



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



SELLER

DATE _____ PROPERTY ADDRESS _____

Seller _____ Current Address _____

Seller has occupied **subject** property? Yes _____ No _____ If yes, number of years and when: _____

"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. **It is recommended that a separate sales disclosure form be completed for each unit of a multi-unit property.**

STRUCTURE

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.

1. **Year Built** _____ Addition(s): _____ Year(s): _____
2. **Roof (Shingles)** Age: _____ # of Layers: _____ Previous Repairs: _____ Known Defects: _____
3. **Fireplaces** # _____ # Working: _____ Maintenance History: _____
4. **Wood/Coal/Gas Stove(s)** Yes ___ No ___ If yes, Type _____ When installed? _____ Permit received? Yes ___ No ___
If yes, attach copy _____
5. **Insulation** Wall/Type: _____ Ceiling/Type: _____ Floor/Type: _____ Unknown _____
Ureaformaldehyde Insulation: Yes ___ No ___ Unknown _____
6. **Electrical Service** Fuses _____ Circuit Breakers _____ Amps _____ Unknown _____
Type: Aluminum Wiring ___ Knob & Tube ___ BX Cable ___ Romex ___ Other ___ Unknown ___
7. **Heating System** Type: _____ Age: _____ If oil fuel, size of tank: _____ Number of zones: _____
Underground tanks on property? Yes _____ (Size?) _____ No ___ Unknown _____
Supplemental heating? Yes ___ No ___ If yes, type? _____
8. **Domestic Hot Water** Heating Source: _____ If a separate tank, capacity: _____ gal. Age _____
Rented? Yes ___ No ___ If yes, Company rented from _____
9. **Air Conditioning** Central Air _____ Number of zones _____ Window Units _____ Number of units _____ Age _____
Location _____ Maintenance History _____

Additional Structural Information (Attach additional sheets if necessary.) _____

UTILITIES

10. **Sewage System** Type (private, public or both): _____ If public system available, is it connected? Yes ___ No ___
If public, Outstanding Assessment? Yes ___ No ___ Minimum Annual Fee: \$ _____ Balance \$ _____
If private, Cesspool ___ Septic ___ Leach field ___ Galleys ___ Unknown ___ Other _____
#Bedrooms/per ISDS Design: _____ Copy Available? Yes ___ No ___
Location: _____ Date installed: _____
Maintenance History (Any Failure): _____ Sanitation Company used: _____
Last pumped: _____ Other Connections (Drywell, etc.): _____
11. **Water System** Public _____ Filtration System? Yes ___ No ___
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: _____
Well water inspection certificate available? Yes ___ No ___ If yes, attach copy _____
Water Quality Problems? Yes (Explain) _____ No ___
Filtration System? Yes ___ No ___ Treatment System? Yes ___ No ___

Additional Utilities Information (Attach additional sheets if necessary.) _____

MUNICIPAL INFORMATION

12. **Property Tax** \$ _____ for fiscal/calendar year ending _____ Tax Rate: _____ Current Exemptions: _____
13. **Easements/
Encroachments** Seller is legally required to provide the Buyer with a copy of any previous surveys of the property that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.
Does Seller have a copy of any surveys in his/her possession? Yes _____ No _____ If yes, attach copy
Does Seller have any knowledge of Easement(s) or Right(s) of Way on property? Yes _____ No _____
If yes, describe _____
Does Seller have any knowledge of Encroachments? Yes _____ No _____
If yes, describe _____
14. **Deed** Type of deed to be conveyed: _____ Number of parcels conveying: _____
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 ___ No ___
Unknown ___ If no, explain: _____
Is the current use non-conforming in any other way? Yes ___ No ___ Unknown ___
If yes, explain: _____
16. **Restrictions** Plat or other? Yes (Explain) _____ No _____ Copy available to Buyer: _____
17. **Building Permits** Have you applied for or been granted a special permit for this property? Yes _____ 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: _____
18. **Building Code/or
Minimum Housing** Violations: _____
19. **Flood Plain** Is the property located in a flood plain? Yes _____ No _____ Unknown _____
Is there flood insurance on the property? Yes _____ No _____ If yes, \$ _____ per year.
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) _____
No _____ Unknown _____
21. **Megan's Law** If the Buyer is concerned about convicted felons in the neighborhood, he/she should contact the local police authority.

Additional Municipal Information (Attach additional sheets if necessary.) _____

CONDO / MULTI UNIT

22. **Condo/Assoc.
Fees** Monthly Condo/Association Fee: \$ _____ Heat/Electric/Water Included in Fee? _____
Working Capital Deposit? Yes _____ No _____ If yes, Amount: \$ _____ Buyer to pay? Yes _____ No _____
Current Outstanding Assessments: \$ _____
Fire Alarm System up to date? Yes _____ No _____ Unknown _____
Anticipated Future Assessments: Yes ___ If yes, describe _____ No ___ Unknown ___
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: _____

Additional Condo/Multi Unit Information (Attach additional sheets if necessary.) _____

NOTICES / DISCLOSURES

24. **Pools & Equipment** Age of pool: _____ 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 _____
 If yes, copy of report available? Yes _____ No _____
 Lead compliance certificate(s) available? Yes _____ No _____
26. **Smoke/Carbon Monoxide Detectors** Installed and functioning? Yes _____ No _____ Seller of a 1 to 3 unit property 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.
27. **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 _____ If yes, # of Pico curies/liter: _____
 Copy of test available? Yes _____ No _____ Any action taken? _____

Additional Notices/Disclosures Information (Attach additional sheets if necessary.) _____

STRUCTURE

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

- | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> |
|---|---|---|
| 28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basement | 34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driveway(s) | 39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing |
| 29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bulkhead/Hatchway | 35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exterior Walls | 40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sidewalks |
| 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ceilings | 36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Floors | 41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walls/Fences |
| 31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chimney(s) | 37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Foundation/Slab(s) | 42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows |
| 32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doors | 38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Interior Walls | |
| 33 <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).

- | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> |
|--|--|--|
| 43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alarm/Security System | 51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Generator | 59 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Satellite Dish |
| 44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ceiling/Whole House Fan | 52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot Tub/Sauna | 60 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sump Pump |
| 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Central Vac/Equipment | 53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Intercom System | 61 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trash Compactor |
| 46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dishwasher | 54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jacuzzi/Whirlpool | 62 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washer |
| 47 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dryer | 55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kitchen Stove/Oven | 63 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
| 48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Freezer | 56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lawn Sprinkler System | 64 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
| 49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garage Door Opener(s) | 57 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lighting Fixtures | 65 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ |
| 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage Disposal | 58 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerator | 66 <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.) _____

CONDITIONS	<p>Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></th> <th style="width: 50%; text-align: center;"><u>Y</u> <u>N</u> <u>UK</u> <u>NA</u></th> </tr> </thead> <tbody> <tr> <td>67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos</td> <td>81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Penetration</td> </tr> <tr> <td>68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cemetery or Burial Ground on Property</td> <td>82 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood Rot</td> </tr> <tr> <td>69 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diseased Tree(s) within 100' of Dwelling/Outbuilding</td> <td style="text-align: center;">Previous Flooding:</td> </tr> <tr> <td>70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Endangered Species/Habitat on Property</td> <td>83 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Into the Improvements</td> </tr> <tr> <td>71 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste</td> <td>84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onto the Property</td> </tr> <tr> <td>72 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste Site Within 1 Mile</td> <td style="text-align: center;">Structural Repairs:</td> </tr> <tr> <td>73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Drainage</td> <td>85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Foundation Repairs</td> </tr> <tr> <td>74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landfill</td> <td>86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Structural Repairs</td> </tr> <tr> <td>75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mold</td> <td style="text-align: center;">Termites or Other Wood-Destroying Insects:</td> </tr> <tr> <td>76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Fire/Smoke Damage</td> <td>87 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active Infestation</td> </tr> <tr> <td>77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Settling</td> <td>88 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Treatment</td> </tr> <tr> <td>78 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Movement</td> <td>89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Damage Repaired</td> </tr> <tr> <td>79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subsurface Structure(s) or Pit(s)</td> <td>90 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Damage Needing Repair</td> </tr> <tr> <td>80 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Synthetic Stucco / EIFS</td> <td>91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Service Contract</td> </tr> </tbody> </table> <p>If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.) _____</p> <p>_____</p> <p>_____</p>	<u>Y</u> <u>N</u> <u>UK</u> <u>NA</u>	<u>Y</u> <u>N</u> <u>UK</u> <u>NA</u>	67 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos	81 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Penetration	68 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cemetery or Burial Ground on Property	82 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood Rot	69 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diseased Tree(s) within 100' of Dwelling/Outbuilding	Previous Flooding:	70 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Endangered Species/Habitat on Property	83 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Into the Improvements	71 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste	84 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onto the Property	72 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous or Toxic Waste Site Within 1 Mile	Structural Repairs:	73 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper Drainage	85 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Foundation Repairs	74 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landfill	86 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Structural Repairs	75 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mold	Termites or Other Wood-Destroying Insects:	76 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Fire/Smoke Damage	87 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Active Infestation	77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Settling	88 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Treatment	78 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Movement	89 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Previous Damage Repaired	79 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Subsurface Structure(s) or Pit(s)	90 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Damage Needing Repair	80 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Synthetic Stucco / EIFS	91 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Service Contract
<u>Y</u> <u>N</u> <u>UK</u> <u>NA</u>	<u>Y</u> <u>N</u> <u>UK</u> <u>NA</u>																														
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COMMENTS	<p>Additional Comments: _____</p> <p>_____</p> <p>_____</p> <p>Changes since property was first listed: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date _____ Seller's Initials _____ Date _____ Buyer's Initials _____</p>																														
STATEMENT	<p>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.</p>																														
ACKNOWLEDGMENT	<p>Seller hereby acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Real Estate Broker and any subagents for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.</p> <p>Date _____ Seller _____ Date _____ Seller _____</p> <p>Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.</p> <p>Date _____ Buyer _____ Date _____ Buyer _____</p>																														