

Sales Associate: Bobbi Prescott, License# RA-0031165

Broker of Record: Kim Hook, License# RB-0031040

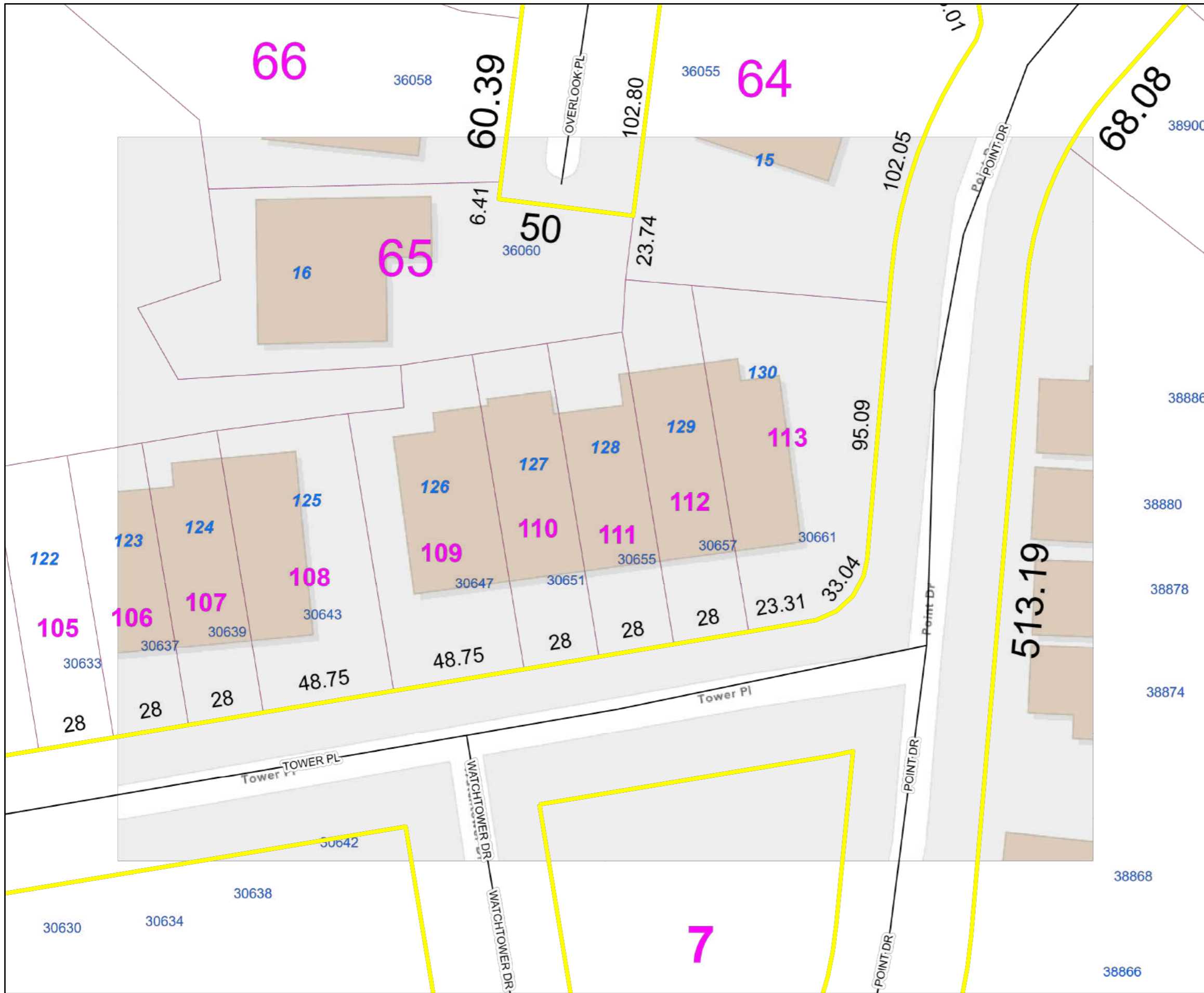
30651 Tower Place, Selbyville, Delaware 19975

Disclosure Package:

- Lot Survey
- Aerial View from Public Records
- Current Sussex County Tax Bill
- School Locator
- Property Information
- Seller Disclosure of Real Property Condition Report
- Inventory List
- Radon Disclosure
- Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards
- Common Interest Community Resale Certification Addendum

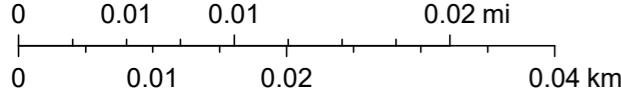


A3 Landscape Parcel Details



PIN:	533-20.00-7.01
Owner Name	OVERLOOK COMMUNITY ASSOCIATION INC
Book	5931
Mailing Address	PO BOX 1761
City	MILLSBORO
State	DE
Description	
Description 2	
Description 3	
Land Code	

- Tax Parcels
- 911 Address
- TaxParcel
- Encumbrance
- Condo
- Streets
- County Boundaries
- GIOLandRecords.PARCELFABRIC.Condo





30647

30651

30655

Tower Pl



**Sussex County, Delaware
Finance Department - Billing Division**

2 THE CIRCLE
PO BOX 601
GEORGETOWN, DE 19947-0601
(302) 855-7871
sussexcountyde.gov

Tax Period: 07/01/2025 - 06/30/2026

MURPHY KEVIN T
JEAN H MURPHY
12001 TALAVERA TERR
RICHMOND, VA 23238

Property Description

**THE OVERLOOK
LOT 127**

Bill Number	Customer ID	Parcel ID	Due Date	Assessed Value
25057899	274663	533-20.00-110.00	09/30/2025	509,700

DESCRIPTION OF CHARGES	RATE	CHARGE	CREDITS APPLIED	CURRENT CHARGES
COUNTY TAX	0.0191	97.35		97.35
LIBRARY	0.0023	11.72		11.72
FENWICK SEWER ASSESSMENT		1.20		1.20
Total County Charges				110.27
SCHOOL TAX - INDIAN RIVER DISTRICT	0.1703	868.02		868.02
SUSSEX TECHNICAL HIGH SCHOOL	0.0219	111.62		111.62
Total School Charges				979.64

CURRENT TAXES BILLED:	1,089.91
LESS PAYMENTS/ADJUSTMENTS:	0.00
PLUS, PRIOR YEAR(S):	0.00
TOTAL DUE:	\$1,089.91

Please see reverse of bill for important information or contact us at (302) 855-7871.

DETACH AND RETURN BOTTOM PORTION WITH PAYMENT
MADE PAYABLE TO SUSSEX COUNTY

08/13/2025

Customer ID # 274663

Tax Period: 07/01/2025 - 06/30/2026
Due Date: 09/30/2025

2025 ANNUAL TAX BILL# 25057899

MURPHY KEVIN T
JEAN H MURPHY
12001 TALAVERA TERR
RICHMOND, VA 23238

Property Tax ID Number
533-20.00-110.00

TOTAL DUE: \$1,089.91

AMOUNT ENCLOSED

SUSSEX COUNTY
PO BOX 601
GEORGETOWN, DE 19947-0601

00002082025525057899400001089911

School Locator - Assigned Schools

30651 Tower Pl

[The Overlook \(Search.aspx?development=The+Overlook\)](#)

Selbyville, DE 19975

🏠 [View map of this address \(https://www.google.com/maps/search/?api=1&query=30651+Tower+Pl,+Selbyville,+DE+19975\)](https://www.google.com/maps/search/?api=1&query=30651+Tower+Pl,+Selbyville,+DE+19975)

← [Search a different address \(Search.aspx\)](#)

Indian River School District

School Year: 2025/2026

Grade(s)	School
KN - 05	Phillip C. Showell Elementary 41 Bethany Road Selbyville, DE 19975-9601 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Phillip+C.+Showell+Elementary,+41+Bethany+Road,+Selbyville,+DE+19601)
06 - 08	Selbyville Middle School 80 Bethany Road Selbyville, DE 19975-0230 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Selbyville+Middle+School,+80+Bethany+Road,+Selbyville,+DE+19975-0230)
09 - 12	Indian River High School 29772 Armory Rd Dagsboro, DE 19939 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Indian+River+High+School,+29772+Armory+Rd,+Dagsboro,+DE+19939)

School Year: 2026/2027

Grade(s)	School
KN - 05	Phillip C. Showell Elementary 41 Bethany Road Selbyville, DE 19975-9601 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Phillip+C.+Showell+Elementary,+41+Bethany+Road,+Selbyville,+DE+19601)
06 - 08	Selbyville Middle School 80 Bethany Road Selbyville, DE 19975-0230 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Selbyville+Middle+School,+80+Bethany+Road,+Selbyville,+DE+19975-0230)
09 - 12	Indian River High School 29772 Armory Rd Dagsboro, DE 19939 Directions to this school (https://www.google.com/maps/dir/?api=1&origin=30651+Tower+Pl,+Selbyville,+DE+19975&destination=Indian+River+High+School,+29772+Armory+Rd,+Dagsboro,+DE+19939)

Disclaimer: The information obtained from this web site is for informational purposes only. While every effort is made to ensure the accuracy of this data, should there be any discrepancy, the local school district has the final word. Further, the data contained herein is subject to change without notice.

As of 3/13/2026

PARID: 533-20.00-110.00

MURPHY KEVIN T

30651 TOWER PL

Property Information

Property Location:	30651 TOWER PL
Unit:	
City:	SELBYVILLE
State:	DE
Zip:	19975
Class:	R-Residential
Use Code (LUC):	101-Single Family Dwelling
Town	00-None
Tax District:	533 – BALTIMORE
School District:	1 - INDIAN RIVER
Fire District:	90-Roxana
Deeded Acres:	.0752
Frontage:	28
Depth:	117.000
Irr Lot:	I
Plot Book Page:	311 96/PB
100% Land Value:	\$154,800
100% Improvement Value	\$354,900
100% Total Value	\$509,700

Legal

Legal Description	THE OVERLOOK LOT 127
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Owners

Owner	Co-owner	Address	City	State	Zip
MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238

Sales

Sale Date	Book/Page	Sale Price	Stamp Value	Parcels Sold	Grantee/Buyer
08/02/2019	5099/224	\$375,000.00			MURPHY KEVIN T
10/30/2017	4791/84	\$362,745.00			BUSH LAUREN BLAIR
07/13/2017	4737/105				BUSH KAREN

Owner History

Tax Year:	Owner:	Co-owner	Address:	City:	State:	Zip:	Deed Book/Page:
2025	MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238	5099/224
2024	MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238	5099/224
2023	MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238	5099/224
2022	MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238	5099/224
2021	MURPHY KEVIN T	JEAN H MURPHY	12001 TALAVERA TERR	RICHMOND	VA	23238	5099/224
2021	MURPHY KEVIN T	JEAN H MURPHY	1016 BELVA CRT	GLEN ALLEN	VA	23059	5099/224
2020	MURPHY KEVIN T	JEAN H MURPHY	1016 BELVA CRT	GLEN ALLEN	VA	23059	5099/224
2020	MURPHY KEVIN T	JEAN H MURPHY	1016 BELVA CRT	GLEN ALLEN	VA	23059	5099/224
2019	MURPHY KEVIN T	JEAN H MURPHY	1016 BELVA CRT	GLEN ALLEN	VA	23059	5099/224
2019	BUSH LAUREN BLAIR	CARTER H BUSH	2003 S EASTON RD STE 300	DOYLESTOWN	PA	18901	4791/84
2018	BUSH LAUREN BLAIR	CARTER H BUSH	2003 S EASTON RD STE 300	DOYLESTOWN	PA	18901	4791/84
2018	BUSH KAREN		30651 TOWER PL	SELBYVILLE	DE	19975	4791/84
2017	BUSH KAREN		30651 TOWER PL	SELBYVILLE	DE	19975	4791/84
2017	NVR INC		32448 ROYAL BLVD STE B	DAGSBORO	DE	19939	4737/105
2017	BAYVILLE COMMUNITIES LLC		506 MAIN ST STE 300	GAITHERSBURG	MD	20878	0/0
2016	BAYVILLE COMMUNITIES LLC		506 MAIN STREET SUITE 300	GAITHERSBURG	MD	20878	0/0

2016 BAYVILLE COMMUNITIES LLC 506 MAIN STREET SUITE 300 GAITHERSBURG MD 20878 0/0

Land

Line	Class	Land Use Code	Act Front	Depth	Calculated Acres	Ag
1		01	28	117	.0752	N

Land Summary

Line	1
100% Land Value	154,800

Residential

Card	1
Class	
Style	TWNHSE INTERIOR
Year Built	2017
Occupancy	1
Stories	2.00
Basement	2-SLAB
Heating	2 - FORCED WARM AIR
Heat AC	5 - CENTRAL AIR CONDITIONING
Exterior Wall	06-ALUM/VINYL
Width	
Depth/Length	
Color	
Description	
MH Permit #	
MH Serial #	

Additions

Card #	Addition #	Area
1	0	1,258
1	1	198
1	2	22
1	3	102

Addition Details

1 of 4

Card #	1
Addition #	0
Lower	-
First	-
Second	-
Third	-
Area	1,258

100% Values

100% Land Value	100% Improv Value	100% Total Value
\$154,800	\$354,900	\$509,700

50% Values

Permit Details

Permit Date:	Permit #:	Amount:	Note 1
12-NOV-2020	202013423	\$2,744	14X14 POR
07-JUL-2017	201707296	\$0	FI 5388
28-JUN-2017	201706566	\$134,900	(CYPRESS POINT) 2 ST TH 28X52, ATT GAR 11X20, DECK 18X6,



SELLER'S DISCLOSURE OF REAL PROPERTY CONDITION REPORT State of Delaware

Approved by the Delaware Real Estate Commission (Effective Date: August 1, 2025)

Seller(s) Name: Kevin T. Murphy, Jean H. Murphy

30651 Tower Place

Property Address: Selbyville, DE 19975

Approximate Age of Building(s): 9 Date Purchased: 8/1/2019

Chapter 25, Title 6 of the Delaware Code, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement.

Seller shall answer the following questions based on Seller's knowledge of the property.

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		I. OCCUPANCY 1. How do you currently use this property? As a: (<input type="checkbox"/> Primary Residence) (<input checked="" type="checkbox"/> Second/Vacation Home) (<input type="checkbox"/> Rental Property) (<input type="checkbox"/> Inherited Property) (<input type="checkbox"/> Other: _____). If not your Primary Residence, how long has it been since you occupied the property? <u>2 weeks</u> .
		<i>NA</i>	2. Is the property encumbered by a (<input type="checkbox"/> rental/lease), (<input type="checkbox"/> option to purchase), or (<input type="checkbox"/> first right of refusal)? If yes, describe in XVI. Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request.
		<i>NA</i>	3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained?
		<i>NA</i>	4. If the property is a rental/lease, is the property subject to a rental/lease management agreement?
		<i>NA</i>	5. If #4 is yes, is the agreement binding upon the purchaser? If yes, describe in XVI. Seller agrees to provide a copy of the management agreement to Buyer upon request.
	<input checked="" type="checkbox"/>		6. Is the property new construction?
		<i>NA</i>	7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____. If no, STOP USING THIS FORM and complete the Seller's Disclosure of Real Property Condition Report New Construction Only.
			8. If #6 is yes, Seller warrants that the property (<input type="checkbox"/> is) or (<input type="checkbox"/> is not) exempt from providing the Buyer with a Public Offering Statement as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents.

Page 1 of 10 Property Address: 30651 Tower Place, Selbyville, DE 19975

Seller's Initials KTM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials JHM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Yes	No	*	* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
<input checked="" type="checkbox"/>			II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS/CONDOMINIUMS AND CO-OPS
<input checked="" type="checkbox"/>			9. Is the property subject to any deed restrictions? (e.g., HOA/condominium restrictions, rental restrictions, pet restrictions, fence requirements, etc.) If yes, describe in XVI.
	<input checked="" type="checkbox"/>		10. Are you in violation of any deed restrictions at this time? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		12. Is the property subject to any private, public, or historic architectural review control other than building codes? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		13. Is the property part of a condominium or cooperative (Co-op) ownership?
<input checked="" type="checkbox"/>			14. Is there a (<input checked="" type="checkbox"/> Homeowners Association), (<input type="checkbox"/> Condominium Association), (<input type="checkbox"/> Cooperative (Co-op)), (<input type="checkbox"/> Civic Association), or (<input type="checkbox"/> Maintenance Corporation)?
<input checked="" type="checkbox"/>			15. If #14 is yes, are there any (<input checked="" type="checkbox"/> Fees), (<input type="checkbox"/> Dues), or (<input type="checkbox"/> Assessments) involved? If yes, how much? <u>\$329.70</u> ; Frequency of payments: (<input checked="" type="checkbox"/> Monthly), (<input type="checkbox"/> Quarterly), (<input type="checkbox"/> Yearly), (<input type="checkbox"/> Other: _____); Are they (<input type="checkbox"/> Mandatory) or (<input type="checkbox"/> Voluntary)?
<input checked="" type="checkbox"/>			16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much <u>\$500</u> ?
	<input checked="" type="checkbox"/>		17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. If yes, describe in XVI.
	<input checked="" type="checkbox"/>		18. Has there been a special assessment in the past 12 months? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? If yes, describe in XVI.
<input checked="" type="checkbox"/>			20. Management Company Name: <u>Seascope</u>
<input checked="" type="checkbox"/>			21. Representative Name: <u>Jonathan Pook</u> Phone # <u>302-645-2222</u>
<input checked="" type="checkbox"/>			22. Representative E-mail Address: <u>Jpook@seascopepm.com</u>
	<input checked="" type="checkbox"/>		III. TITLE / ZONING INFORMATION
	<input checked="" type="checkbox"/>		23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement? _____.
<input checked="" type="checkbox"/>			24. Is your property owned (<input checked="" type="checkbox"/> In fee simple) or (<input type="checkbox"/> Leasehold/Ground Lease) or (<input type="checkbox"/> Cooperative)?
	<input checked="" type="checkbox"/>		25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____; Frequency of payments: (<input type="checkbox"/> Weekly), (<input type="checkbox"/> Monthly), (<input type="checkbox"/> Quarterly), (<input type="checkbox"/> Yearly), (<input type="checkbox"/> Other: _____) Note to Buyer: May be subject to change.
	<input checked="" type="checkbox"/>	<u>M/A</u>	26. If a Leasehold/Ground Lease, when does it expire? _____.
	<input checked="" type="checkbox"/>		27. Are there any rights-of-way, easements, or similar matters that affect the property? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		28. Are there any shared maintenance agreements affecting the property? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		31. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		32. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		IV. ADDITIONAL INFORMATION
	<input checked="" type="checkbox"/>		33. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		34. Is there any existing legal action affecting this property? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		35. Are there any violations of local, state, or federal laws or regulations relating to this property? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		36. Does your current real estate tax amount reflect any non-transferable exemptions or discounts? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		37. Have you received formal notice from any local, state, or federal agency of any changes that may materially or adversely affect the property? e.g., threat of condemnation, noise, bright lights, odors, other nuisances, zoning changes, road changes, proposed utility changes, etc. If yes to any, describe in XVI.

Page 2 of 10 Property Address: 30651 Tower Place, Selbyville, DE 19975

Seller's Initials AKM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials J Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Yes	No	*	* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
X			38. Are all the exterior door locks in the house in working condition? If no, describe in XVI.
X			39. Will keys be provided for each lock?
X			40. During your ownership, are there now or have there been animals (pets) living in the house? If yes, what type? <u>2 - Golden Poodles</u>
	X		41. Is there now or has there ever been a (___ Swimming pool), (___ Hot tub), (___ Spa), or (___ Whirlpool) on the property? If yes and there are any defects, describe in XVI.
		NA	42. If there is a pool, does it conform to all local ordinances? If no, describe in XVI.
X			43. What is the type of trash disposal? (X Private), (___ Municipal), (___ County), (___ Community) or (___ Other _____).
			44. The cost of repairing and repaving the streets adjacent to the property is paid for by: ___ The property owner(s), estimated fees: \$ _____ ___ Delaware Department of Transportation or the State of Delaware ___ Municipal X Community/HOA ___ Other ___ Unknown
X			Note to Buyer: Repairing and repaving of the streets can be very costly. (6 Delaware Code § 2578)
	X		45. Is off street parking available for this property? If yes, number of spaces available: <u>Around Fire Pit</u>
			V. ENVIRONMENTAL CONCERNS
		U	46. Are there now or have there been any underground storage tanks on the property? (___ Heating fuel), (___ Propane), (___ Septic), or (___ Other: _____). If yes, describe locations in XVI.
		NA	47. If the tank was abandoned, was it done with all necessary permits and properly abandoned?
	X		48. Are asbestos-containing materials present? If yes, describe in XVI.
	X		49. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) If yes, describe in XVI.
	X		50. Has the property been tested for toxic or hazardous substances? If yes, describe in XVI and provide the test results.
	X		51. Has the property ever been tested for mold? If yes, provide the test results.
	X		52. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? If yes, describe in XVI.
	X		53. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property?
			VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)
	X		54. Is there fill soil or other fill material on the property?
	X		55. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? If yes, describe in XVI.
	X		56. Is any part of the property located in (___ a flood zone) and/or (___ a wetlands area)?
	X		57. Are there drainage or flood problems affecting the property? If yes, describe in XVI.
X			58. Do you carry flood insurance? Agent: _____ Policy # _____
			59. If #58 is yes, what is the annual cost of this policy? _____
	X		60. Have you made any insurance claims on the property in the past 5 years? If yes, describe in XVI.
	X		61. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? If yes, describe in XVI.
	X		62. Are there encroachments or boundary line disputes affecting the property? If yes, describe in XVI?
	X		63. Are there any ditches crossing or bordering the property? If yes, describe in XVI.
	X		64. Are there any swales crossing the property that are under the control of a Soil and Conservation District? If yes, describe in XVI.
	X		65. Have you ever had the property surveyed?
	X		66. Are the boundaries of the property marked in any way? If yes, describe in XVI.
X			VII. STRUCTURAL ITEMS
X			67. Have you made any additions or structural changes? If yes, describe in XVI.
X			68. If #67 is yes, was all work done with all necessary permits and approvals in compliance with building codes?
X			69. If #68 is yes, are the permits closed?
X			70. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? If yes, describe in XVI.

Page 3 of 10 Property Address: 30651 Tower Place, Selbyville, DE 19975

Seller's Initials AKM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials [Signature] Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
	X		71. Has the property, or any improvements thereon, ever been damaged by (<input type="checkbox"/> Fire), (<input type="checkbox"/> Smoke), (<input type="checkbox"/> Wind), or (<input type="checkbox"/> Flood)? If yes, describe in XVI.
		NA	72. Was the structure moved to this site? (<input type="checkbox"/> Double Wide), (<input type="checkbox"/> Modular), (<input type="checkbox"/> Other: _____)
	X		73. Is there now or has there ever been any non-plumbing water leakage in the house? If yes, describe in XVI.
	X		74. Are there any problems with (<input type="checkbox"/> Exterior walls), (<input type="checkbox"/> Driveways), (<input type="checkbox"/> Walkways), (<input type="checkbox"/> Patios), (<input type="checkbox"/> Decks), (<input type="checkbox"/> Porches) or (<input type="checkbox"/> Retaining walls) on the property? If yes, describe in XVI.
	X		75. Are there any problems with (<input type="checkbox"/> Interior walls), (<input type="checkbox"/> Ceilings), (<input type="checkbox"/> Floors), or (<input type="checkbox"/> Windows) on the property? If yes, describe in XVI.
	X		76. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 73, 74, and 75? If yes, describe in XVI.
X			77. Is there insulation in the: (<input checked="" type="checkbox"/> Ceiling/attic), (<input checked="" type="checkbox"/> Exterior walls), (<input type="checkbox"/> Crawlspace/basement), or (<input type="checkbox"/> Other: _____)
X			What type(s) of insulation does your property have? <u>Fiberglass</u>
			VIII. TERMITES, INSECTS, AND WILDLIFE
	X		78. Is there now or has there ever been any infestation by termites or other wood destroying insects? If yes, describe
	X		79. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? If yes, describe in XVI.
	X		80. Is there now or has there ever been any damage to the property caused by (<input type="checkbox"/> Termites), (<input type="checkbox"/> Other wood destroying insects), or (<input type="checkbox"/> Wildlife)? If yes, describe in XVI.
	X		81. Have there ever been any termite or wood destroying insect treatments made on the property? If yes, describe in XVI.
	X		82. Is there or has there ever been an infestation of insects? If yes, describe in XVI.
	X		83. During your ownership, have there been any insect control inspections made on the property. If yes, describe in XVI.
	X		84. Are you aware of any insect control treatments made on the property? If yes, describe in XVI.
	X		85. Are there now or have there ever been any bat colonies present on the property? If yes, describe in XVI.
	X		86. Is your property currently under warranty, or other coverage, by a professional pest control company? If yes, name of exterminating company: _____
			IX. BASEMENT AND CRAWL SPACES
	X		87. Does the property have a sump pump? If yes, where does it drain? _____
	X		88. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI.
	X		89. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI.
X			90. Are there any cracks or bulges in the floors or foundation walls? If yes, describe in XVI.
			X. ROOF
X			91. Date last roof surface installed: <u>2017</u> . If all roof surfaces not the same age, explain in XVI.
		NA	92. How many layers of roof material are there (e.g., new shingles over old shingles)? _____
	X		93. Are there any problems with the roof, flashing, rain gutters, or skylights? If yes or repaired under your ownership, explain in XVI.
		NA	94. If under warranty, is warranty transferable?
X			95. Where do your gutters drain? (<input checked="" type="checkbox"/> Surface), (<input type="checkbox"/> Drywell), (<input type="checkbox"/> Storm Sewers), (<input type="checkbox"/> Other: _____)
			XI. PLUMBING-RELATED ITEMS
X			96. What is the drinking water source? (<input type="checkbox"/> Municipal), (<input type="checkbox"/> County), (<input checked="" type="checkbox"/> Public Utility), (<input type="checkbox"/> Private Well), (<input type="checkbox"/> Other: _____)
X			97. If drinking water is supplied by public utility, name of utility: <u>Artesian Water</u>
	X		98. Is there a water treatment system? If yes, (<input type="checkbox"/> Leased) or (<input type="checkbox"/> Owned)?
		NA	99. If water source is a well, when was it installed? _____ Location of well? _____ Depth of well? _____. If more than one well, describe in XVI.

Page 4 of 10 Property Address: 30651 Tower Place, Selbyville, DE 19975

Seller's Initials AKM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials [Signature] Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Yes	No	*	* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
X			100. What type of plumbing is used for the Water Supply? (<input checked="" type="checkbox"/> Copper), (<input type="checkbox"/> Lead), (<input type="checkbox"/> Cast Iron), (<input type="checkbox"/> PVC), (<input type="checkbox"/> PEX), (<input type="checkbox"/> Polybutylene), (<input type="checkbox"/> Galvanized), (<input type="checkbox"/> Other/Unknown: _____)
X			101. What type of plumbing is used for Drainage? (<input type="checkbox"/> Copper), (<input type="checkbox"/> Lead), (<input type="checkbox"/> Cast Iron), (<input checked="" type="checkbox"/> PVC), (<input type="checkbox"/> Galvanized), (<input type="checkbox"/> Other/Unknown: _____)
X			102. Age of Water Heater? <u>9</u> Water heater type: (<input type="checkbox"/> Tank), (<input checked="" type="checkbox"/> Tankless), (<input type="checkbox"/> Other: _____)
X			103. Water Heater Fuel: (<input type="checkbox"/> Electric), (<input type="checkbox"/> Oil), (<input checked="" type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas) or (<input type="checkbox"/> Other: _____)
	X		104. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If yes, describe in XVI.
	X		105. Are there any additions and/or upgrades to the original service? If yes, describe in XVI.
		NA	106. If #105 is yes, was the work done by a licensed contractor?
		NA	107. If #105 is yes, were the required permits obtained?
		NA	108. If #107 is yes, are the permits closed?
		NA	109. If your drinking water is from a well, when was your water last tested and what were the results of the test? Tested on: _____ Results: _____
X			110. What is the type of sewage system? (<input checked="" type="checkbox"/> Public Sewer), (<input type="checkbox"/> Community Sewer), (<input type="checkbox"/> Septic System), (<input type="checkbox"/> Cesspool), (<input type="checkbox"/> Other: _____)
		NA	111. If a septic system, type: (<input type="checkbox"/> Gravity Fed), (<input type="checkbox"/> Capping Fill), (<input type="checkbox"/> LPP), (<input type="checkbox"/> Mound), (<input type="checkbox"/> Holding Tank), (<input type="checkbox"/> Other: _____)
		NA	112. If a septic system, when was it last pumped? _____
		NA	113. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? If yes, describe in XVI and provide the test results.
		NA	114. If a septic system, how many bedrooms is the septic permitted to service? _____
		NA	115. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? If yes, describe locations in XVI.
		NA	116. If #115 is yes, were they abandoned with all necessary permits and properly abandoned?
			XII. HEATING AND AIR CONDITIONING
X			117. How many heating and/or air conditioning systems are on the property? <u>1</u> . If more than 2, explain in XVI.
X		NA	118. Type of heating system for system #1 (<input checked="" type="checkbox"/> Forced air), (<input type="checkbox"/> Heat pump), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Baseboard), (<input type="checkbox"/> Radiator), (<input type="checkbox"/> Other: _____) Type of heating system for system #2 (<input type="checkbox"/> Forced air), (<input type="checkbox"/> Heat pump), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Baseboard), (<input type="checkbox"/> Radiator), (<input type="checkbox"/> Other: _____)
X		NA	119. Type of heating fuel for system #1 (<input type="checkbox"/> Oil), (<input checked="" type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas), (<input type="checkbox"/> Electric), (<input type="checkbox"/> Solar), (<input type="checkbox"/> Other: _____) Type of heating fuel for system #2 (<input type="checkbox"/> Oil), (<input type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas), (<input type="checkbox"/> Electric), (<input type="checkbox"/> Solar), (<input type="checkbox"/> Other: _____)
		NA	120. Fuel provider for: Heating system #1 _____ Heating System #2: _____
			121. Age of furnace #1: <u>9</u> Date of last service: <u>10/2025</u> Age of furnace #2: _____ Date of last service: _____
	X		122. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? If yes, describe in XVI.
		NA	123. Type of air conditioning for system #1 (<input checked="" type="checkbox"/> Central), (<input type="checkbox"/> Window Units), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Other: _____) Type of air conditioning for system #2 (<input type="checkbox"/> Central), (<input type="checkbox"/> Window Units), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Other: _____)
	X		124. Are there any contractual obligations affecting the heating/air conditioning system(s)? If yes, describe in XVI.
		NA	125. Age of air conditioning system #1: <u>9</u> Date of last service: _____ Age of air conditioning system #2: _____ Date of last service: <u>30651 Tower</u>
	X		126. Have there been any additions and/or upgrades to the original heating or air conditioning? If yes, describe in XVI.
		NA	127. If #126 is yes, was the work done by a licensed contractor?
		NA	128. If #126 is yes, were the required permits obtained?

Page 5 of 10 Property Address: 30651 Tower Place, Selbyville, DE 19975

Seller's Initials DKM Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____
 Seller's Initials A Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
		<i>NA</i>	129. If #128 is yes, are the permits closed?
		<i>NA</i>	130. Are there any problems with the heating or air conditioning systems? If yes, describe in XVI.
			XIII. ELECTRICAL SYSTEM
<input checked="" type="checkbox"/>			131. Who is the electric provider for the property? <u>Deltaware Cooperative</u>
<input checked="" type="checkbox"/>			132. What type of wiring is in the house? (copper, aluminum, other, etc.) <u>Copper</u>
<input checked="" type="checkbox"/>			133. What is the amp service? (<input type="checkbox"/> 60), (<input type="checkbox"/> 100), (<input type="checkbox"/> 150), (<input checked="" type="checkbox"/> 200), (<input type="checkbox"/> Other: _____)
<input checked="" type="checkbox"/>			134. Does the property have (<input checked="" type="checkbox"/> Circuit Breakers) or (<input type="checkbox"/> Fuses)? If more than one electrical panel, describe in XVI.
	<input checked="" type="checkbox"/>		135. Are there any 220/240 volt circuits? (Other: _____)
	<input checked="" type="checkbox"/>		136. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? If yes, describe in XVI.
	<input checked="" type="checkbox"/>		137. Are there wall switches, light fixtures, or electrical outlets in need of repair? If yes, explain in XVI.
	<input checked="" type="checkbox"/>		138. Is there a permanently affixed generator on the property? What is the fuel source? _____
	<input checked="" type="checkbox"/>		139. Have there been any additions to the original service?
	<input checked="" type="checkbox"/>		140. Have any (<input type="checkbox"/> solar) and/or (<input type="checkbox"/> wind powered) enhancements been made to supplement service? If yes, describe in XVI. Name of solar company? _____; If leased, what is the term? _____.
			Note to Buyer: Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission.
		<i>NA</i>	141. If #138, #139, or #140 is yes, was work done by a licensed electrician?
		<i>NA</i>	142. If #138, #139, or #140 is yes, were the required permits obtained?
		<i>NA</i>	143. If #142 is yes, is the permit closed?
			XIV. FIREPLACE OR HEATING STOVE
	<input checked="" type="checkbox"/>		144. How many fireplaces and/or heating stoves are on the property? _____. If more than 2, explain in XVI.
		<i>NA</i>	145. Type of fuel for fireplace 1: (<input type="checkbox"/> Wood Burning), (<input type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas), (<input type="checkbox"/> Other: _____)?
		<i>NA</i>	Type of fuel for fireplace 2: (<input type="checkbox"/> Wood Burning), (<input type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas), (<input type="checkbox"/> Other: _____)?
		<i>NA</i>	146. Type of fuel for heating stove 1: (<input type="checkbox"/> Wood Burning), (<input type="checkbox"/> Pellet), (<input type="checkbox"/> Other: _____)?
		<i>NA</i>	Type of fuel for heating stove 2: (<input type="checkbox"/> Wood Burning), (<input type="checkbox"/> Pellet), (<input type="checkbox"/> Other: _____)?
		<i>NA</i>	147. Was the fireplace or heating stove part of the original house design?
		<i>NA</i>	148. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?
		<i>NA</i>	149. Are there any problems? If yes, explain in XVI.
		<i>NA</i>	150. When were the flues/chimneys last cleaned, serviced, or repaired? _____. Explain nature of service or repair in XVI.

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Seller's Initials *AKM* Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials *[Signature]* Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

XV. MAJOR APPLIANCES AND OTHER ITEMS

Are the following items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not exist, leave the yes/no fields blank.		
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range with oven
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood-exhaust fan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooktop-stand alone
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Oven(s) # <u>1</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator
<input checked="" type="checkbox"/>	<input type="checkbox"/>	with icemaker
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refrigerator(s)-additional # <u>1</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Freezer-free standing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ice Maker-free standing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Microwave
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dryer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Filter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Storm Windows/Doors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screens (if present)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Draperies/Curtains
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drapery/Curtain rods
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shades/Blinds
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cornices/Valances
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Furnace Humidifier
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke Detectors
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carbon Monoxide Detectors
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Stove
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireplace Equipment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireplace Screen/Doors
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electronic Air Filter
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window A/C Units # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attic fan
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Whole house fan
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bathroom Vents/Fans
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Fan(s) # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Fan(s) # <u>4</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Central Vacuum
<input type="checkbox"/>	<input checked="" type="checkbox"/>	with attachments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Intercoms
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Satellite Dish
<input type="checkbox"/>	<input checked="" type="checkbox"/>	with controls & remote(s)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mounted Flat Screen TV # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall brackets for TV # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Surround sound system & controls
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attached Antenna/Rotor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garage Opener(s) # <u>1</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	with remote(s) # <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electronic/Smart Door Locks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smart Cameras/Doorbells
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smart Thermostat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool Equipment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool cover
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot Tub, Equipment
<input type="checkbox"/>	<input checked="" type="checkbox"/>	with cover
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheds/Outbuildings # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Playground Equipment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Irrigation System
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backup Generator
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Conditioner (owned)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Conditioner (leased)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fuel Storage Tank(s) (owned)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fuel Storage Tank(s) (leased)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Security/Monitoring Systems (owned)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Security/Monitoring Systems (leased)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solar Equipment (owned)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solar Equipment (leased)

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Seller's Initials [Signature] Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials [Signature] Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

ADDITIONAL NOTICES TO BUYERS

Government websites containing helpful information include: Office of State Planning Coordination <https://www.stateplanning.delaware.gov/>, Delaware Department of Natural Resources and Environmental Control <https://dnrec.alpha.delaware.gov/>, Delaware Division of Public Health www.dhss.delaware.gov/dhss/dph, Delaware State Police Sex Offender Registry <https://sexoffender.dsp.delaware.gov>, Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on www.delaware.gov.

All properties are part of larger surrounding areas. Buyers are advised to research Federal, State, and local governmental agencies' websites to become familiar with future anticipated development, global changes, climate changes, tax assessments, and other similar things that may affect the property in the future.

Square Footage: There are different methods of measuring used for different purposes. Acreage of the land and square footage of the buildings quoted on the real estate tax information, marketing materials, advertisements, brochures, MLS data, or appraisal, is only approximate, is not guaranteed, and should not be relied upon.

Tax System Data: Property data, square footage, characteristics, and building permit information in government real estate tax systems may not be accurate and should not be relied upon by sellers and buyers. It can be very difficult to research building permit information.

Additional information for specific sections is listed below:

II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS/CONDOMINIUMS AND CO-OPS

- Deed restrictions are provisions in a deed or declaration that limit the use of the property. With some exceptions, restrictions cannot be removed by the owner.
- If the property is within an "association", request further information to learn of the covenants and restrictions that the property is subject to.
- More information may be found from Delaware's Common Interest Community Ombudsperson. Learn more at <https://attorneygeneral.delaware.gov/fraud/cpu/ombudsperson/>.

IV. ADDITIONAL INFORMATION

- Check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal.
- Delaware requires each county to reassess the value of real property on a regular basis. Learn more from the county tax office where the property is located.


VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)


- *Flood Zone:* Public and/or private flood insurance options exist for most properties even if property is not in a high-risk flood zone. Inquire about options with a qualified insurance agent. More information may be found at the Delaware Department of Insurance.
- *Flood Risk:* Due to location and elevation, particularly with river and coastal communities, the property and surrounding areas may experience flooding from rising sea levels and stronger storms, both now and in the future. Learn more at <https://floodplanning.dnrec.delaware.gov/>. In addition to state regulations, local municipalities may have additional floodplain management rules for property improvements. Contact the local municipality directly to find out about any specific requirements.
- *Wetlands Area:* There are both tidal and non-tidal wetlands. The property may be subject to additional governmental oversight. Inquire further through programs like Delaware Wetlands of the Delaware Department of Natural Resources and Environmental Control.

XI. PLUMBING-RELATED ITEMS

- Learn more about private well and public water testing from the Delaware Division of Public Health's Office of Drinking Water.

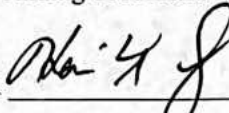
Page 9 of 10 Property Address: **30651 Tower Place, Selbyville, DE 19975**

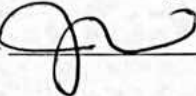
Seller's Initials  Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

Seller's Initials  Seller's Initials _____ Buyer's Initials _____ Buyer's Initials _____

ACKNOWLEDGMENT OF SELLER

Seller has provided the information contained in this report. This information is, to the best of Seller's knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.



SELLER  Date 3/20/26 SELLER _____ Date _____
Kevin T. Murphy Jean H. Murphy

SELLER  Date 3/20/26 SELLER _____ Date _____

Date the contents of this Report were last updated: _____.

ACKNOWLEDGMENT OF BUYER

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER _____ Date _____ BUYER  Date 

BUYER _____ Date _____ BUYER _____ Date _____



DATE OF FINAL SIGNATURES (OR INITIALED CHANGES) ON AGREEMENT OF SALE: _____

PROPERTY: 30651 Tower Place

SELLER: Kevin / Jean Murphy

BUYER: _____

INVENTORY

In addition to all fixtures upon the subject property, the following is a list of items which will convey with the sale of the subject property.

DESCRIPTION

LIVING ROOM

Couch
 coffeetable
~~Bar~~
 Blue chair / stool
 Lamp

★ less decorative items

Bar - less liquor table w/ lamp cabinet

DINING ROOM

Dining set (2 chairs)
 Large cabinet
 Small cabinet
 Bench
 Rug
 Mirror
 Lamp

★ less decorative items

~~Bar - less liquor table w/ lamp cabinet~~

KITCHEN

All appliances
 Bar stools (4)
~~Bar~~

★ less decorative items

DESCRIPTION

DEN

N/A

UTILITY ROOM

FOYER

rug

CLOSETS

WINDOW TREATMENTS

all shades / blinds

MASTER BEDROOM
- bed
2 nightstand
1 dresser
2 lamps

A less decorative items

2ND BEDROOM
~~1~~ beds (2)
nightstand
lamp
desk/chair

3RD BEDROOM
beds (2)
1 nightstand
small dresser
puffs (2)
desk/chair

4TH BEDROOM
LOFT
- daybed
- dual recliner

MASTER BATHROOM

2ND BATHROOM

3RD BATHROOM

BASEMENT

GARAGE
Refrigerator

OUTBUILDINGS
Upper deck
100 sets of
adirondacks

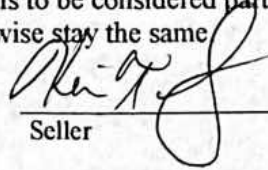
OTHER
PORCH (enclosed)
- table w/ 4 chairs + bench
- fireplace
- bar cart

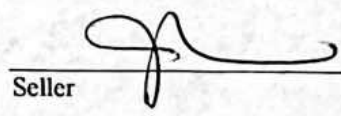
PORCH (outdoor)
- rocking chairs

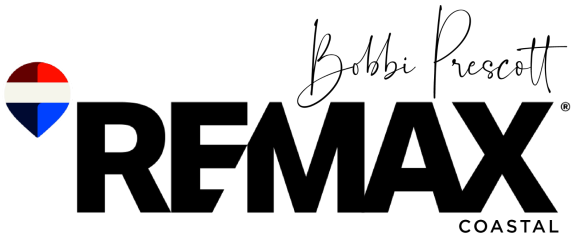
SPECIFICALLY EXCLUDED ARE:

We hereby certify that any personal property, miscellaneous items, and/or furnishings (if any) that convey with the above captioned property, convey simply as a matter of convenience to the purchaser(s)/borrowers(s) and seller(s), and may be of little, if any, value.

This addendum is to be considered part of the Agreement of Sale and of equal force and effect as all other terms and conditions, which otherwise stay the same


Seller
3/20/26
date


Seller
3/20/26
date



Sales Associate: Bobbi Prescott, License# RA-0031165

Broker of Record: Kim Hook, License# RB-0031040

Additional EXCLUSIONS for 30651 Tower Place, Selbyville, Delaware

GARAGE

- We will be keeping all items WITH THE EXCEPTION of the refrigerator > conveys

OUTSIDE/PATIO

- Blackstone
- Tree
- Coral color ceramic garden stool

INSIDE

- Blue ceramic garden stool - F/R (2)
- Blue/white ceramic stool - F/R
- Green garden stool (not sure of location)
- Coral garden stool (not sure of location)
- Blue chairs (2) - F/R
- Murphy bin - F/R
- Firewood Bin - F/R
- TV - F/R
- TV stand/fireplace F/R
- Off white area rug F/R
- Beachy dresser - MSTR
- Small cabinet - MSTR
- Mirror - MSTR
- Upholstered Bench - MSTR
- Blue/White chairs (2) - D/R
- Mini Desk LOFT
- Yellow Chair - BDRM 2 up
- Crib/Playpen - BDRM 2 up
- Printer - BDRM 2 up
- Nightstand (beige) - BDRM 2 up
- White Bench - BDRM 3 up

There will also be some items removed from the kitchen (family cutlery, glassware etc that is hard to pin down while we are not at the property)

Disclosure Of Information on Lead-Based Paint and Lead-Based Paint Hazards
(For Sale of Residential Property)

Property: 30651 Tower Place
Selbyville, DE 19975

Seller's Name: Jean H. Murphy
Kevin T. Murphy

Seller Instructions: Check the box indicating the age of your property and initial. If you checked either box 1 or 3, continue to complete the Seller's Disclosure section below and sign this form at the bottom. If you checked box 2, sign below to complete this form.

(Check one of the boxes to the right and initial here)

Year Dwelling Was Constructed:

- 1. was constructed prior to January 1, 1978
2. was constructed after January 1, 1978
3. uncertain as to when constructed

Lead Warning Statement - Every Purchaser of any interest in residential property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning.

Seller's Disclosure - Unless box 2 is checked above, each Seller is required to complete sections (a and b) by selecting an answer and then by initialing in each of these two sections (if more than one owner, all owners must select and initial)

(a) Presence of lead-based paint and/or lead-based paint hazards (CHECK ONE BOX BELOW AND INITIAL):

Known lead-based paint and/or lead-based paint hazards are present in the housing. (explain)

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Seller. (CHECK ONE BOX AND INITIAL):

Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (list documents below):

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgement - Unless box 2 is checked above, all purchaser(s) must initial c, d, e and f

(c) Purchaser(s) has read the Lead Warning Statement above.

(d) Purchaser(s) has received copies of all information listed above.

(e) Purchaser(s) has received the pamphlet Protect Your Family From Lead In Your Home.

(f) Purchaser(s) has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgement - Initial below

(g) The Listing Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852(d), and the Seller is aware of his/her responsibility to ensure compliance.

Certification of Accuracy - The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Seller Kevin T. Murphy Date

Seller Jean H. Murphy Date

Purchaser Date

Purchaser Date

Agent Bobbi Prescott Date

Agent Date

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DUCIOA RESALE CERTIFICATION

Common Interest Community Resale Certification Addendum to Listing Agreement

This Notice concerns the property/unit known as: **30651 Tower Place, Selbyville, DE 19975**

In the community of: THE OVERLOOK

Seller(s) is hereby advised that the sale of this property is subject to the requirements of the Delaware Uniform Common Interest Ownership Act (DUCIOA, Title 25, Delaware Code, Chapter 81).

As such, the Seller(s) understands that once an Agreement of Sale has been ratified on the property, Seller(s) is required, at Seller(s) expense and within 15 days of the ratification or as otherwise provided in the Agreement of Sale, to furnish to the Buyer(s) all documents and information required by DUCIOA Section 81 - 409 in a Resale Certification (hereinafter referred to as the "Certification").

Seller(s) further understands that according to DUCIOA, the Buyer(s) will have 5 days to review and accept all the certification documents per the terms of the Agreement of Sale or to terminate the Agreement of Sale and receive a refund of all deposit money.

An alternative is to pay now to obtain a Certification to provide to potential buyers along with the Seller's Disclosure of Real Property Condition Report. The Certification is good for 120 days. A buyer given the Certification before making an offer may not terminate the Agreement of Sale after signing because of something in the Certification. However, if a buyer is not found within 120 days, the Seller(s) may need to pay to update the Certification.

Please tell us how you would like to proceed.

Wait until we have a ratified Agreement of Sale to obtain the Certification.

Pay now to obtain the Certification which will be good for 120 days.

Signed by:  Seller Kevin T. Murphy	3/19/2026 _____ Date
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Signed by:  Seller Jean H. Murphy	3/19/2026 _____ Date
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