



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

Approved by the Delaware Real Estate Commission 5/11/17 (effective 10/1/17)

**Seller(s) Name:** David Keen and Danielle Keen

**Property Address:** 10 Claddagh Ct, Middletown, DE 19709

**Approximate Age of Building(s):** 1991

**Date Purchased:** 9/1991

**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. State websites containing helpful information include: Office of State Planning Coordination [www.stateplanning.delaware.gov](http://www.stateplanning.delaware.gov), Delaware Department of Natural Resources and Environmental Control [dnrec.alpha.delaware.gov](http://dnrec.alpha.delaware.gov), Delaware Division of Public Health [www.dhss.delaware.gov/dhss/dph](http://www.dhss.delaware.gov/dhss/dph), Delaware State Police Sex Offender Registry [www.sexoffender.dsp.delaware.gov](http://www.sexoffender.dsp.delaware.gov) and other agencies listed on [www.delaware.gov](http://www.delaware.gov).

Yes	No	*	
			<b>* 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.</b>
			<b>I. OCCUPANCY</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		1. Do you currently occupy this property full-time? If No, how long has it been since you occupied the property? _____ Property is your: ( <input checked="" type="checkbox"/> Primary Residence ) ( <input type="checkbox"/> Second / Vacation Home ) ( <input type="checkbox"/> Rental Property ) ( <input type="checkbox"/> Inherited Property ) ( <input type="checkbox"/> Other _____ )
<input type="checkbox"/>	<input checked="" type="checkbox"/>		2. Is the property encumbered by a ( <input type="checkbox"/> lease ), ( <input type="checkbox"/> option to purchase ), or ( <input type="checkbox"/> first right of refusal )? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. If the property is leased, have all necessary permits / licenses been obtained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		4. Is the property new construction?
			5. If #4 is Yes, Seller warrants that the property ( <input type="checkbox"/> is ) or ( <input type="checkbox"/> is not ) exempt from providing the buyer with a <b>Public Offering Statement</b> 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 not exempt, 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.

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

Yes	No	*	
			<b>* 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.</b>
			<b>II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is the property subject to any deed restrictions? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		7. Are you in violation of any deed restrictions at this time? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		8. Is the property subject to any agreements concerning affordable housing or workforce housing?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		9. Is the property subject to any private or public architectural review control other than building codes?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		10. Is the property part of a condominium or other common ownership?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		11. Is there a ( <input checked="" type="checkbox"/> Homeowners Association), ( <input type="checkbox"/> Condominium Association), ( <input type="checkbox"/> Civic Association), or ( <input type="checkbox"/> Maintenance Corporation) included in the deed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		12. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		13. If #11 is Yes, are there any ( <input checked="" type="checkbox"/> fees), ( <input type="checkbox"/> dues), ( <input type="checkbox"/> assessments), or ( <input type="checkbox"/> bonds) involved? If Yes, how much? <u>\$25</u> and how often? <u>Annual</u> . Are they ( <input type="checkbox"/> Mandatory) or ( <input type="checkbox"/> Voluntary)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		14. Are there any unpaid assessments? If Yes, indicate amount _____. If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		15. Has there been a special assessment in the past 12 months? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		16. Have you received notice of any new or proposed increases in fees, dues, assessments, or bonds? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>		17. Is there any condition or claim which may result in an increase in assessments or fees? If Yes, describe in XVI.
			18. Management Company Name: <u>Unknown</u>
			19. Representative Name: _____ Phone # _____
			20. Representative E-mail Address: _____
			<b>III. TITLE / ZONING INFORMATION</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		21. Does the amount owed on your mortgages and other liens exceed the estimated value of the property? If Yes, are additional funds available from Seller for settlement? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		22. Is your property owned ( <input checked="" type="checkbox"/> In fee simple) or ( <input type="checkbox"/> Leasehold) or ( <input type="checkbox"/> Cooperative)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Are there any right-of-ways, easements, or similar matters that may affect the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		24. Are there any shared maintenance agreements affecting the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		25. Are there any variance, zoning, non-conforming use, or setback violations? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Has the variance or non-conforming use expired or would not be transferable? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		27. Has a title policy been issued on the property in the past 5 years?
			<b>IV. MISCELLANEOUS</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		28. Have you received notice from any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		29. Is there any existing or threatened legal action affecting this property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		30. Are there any violations of local, state, federal laws, or regulations relating to this property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		31. Does your current real estate tax amount reflect any non-transferrable exemptions – discounts?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		32. Is there anything else you should disclose to a prospective Buyer because it may materially and adversely affect the property, e.g., zoning changes, road changes, proposed utility changes, threat of condemnation, noise, bright lights, odors, or other nuisances, etc.? If Yes to any, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		33. Are all the exterior door locks in the house in working condition? If No, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		34. Will keys be provided for each lock?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		35. Have you had, or do you now have, any animals (pets) in the house? If yes, what type? <u>Dog (none after 2019)</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		36. Is there or has there ever been a ( <input checked="" type="checkbox"/> swimming pool), ( <input checked="" type="checkbox"/> hot tub), ( <input type="checkbox"/> spa), or ( <input type="checkbox"/> whirlpool) on the property? If Yes and there are any defects describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		37. If there is a pool, does it conform to all local ordinances? If No, describe in XVI.
			38. What is the type of trash disposal? ( <input checked="" type="checkbox"/> Private), ( <input type="checkbox"/> Municipal) or ( <input type="checkbox"/> Other _____).

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Seller's Initials D.K. Seller's Initials [Signature] Buyer's Initials [Signature] Buyer's Initials [Signature]

Yes	No	*	
<p><b>* 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.</b></p>			
			39. The cost of repairing and paving the streets adjacent to the property is paid for by:
			<input type="checkbox"/> The property owner(s), estimated fees: \$ _____
			<input type="checkbox"/> Delaware Department of Transportation or the State of Delaware
			<input type="checkbox"/> City or Town
			<input type="checkbox"/> Other _____
			<input checked="" type="checkbox"/> Unknown
			Note to Buyer: Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		40. Is off street parking available for this property? If Yes, number of spaces available: <u>10+</u>
<b>V. ENVIRONMENTAL HAZARDS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		41. Are there now or have there been any underground storage tanks on the property? For ( <input type="checkbox"/> heating fuel), ( <input checked="" type="checkbox"/> propane), ( <input type="checkbox"/> septic), or ( <input type="checkbox"/> Other _____). If Yes, describe locations in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	42. If the tank was abandoned, was it done with all necessary permits and properly abandoned?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		43. Are asbestos-containing materials present? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		44. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		45. Has the property been tested for toxic or hazardous substances? Attach each test report, if available.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		46. Has the property ever been tested for mold, if Yes, provide the test results.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		47. Is there currently mold in the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		48. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? If Yes, describe in XVI.
<b>VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>		49. Is there fill soil or other fill material on the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		50. Are there any 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.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		51. Is any part of the property located in ( <input type="checkbox"/> a flood zone) and / or ( <input type="checkbox"/> a wetlands area)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		52. Are there any drainage or flood problems affecting the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	53. Do you carry flood insurance? Agent: _____ Policy # _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		54. If # 53 is Yes, what is the annual cost of this policy? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		55. Have you made any insurance claims on the property in the past 5 years? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		56. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		57. Are there encroachments or boundary line disputes affecting the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		58. Are there any tax ditches crossing or bordering the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		59. Are there any swales crossing the property that are under the control of a Soil and Conservation District? If Yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		60. Has the property ever been surveyed? <u>When Pool was Put in</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	61. Are the boundaries of the property marked in any way?
<b>VII. STRUCTURAL ITEMS</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		62. Have you made any additions or structural changes? If Yes, describe in XVI.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		63. If Yes, was all work done with all necessary permits and approvals in compliance with building codes?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		64. Is there any movement, shifting, or other problems with walls or foundations? If Yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		65. Have the property or improvements thereon, ever been damaged by ( <input type="checkbox"/> fire), ( <input type="checkbox"/> smoke), ( <input checked="" type="checkbox"/> wind), or ( <input type="checkbox"/> flood)? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		66. Was the structure moved to this site? ( <input type="checkbox"/> Double Wide) ( <input type="checkbox"/> Modular) ( <input type="checkbox"/> Other: _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		67. Is there any ( <input type="checkbox"/> past) or ( <input type="checkbox"/> present) water leakage in the house? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		68. Are there any problems with ( <input type="checkbox"/> driveways), ( <input type="checkbox"/> walkways), ( <input type="checkbox"/> patios), or ( <input type="checkbox"/> retaining walls) on the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<u>N/A</u>	69. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 67 and 68? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	70. Is there insulation in:
<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	The ceiling / attic?
<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	The exterior walls?
<input type="checkbox"/>	<input type="checkbox"/>	<u>U</u>	Other places? Describe _____



Yes	No	*	
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			What type(s) of insulation does your property have? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		71. Are there any drywall issues or drywall smells? If Yes, describe in XVI.
			<b>VIII. TERMITES, DRYROT, PESTS</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		72. Is there, or has there been, any infestation by termites or other wood destroying insects? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		73. Is there or has there been any damage to the property caused by ( <input type="checkbox"/> termites), ( <input type="checkbox"/> other wood destroying insects), ( <input type="checkbox"/> pests), or ( <input type="checkbox"/> dry rot)? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		74. Has there been any termite or other wood destroying insect inspections made on the property subsequent to your purchase? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		75. Has there been any pest control inspections made on the property subsequent to your purchase. If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		76. Has there been any termite or wood destroying insect treatments made on the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		77. Has there been any pest control treatments made on the property? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78. Is your property currently under warranty, or other coverage, by a professional pest control company? If Yes, name of exterminating company: _____
			<b>IX. BASEMENT AND CRAWL SPACES</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		79. Does the property have a sump pump? If Yes, where does it drain? <u>Side yard</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		80. Is there any water leakage, accumulation, or dampness within the basement or crawlspace?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	81. Has there been any repairs or other attempts to control any water or dampness problem in the basement or crawlspace? If Yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		82. Are there any cracks or bulges in the floor or foundation walls? If Yes, describe in XVI.
			<b>X. ROOF</b>
			83. Date last roof surface installed: <u>2009</u>
			84. How many layers of roof material are there (e.g., new shingles over old shingles)? <u>1</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		85. Are there any problems with the roof, flashing, or rain gutters? If Yes or repaired under your ownership, explain in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		86. If under warranty, is warranty transferable?
			87. Where do your gutters drain? ( <input type="checkbox"/> Surface) ( <input type="checkbox"/> Drywell) ( <input type="checkbox"/> Storm Sewers) ( <input checked="" type="checkbox"/> Other <u>hurried w/ pop up</u> )
			<b>XI. PLUMBING-RELATED ITEMS</b>
			88. What is the drinking water source? <u>Public</u>
			89. If drinking water supplied by utility, name of utility: <u>Tidewater</u>
			90. What type of plumbing ( <u>copper</u> , lead, cast iron, PVC, polybutylene, galvanized, unknown) is in the house? 1. Water supply <u>copper</u> 2. Drainage <u>PVC</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		91. Have there been any additions / upgrades to the original service? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92. If any, was the work done by a licensed contractor?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93. If Yes to above, were the required permits obtained?
			94. 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: _____
			95. When was well installed? _____ Location of well? _____ Depth of well? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		96. Is there a water treatment system? If Yes, ( <input type="checkbox"/> Leased) or ( <input type="checkbox"/> Owned)?
			97. What is the type of sewage system? ( <input type="checkbox"/> Public Sewer) ( <input type="checkbox"/> Community Sewer) ( <input checked="" type="checkbox"/> Septic System) ( <input type="checkbox"/> Cesspool) ( <input type="checkbox"/> Other _____)
			98. If a septic system, type: ( <input checked="" 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: _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		99. Has the septic system been pumped out by a Class F contractor and inspected by a Class H inspector within the past 36 months?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		100. Is there a wastewater spray irrigation system installed on or adjacent to the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		101. Has a soil / site evaluation ever been done? If Yes, when? _____ Results? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		102. Any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If Yes, describe in XVI.

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Seller's Initials	<u>JK</u>	Seller's Initials	<u>JK</u>	Buyer's Initials		Buyer's Initials	
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Yes	No	*	
<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>* 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.</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>		103. Are there any shut off, disconnected, or abandoned wells, underground water, or sewer tanks on the property? If Yes, describe locations in XVI.
<input type="checkbox"/>	<input type="checkbox"/>		104. If #103 is Yes, were they abandoned with all necessary permits and properly abandoned?
<input type="checkbox"/>	<input type="checkbox"/>		105. Water heater type: ( <input checked="" type="checkbox"/> Electric) ( <input type="checkbox"/> Oil) ( <input type="checkbox"/> Gas) or ( <input type="checkbox"/> Other: _____)
<input type="checkbox"/>	<input type="checkbox"/>		<b>XII. HEATING AND AIR CONDITIONING</b>
<input type="checkbox"/>	<input type="checkbox"/>		106. How many heating and / or air conditioning zones are in the property? <u>1</u> . If more than one, indicate the zone number next to each answer in this section and provide the answer for each zone.
<input type="checkbox"/>	<input type="checkbox"/>		107. What is the type of heating system and fuel? (e.g., System: forced air, heat pump, hot water, baseboard. Fuel: oil, gas, electric, solar etc.) System: <u>Forced Air</u> Fuel: <u>Propane</u>
<input type="checkbox"/>	<input type="checkbox"/>		108. Age of furnace? <u>2009</u> Date of last service? _____
<input type="checkbox"/>	<input type="checkbox"/>		109. Are there any contractual obligations affecting the fuel supply, tanks, or systems? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>		110. What is the type of air conditioning system? (e.g., central, window units) _____
<input type="checkbox"/>	<input type="checkbox"/>		111. Age of air conditioning system? <u>2009</u> Date of last service? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		112. Has there been any additions / upgrades to the original heating or air conditioning? If Yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		113. If question 112 is Yes, was work done by a licensed contractor?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		114. If Yes to the above, were the required permits obtained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		115. Are there any problems with the heating or air conditioning systems? If Yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>		<b>XIII. ELECTRICAL SYSTEM</b>
<input type="checkbox"/>	<input type="checkbox"/>		116. What type of wiring is in the house? (copper, aluminum, other, etc.) <u>Copper</u>
<input type="checkbox"/>	<input type="checkbox"/>		117. What amp service does it have? ( <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"/>	<input type="checkbox"/>		Do you have ( <input checked="" type="checkbox"/> Circuit Breakers) or ( <input type="checkbox"/> Fuses)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		118. Does it have any 220 / 240-volt circuits?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		119. 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"/>	<input type="checkbox"/>		120. Have there been any additions to the original service?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		121. Have any ( <input type="checkbox"/> solar) and / or ( <input type="checkbox"/> wind power) enhancements been made to supplement service?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		122. If Yes to questions 120 or 121, was work done by a licensed electrician?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		123. If Yes to the above, were the required permits obtained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		124. Are there wall switches, light fixtures, or electrical outlets in need of repair? If Yes, explain in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		125. Are the permits associated with questions 63, 93, 114, and 123 closed?
<input type="checkbox"/>	<input type="checkbox"/>		<b>XIV. FIREPLACE OR HEATING STOVE</b>
<input type="checkbox"/>	<input type="checkbox"/>		126. Fireplace Type: ( <input type="checkbox"/> Wood Burning) ( <input type="checkbox"/> Gas) ( <input type="checkbox"/> Insert) ( <input type="checkbox"/> Other: _____)?
<input type="checkbox"/>	<input type="checkbox"/>		127. Heating Stove type: ( <input type="checkbox"/> Wood Burning) ( <input type="checkbox"/> Pellet) ( <input type="checkbox"/> Other: _____)?
<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	128. Was the fireplace or heating stove part of the original house design?
<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	129. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?
<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	130. Are there any problems? If Yes, explain in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<u>NA</u>	131. When were the flues / chimneys last cleaned, serviced or repaired? _____ Explain nature of service or repair in XVI.

#### XV. MAJOR APPLIANCES AND OTHER ITEMS

(A) Are you aware of any problems affecting the following areas? If Yes, describe in XVI.

	Yes	No	NA		Yes	No	NA
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Patios / Decks / Porches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Driveways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Outside Walkways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Seller's Initials	<u>D.K.</u>	Seller's Initials	<u>DK</u>	Buyer's Initials		Buyer's Initials	
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**(B) Are the following included items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not convey or does not exist, leave the yes / no fields blank.**

YES	NO	YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/> Range with oven	<input checked="" type="checkbox"/>	<input type="checkbox"/> Draperies/Curtains	<input checked="" type="checkbox"/>	<input type="checkbox"/> Wall Mounted Flat Screen TV # _____
<input checked="" type="checkbox"/>	<input type="checkbox"/> Range Hood-exhaust fan	<input checked="" type="checkbox"/>	<input type="checkbox"/> Drapery/Curtain rods	<input checked="" type="checkbox"/>	<input type="checkbox"/> Wall brackets for TV # _____
<input type="checkbox"/>	<input type="checkbox"/> Cooktop-stand alone	<input checked="" type="checkbox"/>	<input type="checkbox"/> Shades/Blinds	<input checked="" type="checkbox"/>	<input type="checkbox"/> Surround sound system & controls
<input type="checkbox"/>	<input type="checkbox"/> Wall Oven(s) # _____	<input type="checkbox"/>	<input type="checkbox"/> Cornices/Valances	<input type="checkbox"/>	<input type="checkbox"/> Solar Equipment
<input checked="" type="checkbox"/>	<input type="checkbox"/> Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/> Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/> Attached Antenna/Rotor
<input checked="" type="checkbox"/>	<input type="checkbox"/> with icemaker	<input checked="" type="checkbox"/>	<input type="checkbox"/> Smoke Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/> Garage Opener(s) # <u>3</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Refrigerator(s)-additional # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/> Carbon Monoxide Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/> with remote(s) # <u>3</u>
<input type="checkbox"/>	<input type="checkbox"/> Freezer -free standing	<input type="checkbox"/>	<input type="checkbox"/> Wood Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pool Equipment
<input type="checkbox"/>	<input type="checkbox"/> Ice Maker-free standing	<input type="checkbox"/>	<input type="checkbox"/> Fireplace Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/> Pool cover
<input checked="" type="checkbox"/>	<input type="checkbox"/> Dishwasher	<input type="checkbox"/>	<input type="checkbox"/> Fireplace Screen/Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hot Tub, Equipment
<input type="checkbox"/>	<input type="checkbox"/> Disposal	<input type="checkbox"/>	<input type="checkbox"/> Electronic Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/> with cover
<input checked="" type="checkbox"/>	<input type="checkbox"/> Microwave	<input type="checkbox"/>	<input type="checkbox"/> Window A/C Units # _____	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sheds/Outbuildings # <u>2 sheds</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/> Attic fan	<input type="checkbox"/>	<input type="checkbox"/> Playground Equipment
<input checked="" type="checkbox"/>	<input type="checkbox"/> Dryer	<input type="checkbox"/>	<input type="checkbox"/> Whole house fan	<input type="checkbox"/>	<input type="checkbox"/> Irrigation System
<input type="checkbox"/>	<input type="checkbox"/> Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/> Bathroom Vents/Fans	<input type="checkbox"/>	<input type="checkbox"/> Water Conditioner (owned)
<input type="checkbox"/>	<input type="checkbox"/> Water Filter	<input type="checkbox"/>	<input type="checkbox"/> Window Fan(s) # _____	<input type="checkbox"/>	<input type="checkbox"/> Water Conditioner (leased)
<input checked="" type="checkbox"/>	<input type="checkbox"/> Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/> Ceiling Fan(s) # _____	<input type="checkbox"/>	<input type="checkbox"/> Fuel Storage Tank(s) (owned)
<input checked="" type="checkbox"/>	<input type="checkbox"/> Sump Pump	<input type="checkbox"/>	<input type="checkbox"/> Central Vacuum	<input checked="" type="checkbox"/>	<input type="checkbox"/> Fuel Storage Tank(s) (leased)
<input type="checkbox"/>	<input type="checkbox"/> Storm Doors	<input type="checkbox"/>	<input type="checkbox"/> with attachments	<input type="checkbox"/>	<input type="checkbox"/> Security/Monitoring Systems (owned)
<input checked="" type="checkbox"/>	<input type="checkbox"/> Screens (where present)	<input type="checkbox"/>	<input type="checkbox"/> Intercoms	<input type="checkbox"/>	<input type="checkbox"/> Security/Monitoring Systems (leased)
		<input type="checkbox"/>	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/> Solar Equipment (owned)
		<input type="checkbox"/>	<input type="checkbox"/> with controls & Remote(s)	<input type="checkbox"/>	<input type="checkbox"/> Solar Equipment (leased)

**XVI. ADDITIONAL INFORMATION**

If you were directed to this section to clarify an answer, or if you indicated there is a problem with any of the items in sections I through XV, provide a detailed explanation below, or on additional sheet(s). Attach additional sheets if needed.

Question Number	Additional Information
63	Permit for Garage, Pool
	No Permit for finished Basement - Seller will not provide Permit
65	Wind Damage on Porch approx 2001 - was repaired
123	Permits for Garage, Pool - No Permit for Basement

Are there additional problems, clarification, or document sheets attached? ☐ No ☒ Yes  
 Number of Sheets Attached \_\_\_\_\_

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Seller's Initials	<u>DL</u>	Seller's Initials	<u>DK</u>	Buyer's Initials		Buyer's Initials	
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**ACKNOWLEDGMENT OF SELLER**

Seller has provided the information contained in this report. This information is to the best of Seller's knowledge and belief is 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	<div><div></div><div><i>David Keen</i></div><div>6-17-22</div></div>	Date	SELLER	<div><div></div><div></div><div></div></div>	Date
SELLER	<div><div><i>Danielle Keen</i></div><div>dotloop verified 06/17/22 11:46 AM EDT QH7T-6DA2-KRPIN-08WU</div></div>	Date	SELLER	<div><div></div><div></div><div></div></div>	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 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 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	<div><div></div><div></div><div></div></div>	Date	BUYER	<div><div></div><div></div><div></div></div>	Date
BUYER	<div><div></div><div></div><div></div></div>	Date	BUYER	<div><div></div><div></div><div></div></div>	Date