



# SELLER'S DISCLOSURE STATEMENT (RESIDENTIAL IMPROVED PROPERTY)



Property: 4619 ORCHARD LANE, NAPLES, FL 34112

Seller is obligated by Florida law to disclose to a buyer all known facts or conditions that materially affect the value of the Property which are not readily observable by a buyer. This disclosure statement is designed to facilitate Seller's compliance with Florida law and to assist a buyer in evaluation of the condition and desirability of the Property. This statement and the information contained herein do not constitute a warranty to a buyer by the Seller or any licensee involved in the sale of the Property, nor should buyer consider the information contained herein a substitute for any physical inspections of the Property. The following information is provided by the Seller and not by any licensee involved in the sale of the Property to a buyer.

**NOTE TO BUYER: UNLESS OTHERWISE AGREED TO BY SELLER IN ANY SALES CONTRACT ENTERED INTO BY SELLER AND A BUYER, SELLER SHALL NOT BE REQUIRED TO TAKE REMEDIAL ACTION OR PROVIDE A CREDIT IN LIEU OF ANY REMEDIAL ACTION WITH REGARD TO ANY DEFECTIVE INSPECTION ITEM DISCLOSED HEREIN.**

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
<b>ITEMS</b>			
<b><u>SELLER MAY PROVIDE ADDITIONAL COMMENTS IN PARAGRAPH 17</u></b>			
1. OCCUPANCY:			
(a) Property is <input checked="" type="checkbox"/> owner occupied <input checked="" type="checkbox"/> tenant occupied <input type="checkbox"/> unoccupied			
(b) How long has it been since Seller occupied Property? _____			
(c) Current lease, written or verbal, on the Property, or any portion thereof? If written lease, please attach copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. SOIL, TOPOGRAPHY, LANDSCAPE AND BOUNDARIES:			
(a) Was any portion of the Property filled or used as a landfill?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Sliding, earth movement, sinkholes, upheaval, or earth stability/ expansion soil problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Any drainage, water infiltration, flooding or grading problems on the Property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Do you know in which FEMA-designated flood zone the Property is located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Presence on the Property of any Prohibited Exotic Plant Species?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(f) Any encroachments of neighboring property improvements, unrecorded easements, or boundary line disputes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(g) If the answer to any of the above is Yes, describe or specify: _____ _____			
3. ROOF:			
(a) Approximate age: <u>2</u> years.			
(b) All or any part been repaired or replaced? If yes, describe: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) Current roof leaks or problems with the roof, gutters or downspouts? If yes, describe nature and location: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**ITEMS**

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**YES    NO    DON'T KNOW**

4. TERMITES, WOOD ROT, PESTS, WOOD-DESTROYING ORGANISMS:
- (a) Infestation or damage? If yes, describe type and location: \_\_\_\_\_  YES  NO  DON'T KNOW
- (b) Property currently under service contract, warranty or other coverage?  YES  NO  DON'T KNOW
- Name of Company: \_\_\_\_\_
- Type of coverage  re-treatment and repair or  re-treatment only or  preventative maintenance contract
- Is service contract, warranty or other coverage transferable?  YES  NO  DON'T KNOW
5. STRUCTURAL, FOUNDATION, ADDITIONS AND ALTERATIONS:
- (a) Movement, shifting, cracking, deterioration, or other structural problems with any dwelling or garage? If yes, describe: \_\_\_\_\_  YES  NO  DON'T KNOW
- (b) Structural problems with driveways, walkways, patios, or retaining walls? If yes, describe: broken concrete  YES  NO  DON'T KNOW
- (c) Material additions, structural changes, or any other major alterations to original improvements? If yes, describe: \_\_\_\_\_  YES  NO  DON'T KNOW
- If yes, were permits and/or approvals obtained?  YES  NO  DON'T KNOW
- (d) Any work done not in compliance with prevailing building codes or zoning regulations? If yes, describe: \_\_\_\_\_  YES  NO  DON'T KNOW
6. DRAINAGE, FLOODING AND MOISTURE:
- (a) Water leakage, accumulation, dampness or damage within improvements? If yes, describe nature and location: \_\_\_\_\_  YES  NO  DON'T KNOW
- (b) Drainage problems or flooding? If yes, describe nature and location: Back to side yard retains water when rains  YES  NO  DON'T KNOW
- (c) Problems with siding or exterior cladding retaining moisture, swelling, chipping or delaminating? If yes, describe nature and location: \_\_\_\_\_  YES  NO  DON'T KNOW
7. PLUMBING AND IRRIGATION SYSTEMS AND EQUIPMENT:
- (a) Drinking water source:  Public  Private  Well
- (b) Problems with quality, supply or flow of potable water? If yes, describe: \_\_\_\_\_  YES  NO  DON'T KNOW
- (c) Water softener, filter or purifier  Leased  Owned. If leased, Company Name: \_\_\_\_\_
- Service Contract  Yes  No
- (d) Sewage system:  Public  Private  Septic
- (e) Leaks, backups, or similar problems relating to plumbing, water and/or sewage-related items? If yes, describe nature and location: \_\_\_\_\_  YES  NO  DON'T KNOW
- (f) Polybutylene plumbing, other than primary service line, on the Property?  YES  NO  DON'T KNOW
- (g) Irrigation system:  Public  Private Source: \_\_\_\_\_

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**YES**    **NO**    **DON'T KNOW**

8. HEATING AND AIR CONDITIONING SYSTEMS AND EQUIPMENT:
- (a) Heating system(s)?  electric  gas  solar Age: 3 years
- (b) Water heated by  electric  gas  solar  heat recovery Age: 3 years
- (c) Air conditioning system(s)  central  window/wall unit Age: 3 years
- (d) All enclosed living areas connected to heating/air conditioning system?     
 If no, describe location: \_\_\_\_\_
9. ELECTRICAL SYSTEMS AND EQUIPMENT:
- Any damaged or malfunctioning switches, receptacles or wiring? If yes, describe nature and location: \_\_\_\_\_
10. TOXIC AND HAZARDOUS SUBSTANCES AND WASTE:
- (a) Any underground tanks or toxic or hazardous substances (structure or soil) such as asbestos, polychlorinated biphenyls (PCBs), methane gas, radon, benzene, lead-based paint, toxic mold or others? If yes, describe nature and location: \_\_\_\_\_
- (b) Any radon mitigation performed on the Property? \_\_\_\_\_     
 When? \_\_\_\_\_ By Whom? \_\_\_\_\_
- (c) Any mold remediated from the Property? \_\_\_\_\_     
 When? \_\_\_\_\_ By Whom? \_\_\_\_\_
- (d) Any prior use of the Property for agriculture, storage of vehicles or equipment, or commercial uses? If yes, describe nature and location: \_\_\_\_\_
11. SWIMMING POOL AND SPA:
- (a) Spa? If Yes, Source of heat:  electrical  solar  gas  other: If other, type: \_\_\_\_\_
- (b) Swimming pool heated? If Yes, Source of heat:  electrical  solar  gas  other: If other, type: \_\_\_\_\_
- (c) Current leaks/unusual loss of water? If yes, describe nature and location: \_\_\_\_\_
- (d) Problems with pool or spa filtration systems? If yes, describe: \_\_\_\_\_
- (e) Any non-functioning or malfunctioning pool or spa equipment?     
 If yes, describe: \_\_\_\_\_
- (f) Pool or spa issued a certification of substantial completion after October 1, 2000?     
 If yes, check those that apply:  enclosure that meets pool barrier requirements  
 required door locks  required door and window exit alarms  
 approved pool safety cover
- (g) Pool/spa professionally serviced? Company Name: \_\_\_\_\_



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**YES**   **NO**   **DON'T KNOW**

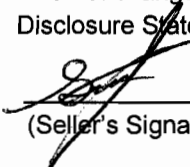
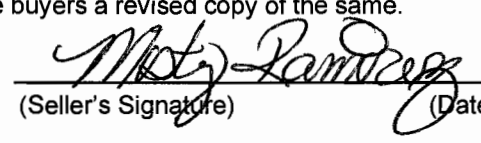
**16. SPRINKLER/LIFE SAFETY SYSTEM/RETROFIT:**

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| (a) If the property is located in a condominium or cooperative building, are you aware of any requirement for the building to be retrofit with fire sprinkler or other safety systems in the future?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) If the above answer is "Yes," has the association voted to waive retrofitting the building (or just the individual units if the building is over 75 feet in height) with such systems?<br><small>Note: If "Yes," copies of the Notice of association waiver must be provided to buyers.</small> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**17. OTHER:**

**SELLER'S REPRESENTATION:**

Seller represents that, to the best of Seller's knowledge, the information contained herein with respect to the condition of the Property is accurate and complete as of the date signed by Seller. Seller hereby authorizes the listing broker to provide this information to prospective buyers of the Property and to cooperating brokers and licensees. If there are any material changes in the answers to the questions contained herein, Seller agrees to promptly update this Seller's Property Disclosure Statement and to provide to the listing broker and prospective buyers a revised copy of the same.

 _____ (Seller's Signature)	5-24-008 _____ (Date)	 _____ (Seller's Signature)	_____ (Date)
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**RECEIPT AND ACKNOWLEDGMENT BY BUYER:**

Buyer acknowledges receipt of this Seller's Property Disclosure Statement, and understands that, unless Seller otherwise agrees in the sales contract entered into by Seller and Buyer, the Property is being sold subject to the conditions disclosed herein. Buyer further acknowledges that there may be conditions unknown to Seller. No representations concerning the condition of Property are being relied upon by Buyer except as disclosed herein or stated in the sales contract.

_____ (Buyer's Signature)	_____ (Date)	_____ (Buyer's Signature)	_____ (Date)
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