/>	
240 3. Does your sewage system include a holding tank?			<input checked="" type="checkbox"/>	
241 4. Does your sewage system include a septic tank?			<input checked="" type="checkbox"/>	
242 5. Does your sewage system include a drainfield?			<input checked="" type="checkbox"/>	
243 6. Does your sewage system include a sandmound?			<input checked="" type="checkbox"/>	
244 7. Does your sewage system include a cesspool?			<input checked="" type="checkbox"/>	
245 8. Is your sewage system shared?			<input checked="" type="checkbox"/>	
246 9. Is your sewage system any other type? Explain:			<input checked="" type="checkbox"/>	
247 10. Is your sewage system supported by a backup or alternate system?			<input checked="" type="checkbox"/>	
248 (D) Tanks and Service				
249 1. Are there any metal/steel septic tanks on the Property?		<input checked="" type="checkbox"/>		
250 2. Are there any cement/concrete septic tanks on the Property?		<input checked="" type="checkbox"/>		
251 3. Are there any fiberglass septic tanks on the Property?		<input checked="" type="checkbox"/>		
252 4. Are there any other types of septic tanks on the Property? Explain		<input checked="" type="checkbox"/>		
253 5. Where are the septic tanks located?				<input checked="" type="checkbox"/>
254 6. When were the tanks last pumped and by whom?				<input checked="" type="checkbox"/>
255				
256 (E) Abandoned Individual On-lot Sewage Disposal Systems and Septic				
257 1. Are you aware of any abandoned septic systems or cesspools on the Property?		<input checked="" type="checkbox"/>		
258 2. If "yes," have these systems, tanks or cesspools been closed in accordance with the municipality's ordinance?				<input checked="" type="checkbox"/>
259				
260 (F) Sewage Pumps				
261 1. Are there any sewage pumps located on the Property?		<input checked="" type="checkbox"/>		
262 2. If "yes," where are they located?				<input checked="" type="checkbox"/>
263 3. What type(s) of pump(s)?				<input checked="" type="checkbox"/>
264 4. Are pump(s) in working order?				<input checked="" type="checkbox"/>
265 5. Who is responsible for maintenance of sewage pumps?				<input checked="" type="checkbox"/>
266				
267 (G) Issues				
268 1. How often is the on-lot sewage disposal system serviced?				<input checked="" type="checkbox"/>
269 2. When was the on-lot sewage disposal system last serviced and by whom?				<input checked="" type="checkbox"/>
270				
271 3. Is any waste water piping not connected to the septic/sewer system?				<input checked="" type="checkbox"/>
272 4. Are you aware of any past or present leaks, backups, or other problems relating to the sewage system and related items?				<input checked="" type="checkbox"/>
273				

274 **Seller's Initials**  **Date** 08/31/2025 **SPD Page 5 of 11** **Buyer's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_



275 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the  
 276 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.  
 277 **Explain any "yes" answers in Section 10. Include the location and extent of any problem(s) and any repair or remediation ef-**  
 278 **forts, the name of the person or company who did the repairs and the date the work was done:** The property is connected to the public  
 279 sewer system since it was built in 2002

280 **11. PLUMBING SYSTEM**

281 (A) **Material(s).** Are the plumbing materials (check all that apply):

- 282 1. Copper  
 283 2. Galvanized  
 284 3. Lead  
 285 4. PVC  
 286 5. Polybutylene pipe (PB)  
 287 6. Cross-linked polyethylene (PEX)  
 288 7. Other \_\_\_\_\_

289 (B) Are you aware of any past or present problems with any of your plumbing fixtures (e.g., including but  
 290 not limited to: kitchen, laundry, or bathroom fixtures; wet bars; exterior faucets; etc.)?

291 If "yes," explain: \_\_\_\_\_  
 292 \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>			
A2		<input checked="" type="checkbox"/>		
A3		<input checked="" type="checkbox"/>		
A4		<input checked="" type="checkbox"/>		
A5		<input checked="" type="checkbox"/>		
A6		<input checked="" type="checkbox"/>		
A7			<input checked="" type="checkbox"/>	
B		<input checked="" type="checkbox"/>		

293 **12. DOMESTIC WATER HEATING**

294 (A) **Type(s).** Is your water heating (check all that apply):

- 295 1. Electric  
 296 2. Natural gas  
 297 3. Fuel oil  
 298 4. Propane  
 299 If "yes," is the tank owned by Seller?  
 300 5. Solar  
 301 If "yes," is the system owned by Seller?  
 302 6. Geothermal  
 303 7. Other \_\_\_\_\_

304 (B) **System(s)**

- 305 1. How many water heaters are there? 1  
 306 Tanks 1 Tankless \_\_\_\_\_  
 307 2. When were they installed? December 2021  
 308 3. Is your water heater a summer/winter hook-up (integral system, hot water from the boiler, etc.)?

309 (C) Are you aware of any problems with any water heater or related equipment?

310 If "yes," explain: \_\_\_\_\_  
 311 \_\_\_\_\_

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2	<input checked="" type="checkbox"/>			
A3		<input checked="" type="checkbox"/>		
A4		<input checked="" type="checkbox"/>		
A5		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
A6		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
A7		<input checked="" type="checkbox"/>		
B1				
B2				
B3	<input checked="" type="checkbox"/>			
C		<input checked="" type="checkbox"/>		

312 **13. HEATING SYSTEM**

313 (A) **Fuel Type(s).** Is your heating source (check all that apply):

- 314 1. Electric  
 315 2. Natural gas  
 316 3. Fuel oil  
 317 4. Propane  
 318 If "yes," is the tank owned by Seller?  
 319 5. Geothermal  
 320 6. Coal  
 321 7. Wood  
 322 8. Solar shingles or panels  
 323 If "yes," is the system owned by Seller?  
 324 9. Other: \_\_\_\_\_

325 (B) **System Type(s)** (check all that apply):

- 326 1. Forced hot air  
 327 2. Hot water  
 328 3. Heat pump  
 329 4. Electric baseboard  
 330 5. Steam  
 331 6. Radiant flooring  
 332 7. Radiant ceiling

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>			
A2	<input checked="" type="checkbox"/>			
A3		<input checked="" type="checkbox"/>		
A4		<input checked="" type="checkbox"/>		
A5		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
A6		<input checked="" type="checkbox"/>		
A7		<input checked="" type="checkbox"/>		
A8		<input checked="" type="checkbox"/>		
A9				<input checked="" type="checkbox"/>
B1	<input checked="" type="checkbox"/>			
B2		<input checked="" type="checkbox"/>		
B3		<input checked="" type="checkbox"/>		
B4	<input checked="" type="checkbox"/>			
B5		<input checked="" type="checkbox"/>		
B6		<input checked="" type="checkbox"/>		
B7		<input checked="" type="checkbox"/>		

333 Seller's Initials AM / IM Date 08/31/2025 SPD Page 6 of 11 Buyer's Initials \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
 Produced with Lone Wolf Transactions (zipForm Edition) 717 N Harwood St, Suite 2200, Dallas, TX 75201 [www.lwolf.com](http://www.lwolf.com) 600 Victoria

334 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the  
 335 Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

		Yes	No	Unk	N/A
336	8. Pellet stove(s)		<input checked="" type="checkbox"/>		
337	How many and location? _____				<input checked="" type="checkbox"/>
338	9. Wood stove(s)		<input checked="" type="checkbox"/>		
339	How many and location? _____				<input checked="" type="checkbox"/>
340	10. Coal stove(s)		<input checked="" type="checkbox"/>		
341	How many and location? _____				<input checked="" type="checkbox"/>
342	11. Wall-mounted split system(s)		<input checked="" type="checkbox"/>		
343	How many and location? _____				<input checked="" type="checkbox"/>
344	12. Other: <u>2x gas fireplaces</u>	<input checked="" type="checkbox"/>			
345	13. If multiple systems, provide locations <u>living room and basement</u>				
346					
347	<b>(C) Status</b>				
348	1. Are there any areas of the house that are not heated?		<input checked="" type="checkbox"/>		
349	If "yes," explain: _____				<input checked="" type="checkbox"/>
350	2. How many heating zones are in the Property? <u>2</u>				
351	3. When was each heating system(s) or zone installed? <u>December 2021</u>				
352	4. When was the heating system(s) last serviced? _____			<input checked="" type="checkbox"/>	
353	5. Is there an additional and/or backup heating system? If "yes," explain: _____		<input checked="" type="checkbox"/>		
354					
355	6. Is any part of the heating system subject to a lease, financing or other agreement?		<input checked="" type="checkbox"/>		
356	If "yes," explain: _____				<input checked="" type="checkbox"/>
357	<b>(D) Fireplaces and Chimneys</b>				
358	1. Are there any fireplaces? How many? <u>2</u>	<input checked="" type="checkbox"/>			
359	2. Are all fireplaces working?			<input checked="" type="checkbox"/>	
360	3. Fireplace types (wood, gas, electric, etc.): <u>gas</u>				
361	4. Was the fireplace(s) installed by a professional contractor or manufacturer's representative?	<input checked="" type="checkbox"/>			
362	5. Are there any chimneys (from a fireplace, water heater or any other heating system)?	<input checked="" type="checkbox"/>			
363	6. How many chimneys? <u>1</u>				
364	7. When were they last cleaned? <u>2021</u>				
365	8. Are the chimneys working? If "no," explain: <u>we have never used the fireplaces</u>			<input checked="" type="checkbox"/>	
366	<b>(E) Fuel Tanks</b>				
367	1. Are you aware of any heating fuel tank(s) on the Property?		<input checked="" type="checkbox"/>		
368	2. Location(s), including underground tank(s): _____				<input checked="" type="checkbox"/>
369	3. If you do not own the tank(s), explain: _____				<input checked="" type="checkbox"/>
370	<b>(F) Are you aware of any problems or repairs needed regarding any item in Section 13? If "yes,"</b>		<input checked="" type="checkbox"/>		
371	<b>explain:</b> _____				
372	<b>14. AIR CONDITIONING SYSTEM</b>				
373	<b>(A) Type(s).</b> Is the air conditioning (check all that apply):				
374	1. Central air	<input checked="" type="checkbox"/>			
375	a. How many air conditioning zones are in the Property? <u>2</u>				
376	b. When was each system or zone installed? <u>2002 &amp; 2021</u>				
377	c. When was each system last serviced? _____			<input checked="" type="checkbox"/>	
378	2. Wall units		<input checked="" type="checkbox"/>		
379	How many and the location? _____				<input checked="" type="checkbox"/>
380	3. Window units		<input checked="" type="checkbox"/>		
381	How many? _____				<input checked="" type="checkbox"/>
382	4. Wall-mounted split units		<input checked="" type="checkbox"/>		
383	How many and the location? _____				<input checked="" type="checkbox"/>
384	5. Other _____		<input checked="" type="checkbox"/>		
385	6. None		<input checked="" type="checkbox"/>		
386	<b>(B) Are there any areas of the house that are not air conditioned?</b>		<input checked="" type="checkbox"/>		
387	If "yes," explain: _____				
388	<b>(C) Are you aware of any problems with any item in Section 14? If "yes," explain:</b> _____		<input checked="" type="checkbox"/>		
389					

390 Seller's Initials LM / IM Date 08/31/2025 SPD Page 7 of 11 Buyer's Initials \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

## 15. ELECTRICAL SYSTEM

### (A) Type(s)

1. Does the electrical system have fuses?
2. Does the electrical system have circuit breakers?
3. Is the electrical system solar powered?
  - a. If "yes," is it entirely or partially solar powered? \_\_\_\_\_
  - b. If "yes," is any part of the system subject to a lease, financing or other agreement? If "yes," explain: \_\_\_\_\_

(B) What is the system amperage? \_\_\_\_\_

(C) Are you aware of any knob and tube wiring in the Property?

(D) Are you aware of any problems or repairs needed in the electrical system? If "yes," explain: \_\_\_\_\_

	Yes	No	Unk	N/A
A1	<input checked="" type="checkbox"/>			
A2	<input checked="" type="checkbox"/>			
A3		<input checked="" type="checkbox"/>		
3a				<input checked="" type="checkbox"/>
3b				<input checked="" type="checkbox"/>
B			<input checked="" type="checkbox"/>	
C		<input checked="" type="checkbox"/>		
D		<input checked="" type="checkbox"/>		

## 16. OTHER EQUIPMENT AND APPLIANCES

(A) **THIS SECTION IS INTENDED TO IDENTIFY PROBLEMS OR REPAIRS** and must be completed for each item that will, or may, be included with the Property. The terms of the Agreement of Sale negotiated between Buyer and Seller will determine which items, if any, are included in the purchase of the Property. **THE FACT THAT AN ITEM IS LISTED DOES NOT MEAN IT IS INCLUDED IN THE AGREEMENT OF SALE.**

(B) Are you aware of any problems or repairs needed to any of the following:

Item	Yes	No	N/A	Item	Yes	No	N/A
A/C window units		<input checked="" type="checkbox"/>		Pool/spa heater			<input checked="" type="checkbox"/>
Attic fan(s)		<input checked="" type="checkbox"/>		Range/oven		<input checked="" type="checkbox"/>	
Awnings		<input checked="" type="checkbox"/>		Refrigerator(s)		<input checked="" type="checkbox"/>	
Carbon monoxide detectors		<input checked="" type="checkbox"/>		Satellite dish			<input checked="" type="checkbox"/>
Ceiling fans		<input checked="" type="checkbox"/>		Security alarm system		<input checked="" type="checkbox"/>	
Deck(s)		<input checked="" type="checkbox"/>		Smoke detectors		<input checked="" type="checkbox"/>	
Dishwasher		<input checked="" type="checkbox"/>		Sprinkler automatic timer			<input checked="" type="checkbox"/>
Dryer		<input checked="" type="checkbox"/>		Stand-alone freezer			<input checked="" type="checkbox"/>
Electric animal fence			<input checked="" type="checkbox"/>	Storage shed			<input checked="" type="checkbox"/>
Electric garage door opener		<input checked="" type="checkbox"/>		Trash compactor			<input checked="" type="checkbox"/>
Garage transmitters		<input checked="" type="checkbox"/>		Washer		<input checked="" type="checkbox"/>	
Garbage disposal		<input checked="" type="checkbox"/>		Whirlpool/tub		<input checked="" type="checkbox"/>	
In-ground lawn sprinklers			<input checked="" type="checkbox"/>	Other:			
Intercom		<input checked="" type="checkbox"/>		1.			
Interior fire sprinklers			<input checked="" type="checkbox"/>	2.			
Keyless entry			<input checked="" type="checkbox"/>	3.			
Microwave oven		<input checked="" type="checkbox"/>		4.			
Pool/spa accessories			<input checked="" type="checkbox"/>	5.			
Pool/spa cover			<input checked="" type="checkbox"/>	6.			

(C) Explain any "yes" answers in Section 16: \_\_\_\_\_

## 17. POOLS, SPAS AND HOT TUBS

(A) Is there a swimming pool on the Property? If "yes,":

1. Above-ground or in-ground? \_\_\_\_\_
2. Saltwater or chlorine? \_\_\_\_\_
3. If heated, what is the heat source? \_\_\_\_\_
4. Vinyl-lined, fiberglass or concrete-lined? \_\_\_\_\_
5. What is the depth of the swimming pool? \_\_\_\_\_
6. Are you aware of any problems with the swimming pool?
7. Are you aware of any problems with any of the swimming pool equipment (cover, filter, ladder, lighting, pump, etc.)?

(B) Is there a spa or hot tub on the Property?

1. Are you aware of any problems with the spa or hot tub?
2. Are you aware of any problems with any of the spa or hot tub equipment (steps, lighting, jets, cover, etc.)?

(C) Explain any problems in Section 17: \_\_\_\_\_

	Yes	No	Unk	N/A
A		<input checked="" type="checkbox"/>		
A1				<input checked="" type="checkbox"/>
A2				<input checked="" type="checkbox"/>
A3				<input checked="" type="checkbox"/>
A4				<input checked="" type="checkbox"/>
A5				<input checked="" type="checkbox"/>
A6				<input checked="" type="checkbox"/>
A7				<input checked="" type="checkbox"/>
B		<input checked="" type="checkbox"/>		
B1				<input checked="" type="checkbox"/>
B2				<input checked="" type="checkbox"/>

Seller's Initials AM / IM

Date 08/31/2025

SPD Page 8 of 11

Buyer's Initials \_\_\_\_\_ / \_\_\_\_\_

Date



**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

## 18. WINDOWS

(A) Have any windows or skylights been replaced during your ownership of the Property?

	Yes	No	Unk	N/A
A	<input checked="" type="checkbox"/>			
B		<input checked="" type="checkbox"/>		

(B) Are you aware of any problems with the windows or skylights?

**Explain any "yes" answers in Section 18. Include the location and extent of any problem(s) and any repair, replacement or remediation efforts, the name of the person or company who did the repairs and the date the work was done:** replacement of the back facing windows of upper floor and front window above the door

## 19. LAND/SOILS

### (A) Property

- Are you aware of any fill or expansive soil on the Property?
- Are you aware of any sliding, settling, earth movement, upheaval, subsidence, sinkholes or earth stability problems that have occurred on or affect the Property?
- Are you aware of sewage sludge (other than commercially available fertilizer products) being spread on the Property?
- Have you received written notice of sewage sludge being spread on an adjacent property?
- Are you aware of any existing, past or proposed mining, strip-mining, or any other excavations on the Property?

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2		<input checked="" type="checkbox"/>		
A3		<input checked="" type="checkbox"/>		
A4		<input checked="" type="checkbox"/>		
A5		<input checked="" type="checkbox"/>		

**Note to Buyer:** The Property may be subject to mine subsidence damage. Maps of the counties and mines where mine subsidence damage may occur and further information on mine subsidence insurance are available through Department of Environmental Protection Mine Subsidence Insurance Fund, (800) 922-1678 or ra-epmsi@pa.gov.

### (B) Preferential Assessment and Development Rights

Is the Property, or a portion of it, preferentially assessed for tax purposes, or subject to limited development rights under the:

- Farmland and Forest Land Assessment Act - 72 P.S. §5490.1, et seq. (Clean and Green Program)
- Open Space Act - 16 P.S. §11941, et seq.
- Agricultural Area Security Law - 3 P.S. §901, et seq. (Development Rights)
- Any other law/program:

	Yes	No	Unk	N/A
B1		<input checked="" type="checkbox"/>		
B2		<input checked="" type="checkbox"/>		
B3		<input checked="" type="checkbox"/>		
B4			<input checked="" type="checkbox"/>	

**Note to Buyer:** Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort to limit the circumstances under which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged to investigate whether any agricultural operations covered by the Act operate in the vicinity of the Property.

### (C) Property Rights

Are you aware of the transfer, sale and/or lease of any of the following property rights (by you or a previous owner of the Property):

- Timber
- Coal
- Oil
- Natural gas
- Mineral or other rights (such as farming rights, hunting rights, quarrying rights) Explain:

	Yes	No	Unk	N/A
C1		<input checked="" type="checkbox"/>		
C2		<input checked="" type="checkbox"/>		
C3		<input checked="" type="checkbox"/>		
C4		<input checked="" type="checkbox"/>		
C5		<input checked="" type="checkbox"/>		

**Note to Buyer:** Before entering into an agreement of sale, Buyer can investigate the status of these rights by, among other means, engaging legal counsel, obtaining a title examination of unlimited years and searching the official records in the county Office of the Recorder of Deeds, and elsewhere. Buyer is also advised to investigate the terms of any existing leases, as Buyer may be subject to terms of those leases.

**Explain any "yes" answers in Section 19:**

## 20. FLOODING, DRAINAGE AND BOUNDARIES

### (A) Flooding/Drainage

- Is any part of this Property located in a wetlands area?
- Is the Property, or any part of it, designated a Special Flood Hazard Area (SFHA)?
- Do you maintain flood insurance on this Property?
- Are you aware of any past or present drainage or flooding problems affecting the Property?
- Are you aware of any drainage or flooding mitigation on the Property?
- Are you aware of the presence on the Property of any man-made feature that temporarily or permanently conveys or manages storm water, including any basin, pond, ditch, drain, swale, culvert, pipe or other feature?
- If "yes," are you responsible for maintaining or repairing that feature which conveys or manages storm water for the Property?

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2		<input checked="" type="checkbox"/>		
A3		<input checked="" type="checkbox"/>		
A4		<input checked="" type="checkbox"/>		
A5		<input checked="" type="checkbox"/>		
A6		<input checked="" type="checkbox"/>		
A7				<input checked="" type="checkbox"/>

**Seller's Initials** MFH / IM **Date** 08/31/2025 **SPD Page 9 of 11** **Buyer's Initials**            **Date**

**Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.

**Explain any "yes" answers in Section 20(A). Include dates, the location and extent of flooding and the condition of any man-made storm water management features:** \_\_\_\_\_

**(B) Boundaries**

- 1. Are you aware of encroachments, boundary line disputes, or easements affecting the Property?
- 2. Is the Property accessed directly (without crossing any other property) by or from a public road?
- 3. Can the Property be accessed from a private road or lane?
  - a. If "yes," is there a written right of way, easement or maintenance agreement?
  - b. If "yes," has the right of way, easement or maintenance agreement been recorded?
- 4. Are you aware of any shared or common areas (driveways, bridges, docks, walls, etc.) or maintenance agreements?

	Yes	No	Unk	N/A
B1		<input checked="" type="checkbox"/>		
B2	<input checked="" type="checkbox"/>			
B3		<input checked="" type="checkbox"/>		
3a				<input checked="" type="checkbox"/>
3b				<input checked="" type="checkbox"/>
B4		<input checked="" type="checkbox"/>		

**Note to Buyer:** Most properties have easements running across them for utility services and other reasons. In many cases, the easements do not restrict the ordinary use of the property, and Seller may not be readily aware of them. Buyers may wish to determine the existence of easements and restrictions by examining the property and ordering an Abstract of Title or searching the records in the Office of the Recorder of Deeds for the county before entering into an agreement of sale.

**Explain any "yes" answers in Section 20(B):** \_\_\_\_\_

**21. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES**

**(A) Mold and Indoor Air Quality (other than radon)**

- 1. Are you aware of any tests for mold, fungi, or indoor air quality in the Property?
- 2. Other than general household cleaning, have you taken any efforts to control or remediate mold or mold-like substances in the Property?

	Yes	No	Unk	N/A
A1		<input checked="" type="checkbox"/>		
A2		<input checked="" type="checkbox"/>		

**Note to Buyer:** Individuals may be affected differently, or not at all, by mold contamination. If mold contamination or indoor air quality is a concern, buyers are encouraged to engage the services of a qualified professional to do testing. Information on this issue is available from the United States Environmental Protection Agency and may be obtained by contacting IAQ INFO, P.O. Box 37133, Washington, D.C. 20013-7133, 1-800-438-4318.

**(B) Radon**

- 1. Are you aware of any tests for radon gas that have been performed in any buildings on the Property?
- 2. If "yes," provide test date and results \_\_\_\_\_
- 3. Are you aware of any radon removal system on the Property?

	Yes	No	Unk	N/A
B1		<input checked="" type="checkbox"/>		
B2				<input checked="" type="checkbox"/>
B3		<input checked="" type="checkbox"/>		

**(C) Lead Paint**

If the Property was constructed, or if construction began, before 1978, you must disclose any knowledge of, and records and reports about, lead-based paint on the Property on a separate disclosure form.

- 1. Are you aware of any lead-based paint or lead-based paint hazards on the Property?
- 2. Are you aware of any reports or records regarding lead-based paint or lead-based paint hazards on the Property?

	Yes	No	Unk	N/A
C1		<input checked="" type="checkbox"/>		
C2		<input checked="" type="checkbox"/>		

**(D) Tanks**

- 1. Are you aware of any existing underground tanks?
- 2. Are you aware of any underground tanks that have been removed or filled?

	Yes	No	Unk	N/A
D1		<input checked="" type="checkbox"/>		
D2		<input checked="" type="checkbox"/>		

**(E) Dumping.** Has any portion of the Property been used for waste or refuse disposal or storage?

If "yes," location: \_\_\_\_\_

	Yes	No	Unk	N/A
E		<input checked="" type="checkbox"/>		

**(F) Other**

- 1. Are you aware of any past or present hazardous substances on the Property (structure or soil) such as, but not limited to, asbestos or polychlorinated biphenyls (PCBs)?
- 2. Are you aware of any other hazardous substances or environmental concerns that may affect the Property?
- 3. If "yes," have you received written notice regarding such concerns?
- 4. Are you aware of testing on the Property for any other hazardous substances or environmental concerns?

	Yes	No	Unk	N/A
F1		<input checked="" type="checkbox"/>		
F2		<input checked="" type="checkbox"/>		
F3				<input checked="" type="checkbox"/>
F4		<input checked="" type="checkbox"/>		

**Explain any "yes" answers in Section 21. Include test results and the location of the hazardous substance(s) or environmental issue(s):** \_\_\_\_\_

**22. MISCELLANEOUS**

**(A) Deeds, Restrictions and Title**

- 1. Are there any deed restrictions or restrictive covenants that apply to the Property?
- 2. Are you aware of any historic preservation restriction or ordinance or archeological designation associated with the Property?

	Yes	No	Unk	N/A
A1			<input checked="" type="checkbox"/>	
A2		<input checked="" type="checkbox"/>		

**Seller's Initials** MFH / IM **Date** 08/31/2025 **SPD Page 10 of 11** **Buyer's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

568 **Check yes, no, unknown (unk) or not applicable (N/A) for each question.** Be sure to check N/A when a question does not apply to the  
569 **Property. Check unknown when the question does apply to the Property but you are not sure of the answer. All questions must be answered.**

570 3. Are you aware of any reason, including a defect in title or contractual obligation such as an option  
571 or right of first refusal, that would prevent you from giving a warranty deed or conveying title to the  
572 Property?

	Yes	No	Unk	N/A
A3		<input checked="" type="checkbox"/>		
B1		<input checked="" type="checkbox"/>		
B2		<input checked="" type="checkbox"/>		
B3		<input checked="" type="checkbox"/>		
C1		<input checked="" type="checkbox"/>		
C2		<input checked="" type="checkbox"/>		
D1		<input checked="" type="checkbox"/>		

573 (B) Financial

574 1. Are you aware of any public improvement, condominium or homeowner association assessments  
575 against the Property that remain unpaid or of any violations of zoning, housing, building, safety or  
576 fire ordinances or other use restriction ordinances that remain uncorrected?

577 2. Are you aware of any mortgages, judgments, encumbrances, liens, overdue payments on a support  
578 obligation, or other debts against this Property or Seller that cannot be satisfied by the proceeds of  
579 this sale?

580 3. Are you aware of any insurance claims filed relating to the Property during your ownership?

581 (C) Legal

582 1. Are you aware of any violations of federal, state, or local laws or regulations relating to this Prop-  
583 erty?

584 2. Are you aware of any existing or threatened legal action affecting the Property?

585 (D) Additional Material Defects

586 1. Are you aware of any material defects to the Property, dwelling, or fixtures which are not dis-  
587 closed elsewhere on this form?

588 *Note to Buyer: A material defect is a problem with a residential real property or any portion of it that would have a significant*  
589 *adverse impact on the value of the property or that involves an unreasonable risk to people on the property. The fact that a*  
590 *structural element, system or subsystem is at or beyond the end of the normal useful life of such a structural element, system or*  
591 *subsystem is not by itself a material defect.*

592 2. After completing this form, if Seller becomes aware of additional information about the Property, including through  
593 inspection reports from a buyer, the Seller must update the Seller's Property Disclosure Statement and/or attach the  
594 inspection report(s). These inspection reports are for informational purposes only.


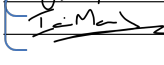
595 Explain any "yes" answers in Section 22: \_\_\_\_\_  
596 \_\_\_\_\_

597 23. ATTACHMENTS

598 (A) The following are part of this Disclosure if checked:

- 599 ☒ Seller's Property Disclosure Statement Addendum (PAR Form SDA)  
600 [ ] \_\_\_\_\_  
601 [ ] \_\_\_\_\_  
602 [ ] \_\_\_\_\_

603 The undersigned Seller represents that the information set forth in this disclosure statement is accurate and complete to the best  
604 of Seller's knowledge. Seller hereby authorizes the Listing Broker to provide this information to prospective buyers of the prop-  
605 erty and to other real estate licensees. SELLER ALONE IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMA-  
606 TION CONTAINED IN THIS STATEMENT. If any information supplied on this form becomes inaccurate following comple-  
607 tion of this form, Seller shall notify Buyer in writing.

608 SELLER  CALLEJA MANZUR MARIA FERNANDA DATE 08/31/2025  
609 SELLER  MARTIN IAIN MCNEILL DATE 08/31/2025  
610 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
611 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
612 SELLER \_\_\_\_\_ DATE \_\_\_\_\_  
613 SELLER \_\_\_\_\_ DATE \_\_\_\_\_

614 RECEIPT AND ACKNOWLEDGEMENT BY BUYER

615 The undersigned Buyer acknowledges receipt of this Statement. Buyer acknowledges that this Statement is not a warranty and  
616 that, unless stated otherwise in the sales contract, Buyer is purchasing this property in its present condition. It is Buyer's re-  
617 sponsibility to satisfy himself or herself as to the condition of the property. Buyer may request that the property be inspected, at  
618 Buyer's expense and by qualified professionals, to determine the condition of the structure or its components.

619 BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
620 BUYER \_\_\_\_\_ DATE \_\_\_\_\_  
621 BUYER \_\_\_\_\_ DATE \_\_\_\_\_