

SPLP 159
ADDENDUM # 1



R.I. REAL ESTATE SALES DISCLOSURE FORM
RHODE ISLAND ASSOCIATION OF REALTORS®



SELLER	<p>DATE _____ PROPERTY ADDRESS <u>45 BLUEBERRY LANE</u> <u>NORTH KINGSTOWN, RI</u></p> <p>Seller <u>STATE OF RHODE ISLAND</u> Current Address _____</p> <p>"Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate.</p>
STRUCTURE	<p>Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.</p> <p>1. Seller Occupancy Seller has occupied property? Yes _____ No _____ If yes, number of years: <u>NOT CURRENTLY OCCUPIED</u></p> <p>2. Year Built <u>1970</u> Additions: _____ Year: _____</p> <p>3. Roof (Shingles) Age: <u>UK</u> # of Layers: <u>UK</u></p> <p>4. Fireplaces # <u>1</u> #Working: _____ Maintenance History: <u>NOT USED PER GROUP HOME REGULATIONS</u></p> <p>5. Wood Burning Stove Yes _____ No <input checked="" type="checkbox"/> If yes, when installed? _____ Permit received? Yes (attach copy) _____ No _____</p> <p>6. Insulation Wall/type: <u>UK</u> Ceiling/Type: <u>UK</u> Floor/Type: <u>UK</u> Unknown <input checked="" type="checkbox"/></p> <p>7. Radon "Radon has been determined to exist in the State of Rhode Island. Testing for the presence of Radon in residential real estate prior to purchase is advisable." Has building been tested for Radon? Yes _____ No <input checked="" type="checkbox"/> If yes, # of Pico curies/liter: _____ Copy of test available? Yes _____ No _____ Was any action taken? _____</p> <p>8. Electrical Service Fuses _____ Circuit Breakers <input checked="" type="checkbox"/> Amps: <u>200</u> Unknown <u>(NEW 2012)</u></p> <p>9. Heating System Type: <u>FWA</u> Age: <u>20</u> If oil fuel, size of tank: _____ Underground tanks on property? Yes _____ (Size?) _____ No _____ Number of zones of heat: <u>1</u> Any supplemental heating? <u>N</u> If yes, what kind? _____</p> <p>10. Domestic Hot Water Heating Source: <u>NAT GAS</u> If a separate tank, capacity: <u>50</u> gal. Age: <u>8</u> Rented Hot Water Heater? Yes _____ No _____</p>
UTILITIES	<p>11. Sewage System Type (private, public or both): <u>PRIVATE (ISDS)</u> If public system available, is it connected? Yes _____ No _____ If public, Assessment (if any): _____ Minimum Annual Fee: \$ _____ If private, Cesspool _____ Septic <input checked="" type="checkbox"/> Leach field _____ Galleys <input checked="" type="checkbox"/> #Bedrooms/per ISDS Design: <u>3</u> Other Connections (Drywell, etc.): _____ Location: _____ Date installed: _____ Maintenance History (Any Failure): _____ Sanitation Company used: <u>RE SEPTIC SERVICES</u> Last pumped: <u>AUGUST 2012</u></p> <p>12. Water System Public <input checked="" type="checkbox"/> Filtration System? Yes _____ No <input checked="" type="checkbox"/> Private _____ If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health. If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3. The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)." Dug well or drilled well? _____ Depth: _____ Location: _____ Filtration System? Yes _____ No _____ Is well water inspection certificate available? Yes _____ No _____ If yes, attach copy _____</p>
MUNICIPAL INFORMATION	<p>13. Property Tax \$ _____ for fiscal/calendar year ending _____ Tax Rate: _____ Current Exemptions: <u>YES - STATE OWNED</u></p> <p>14. Deed Type of deed to be conveyed: _____ #of parcels conveying: <u>DNE</u></p> <p>15. Zoning "Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details." Classification: _____ Is the current use a permitted use under the current zoning regulations? Yes <input checked="" type="checkbox"/> No _____ Unknown _____ If no, explain: _____ Is the current use non-conforming in any other way? Yes _____ No _____ Unknown _____ If yes, explain: _____</p> <p>16. Restrictions Plat or other? Yes <u>UK</u> No _____ Copy available to Buyer: _____</p> <p>17. Building Permits Have you applied for or been granted a special permit for this property? Yes <input checked="" type="checkbox"/> No _____ If yes, explain: _____ Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes _____ No _____ If no, explain: <u>UK</u></p> <p>18. Building Code/or Minimum Housing Violations: <u>UK</u></p> <p>19. Flood Plain Is the property located in a flood plain? Yes _____ No <input checked="" type="checkbox"/> Unknown _____ Is there flood insurance on the property? Yes _____ No <input checked="" type="checkbox"/> If yes, \$ _____ per year.</p> <p>20. Wetlands The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in RIGL 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management. Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp? Yes (Explain) <u>SEE EXHIBIT 5 IN RFP DOCUMENT</u> No _____ Unknown _____</p> <p>21. Megan's Law If the Buyer is concerned about convicted felons in the neighborhood, he/she should contact the local police authority.</p>

MISCELLANEOUS

22. Condo/Assoc. Fees Monthly Condo/Association Fee: \$ NA Outstanding Assessments: \$ _____

23. Multi-family or Other Rental Property Are income and expense figures available? Yes _____ No _____ If yes, attach copies _____
 Lease(s) period: _____ Copies available? Yes _____ No _____ Number of Units: _____
 Are the existing rents current? Yes _____ No _____ Security Deposits _____
 Are all units legal for the current zoning and use? Yes _____ No _____ Appliances Offered: _____

24. Pools & Equipment Age of pool: NA Maintenance history: _____
 Was a permit obtained for the pool? Yes _____ No _____ Unknown _____

25. Lead Contamination "Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced Intelligence Quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential property is required to provide the Buyer with any information on lead or lead hazards in paint, interior dust, soil, or water from risk assessments or inspections in the Seller's possession and notify the Buyer of any known or potential lead or lead-based hazards, and must receive a lead disclosure and educational brochure. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase." Have you ever had a lead paint inspection conducted? Yes _____ No _____ UK
 If yes, copy of report available. Yes _____ No _____

26. Smoke/Carbon Monoxide Detectors Installed and functioning? Yes No _____ Seller is required to provide certificate from the local fire official within 60 days prior to closing in Rhode Island attesting that smoke and carbon monoxide detectors have been properly installed.

STRUCTURE

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA		Y	N	UK	NA	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical System(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulkhead/Hatchway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer/Septic System
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation/Slab(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls/Fences
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water System/Well Equip.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveway(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing <i>(CREATE BATHROOM)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Structural Components (Describe) _____										

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.) _____

EQUIPMENT / SYSTEMS

Does any item, equipment or system in or on the property and conveying with the sale need repair or replacement? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

Y	N	UK	NA		Y	N	UK	NA		Y	N	UK	NA	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm/Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Satellite Dish
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/Whole House Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot Tub/Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Tank/Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trash Compactor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Heat System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Central Vac/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jacuzzi/Whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Treatment System
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen Stove/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood/Coal Stove
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Freezer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garage Door Opener(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gas-Fired Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)
49. - GAS FURNACE MUST BE REPLACED; HOLE IN HEAT EXCHANGER - BLOWER FAN MOTOR SIZED

CONDITIONS

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y | N | UK | NA | | Y | N | UK | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---|--|-------------------------------------|-------------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 79 Aluminum Wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 96 Soil Movement |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 80 Asbestos | Structural Repairs: | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 81 Cemetery or Burial Ground on Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 97 Previous Foundation Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 82 Diseased Tree(s) within 100' of Dwelling/Outbuilding | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 98 Previous Roof Repairs |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 83 Easement(s) or Right(s) of Way on Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 99 Other Structural Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 84 Endangered Species/Habitat on Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 100 Subsurface Structure(s) or Pit(s) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 85 Hazardous or Toxic Waste | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 101 Synthetic Stucco / EIFS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 86 Hazardous or Toxic Waste Site Within 1 Mile | Termites or Other Wood-Destroying Insects: | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 87 Improper Drainage | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 102 Active Infestation |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 88 Landfill | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 103 Previous Treatment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 89 Located in 100 Year Floodplain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 104 Previous Damage Repaired |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 90 Present Flood Insurance Coverage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 105 Damage Needing Repair |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 91 Previous Fire/Smoke Damage | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 106 Current Service Contract |
| | | | | Previous Flooding: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 107 Toxic Mold |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 92 Into the Improvements (BASEMENT) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 108 Ureaformaldehyde Insulation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 93 Onto the Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 109 Water Penetration |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 94 Septic System Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 110 Water Quality Problems |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 95 Settling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 111 Wood Rot (EXTERIOR TRIM) |

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

COMMENTS

Additional Comments:

STATEMENT

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the above property information is accurate, true and complete to the best of his knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all transactions related thereto may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Real Estate Broker or Agent for such advice. Seller is obligated to report to the Broker or Agent any known changes prior to sales agreement and prior to closing.

Seller Signature _____ Date _____ Seller Signature _____ Date _____
 Buyer Receipt _____ Date _____ Buyer Receipt _____ Date _____