

## Seller's Property Disclosure – Residential

**Notice to Licensee and Seller:** Only the Seller should fill out this form.

**Notice to Seller:** Florida law<sup>1</sup> requires a **Seller** of a home to disclose to the **Buyer** all known facts that materially affect the value of the property being sold and that are not readily observable or known by the **Buyer**. This disclosure form is designed to help you comply with the law. However, this disclosure form may not address every significant issue that is unique to the Property. You should think about what you would want to know if you were buying the Property today; and if you need more space for additional information, comments, or explanations, check the Paragraph 12 checkbox and attach an addendum.

**Notice to Buyer:** The following representations are made by **Seller** and **not** by any real estate licensee. This disclosure is not a guaranty or warranty of any kind. It is not a substitute for any inspections, warranties, or professional advice you may wish to obtain. It is not a substitute for your own personal judgment and common sense. The following information is based only upon **Seller's** actual knowledge of the Property's condition. **Sellers** can disclose only what they actually know. **Seller** may not know about all material or significant items. You should have an independent, professional home inspection to verify the condition of the Property and determine the cost of repairs, if any. This disclosure is not a contract and is not intended to be a part of any contract for sale and purchase.

**Seller** makes the following disclosure regarding the property described as:

10800 SW 55TH AVE

OCALA

FL 34476-7075 (the "Property")

The Property is ☐ owner occupied ☐ tenant occupied ☒ unoccupied (If unoccupied, how long has it been since **Seller** occupied the Property? 2 months)

|                                                                                                                                                                                                                 | Yes                                 | No                                  | Don't Know                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>1. Structures; Systems; Appliances</b>                                                                                                                                                                       |                                     |                                     |                                     |
| (a) Are the structures including roofs; ceilings; walls; doors; windows; foundation; and pool, hot tub, and spa, if any, structurally sound and free of leaks?                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) Is seawall, if any, and dockage, if any, structurally sound?                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Are existing major appliances and heating, cooling, mechanical, electrical, security, and sprinkler systems, in working condition, i.e., operating in the manner in which the item was designed to operate? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (d) Does the Property have aluminum wiring other than the primary service line?                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) Are any of the appliances leased? If yes, which ones: _____                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) If any answer to questions 1(a) – 1(c) is no, please explain: _____                                                                                                                                         |                                     |                                     |                                     |
| <b>2. Termites; Other Wood-Destroying Organisms; Pests</b>                                                                                                                                                      |                                     |                                     |                                     |
| (a) Are termites; other wood-destroying organisms, including fungi; or pests present on the Property or has the Property had any structural damage by them?                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has the Property been treated for termites; other wood-destroying organisms, including fungi; or pests?                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (c) If any answer to questions 2(a) - 2(b) is yes, please explain: _____                                                                                                                                        |                                     |                                     |                                     |
| <b>3. Water Intrusion; Drainage; Flooding</b>                                                                                                                                                                   |                                     |                                     |                                     |
| (a) Has past or present water intrusion affected the Property?                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Have past or present drainage or flooding problems affected the Property?                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Is any of the Property located in a special flood hazard area?                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) Is any of the Property located seaward of the coastal construction control line?                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Does your lender require flood insurance?                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) Do you have an elevation certificate? If yes, please attach a copy.                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) If any answer to questions 3(a) - 3(d) is yes, please explain: _____                                                                                                                                        |                                     |                                     |                                     |

<sup>1</sup> Johnson v. Davis, 480 So.2d 625 (Fla. 1985).

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SPDR-4x Rev 3/25

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>4. Plumbing</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |
| (a) What is your drinking water source? <input type="checkbox"/> public <input type="checkbox"/> private <input checked="" type="checkbox"/> well <input type="checkbox"/> other                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |
| (b) Have you ever had a problem with the quality, supply, or flow of potable water?                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (c) Do you have a water treatment system?                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased?                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |
| (d) Do you have a <input type="checkbox"/> sewer or <input checked="" type="checkbox"/> septic system? If septic system, describe the location of each system: <u>I think in the backyard</u>                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |
| (e) Are any septic tanks, drain fields, or wells that are not currently being used located on the Property?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (f) Are there or have there been any defects to the water system, septic system, drain fields or wells?                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (g) Have there been any plumbing leaks since you have owned the Property?                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (h) Are any polybutylene pipes on the Property?                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (i) If any answer to questions 4(b), 4(c), and 4(e) - 4(h) is yes, please explain:                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| <b>5. Roof and Roof-Related Items</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| (a) To your knowledge, is the roof structurally sound and free of leaks?                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| (b) The age of the roof is _____ years OR date installed <u>2023</u>                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |
| (c) Has the roof ever leaked during your ownership?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) To your knowledge, has there been any repair, restoration, replacement (indicate full or partial) or other work undertaken on the roof?                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If yes, please explain: <u>Not since I have owned the house. Full replacement in 2023</u>                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |
| (e) Are you aware of any defects to the roof, fascia, soffits, flashings or any other component of the roof system?                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, please explain: _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| <b>6. Pools; Hot Tubs; Spas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |
| <b>Note:</b> Florida law requires swimming pools, hot tubs, and spas that received a certificate of completion on or after October 1, 2000, to have at least one safety feature as specified by Section 515.27, Florida Statutes.                                                                                                                                                                                                                               |                                     |                                     |                                     |
| (a) If the Property has a swimming pool, hot tub, or spa that received a certificate of completion on or after October 1, 2000, indicate the existing safety feature(s):<br><input type="checkbox"/> enclosure that meets the pool barrier requirements <input type="checkbox"/> approved safety pool cover <input type="checkbox"/> required door and window exit alarms <input type="checkbox"/> required door locks <input checked="" type="checkbox"/> none |                                     |                                     |                                     |
| (b) Has an in-ground pool on the Property been demolished and/or filled?                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| <b>7. Sinkholes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |
| <b>Note:</b> When an insurance claim for sinkhole damage has been made by the seller and paid by the insurer, Section 627.7073(2)(c), Florida Statutes, requires the seller to disclose to the buyer that a claim was paid and whether or not the full amount paid was used to repair the sinkhole damage.                                                                                                                                                      |                                     |                                     |                                     |
| (a) Does past or present settling, soil movement, or sinkhole(s) affect the Property or adjacent properties?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Has any insurance claim for sinkhole damage been made?                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, was the claim paid? <input type="checkbox"/> yes <input type="checkbox"/> no If the claim was paid, were all the proceeds used to repair the damage? <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                           |                                     |                                     |                                     |
| (c) If any answer to questions 7(a) - 7(b) is yes, please explain:                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |

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SPDR-4X Rev 3/25

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|                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Yes</u>                          | <u>No</u>                           | <u>Don't Know</u>        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>8. Homeowners' Association Restrictions; Boundaries; Access Roads</b>                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |
| (a) Is membership in a homeowner's association mandatory or do any covenants, conditions or restrictions (CCRs) affect the Property? (CCRs include deed restrictions, restrictive covenants and declaration of covenants.)                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Notice to Buyer:</b> If yes, you should read the association's official records and/or the CCRs before making an offer to purchase. These documents contain information on significant matters, such as recurring dues or fees; special assessments; capital contributions, penalties; and architectural, building, landscaping, leasing, parking, pet, resale, vehicle and other types of restrictions. |                                     |                                     |                          |
| (b) Are there any proposed changes to any of the restrictions?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Are any driveways, walls, fences, or other features shared with adjoining landowners?                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| (d) Are there any encroachments on the Property or any encroachments by the Property's improvements on other lands?                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Are there boundary line disputes or easements affecting the Property?                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Are you aware of any existing, pending or proposed legal or administrative action affecting homeowner's association common areas (such as clubhouse, pools, tennis courts or other areas)?                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (g) Have any subsurface rights, as defined by Section 689.29(3)(b), Florida Statutes, been severed from the Property?                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a right of entry? <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |
| (h) Are access roads <input type="checkbox"/> private <input checked="" type="checkbox"/> public? If private, describe the terms and conditions of the maintenance agreement: _____                                                                                                                                                                                                                         |                                     |                                     |                          |
| (i) If any answer to questions 8(a) - 8(g) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>9. Environmental</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |
| (a) Was the Property built before 1978?<br>If yes, please see Lead-Based Paint Disclosure.                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Does anything exist on the Property that may be considered an environmental hazard, including but not limited to, lead-based paint; asbestos; mold; urea formaldehyde; radon gas; methamphetamine contamination; defective drywall; fuel, propane, or chemical storage tanks (active or abandoned); or contaminated soil or water?                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Has there been any damage, clean up, or repair to the Property due to any of the substances or materials listed in subsection (b) above?                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are any mangroves, archeological sites, or other environmentally sensitive areas located on the Property?                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) If any answer to questions 9(b) - 9(d) is yes, please explain: _____                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>10. Governmental, Claims and Litigation</b>                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |
| (a) Are there any existing, pending or proposed legal or administrative claims affecting the Property?                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) Are you aware of any existing or proposed municipal or county special assessments affecting the Property?                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) Is the Property subject to any Qualifying Improvements assessment per Section 163.081, Florida Statutes?                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) Are you aware of the Property ever having been, or is it currently, subject to litigation or claim, including but not limited to, defective building products, construction defects and/or title problems?                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (e) Have you ever had any claims filed against your homeowner's Insurance policy?                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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