



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



SELLER

DATE 10/31/14 PROPERTY ADDRESS 80 Fisher Rd #3

Cumberland RI 02864

Seller Carol Falcone Current Address Same

Seller has occupied **subject** property? Yes No If yes, number of years and when: 11.5 yrs.

"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 1988 Addition(s): _____ Year(s): _____
- 2. Roof (Shingles) Age: 10 # of Layers: ? Previous Repairs: _____ Known Defects: NONE
- 3. Fireplaces # 1 # Working: yes Maintenance History: Never used fireplace / works perfectly
- 4. Wood/Coal/Gas Stove(s) Yes No If yes, Type gas When installed? @cmstr. Permit received? Yes No If yes, attach copy _____
- 5. Insulation Wall/Type: _____ Ceiling/Type: _____ Floor/Type: Purple/Carpeting 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: gas Age: 3 mos. 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: TANK 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: 2013 (? mo.) Other Connections (Drywell, etc.): _____
- "Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

UTILITIES

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? NO Depth: _____ Location: _____ Well water inspection certificate available? Yes _____ No _____ If yes, attach copy Water Quality Problems? Yes (Explain) NO _____ No _____ Filtration System? Yes _____ No _____ Treatment System? Yes _____ No _____

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

MUNICIPAL INFORMATION

12. Property Tax \$ 2900 for fiscal/calendar year ending 2013 Tax Rate: _____ Current Exemptions: SR.CITIZEN
13. Easements/ Encroachments Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions 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), preservation restrictions or right(s) of way on property? Yes _____ No If yes, describe _____ Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession? Yes _____ No If yes, attach copy 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/ Historical "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: _____ Is this property located in a historic district or subject to historic restrictions? Yes _____ No _____ Unknown _____

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: NONE

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 R.I.G.L. 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.

22. Farms Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

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

CONDO / MULTI UNIT

23. **Condo/Assoc. Fees** Monthly Condo/Association Fee: \$ 245 Heat/Electric/Water Included in Fee? NO
 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 _____

24. **Multi-family or Other Rental Property** Are income and expense figures available? Yes N/A 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

25. **Pools & Equipment** N/A Age of pool: _____ Maintenance history: _____
 Was a permit obtained for the pool? Yes _____ No _____ Unknown _____

26. **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 _____

27. **Smoke/Carbon Monoxide Detectors** Installed and functioning? Yes No _____ R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. Three-unit dwellings must be equipped with interconnected smoke detectors effective July 1, 2008. Contact the local Fire Marshal to determine the requirements for this Property.

28. **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).

Y N UK NA

Y N UK NA

Y N UK NA

- | | | | | | | | | | | | | | | | | | |
|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------|
| 29 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway(s) | 40 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing |
| 30 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bulkhead/Hatchway | 36 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls | 41 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings | 37 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors | 42 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| 32 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney(s) | 38 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s) | 43 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows |
| 33 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors | 39 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Walls | | | | | | |
| 34 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Components (Describe) <u>New exterior siding & all windows replaced in 2011</u> | | | | | | | | | | | | |

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

- | | | | | | | | | | | | | | | | | | |
|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|----|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------------|----|--------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm/Security System <i>N/A</i> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Generator <i>N/A</i> | 60 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Satellite Dish <i>N/A</i> |
| 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling/Whole House Fan <i>500-01001</i> | 53 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tub/Sauna | 61 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sump Pump <i>N/A</i> |
| 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central Vac/Equipment | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intercom System <i>N/A</i> | 62 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trash Compactor <i>N/A</i> |
| 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jacuzzi/Whirlpool | 63 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washer |
| 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dryer | 56 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen Stove/Oven | 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"/> | Freezer <i>N/A</i> | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lawn Sprinkler System <i>N/A</i> | 65 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 50 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Door Opener(s) | 58 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lighting Fixtures | 66 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage Disposal <i>N/A</i> | 59 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator | 67 | <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

Do any of the following conditions exist? 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> | |
|----------|-------------------------------------|--------------------------|--------------------------|--|----------|-------------------------------------|-------------------------------------|--------------------------|--|
| 68 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos | 82 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Penetration |
| 69 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property | 83 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood Rot |
| 70 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | | | | | Previous Flooding: |
| 71 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property | 84 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Into the Improvements |
| 72 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste | 85 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onto the Property |
| 73 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile | | | | | Structural Repairs: |
| 74 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Drainage | 86 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| 75 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Landfill | 87 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs |
| 76 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mold | | | | | Termites or Other Wood-Destroying Insects: |
| 77 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage | 88 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active Infestation |
| 78 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Settling | 89 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment |
| 79 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Movement | 90 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired |
| 80 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) ? | 91 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair |
| 81 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS | 92 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |

sealed basement + moved drainspout outside

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

*A gutter/drain needed to be repositioned & re-routed to prevent water buildup in the driveway -
Hot water heater tank - new unit installed 2011*

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 Listing Licensee(s) for such advice. **Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and prior to closing.**

ACKNOWLEDGMENT

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 Listing Licensee(s) 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.

Date 10/31/14 Seller *[Signature]* Date _____ Seller _____

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.

Date _____ Buyer _____ Date _____ Buyer _____

CHANGES

Changes since property was first listed: _____

Date 10/31/14 Seller's Initials *[Signature]* Date _____ Buyer's Initials _____