



REAL ESTATE SERVICES

## Seller's Disclosure

The following is a disclosure statement, made by the seller, of information concerning the condition of the residential property located at \_\_\_\_\_. This disclosure is not a warranty of any kind by the seller or any agent of the seller in this transaction, and is not a substitute for any inspections or warranties the purchaser may wish to obtain.

**TO THE SELLER:** Please complete the following form, including past history of problems if known. If the condition is not applicable to your property, mark "NA" in the blank. Attach additional pages if additional space is required. **Please initial each page.**

The following are representations made by the seller and are not the representations of the seller's agent.

**APPLIANCES/SYSTEMS:**

Good Working Order

	YES	NO	REPAIR DATE
Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Hood/Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Central Air	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Window/Wall AC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Well Pump & Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Pool Pump & Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pool Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Garage Door Opener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fireplace/Chimney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

*individual air for front 3 bedrooms*

*pool + landscape lighting  
landscape irrigation*

Explanations of "NO and "REPAIR" responses, if any:

*No well - city water + sewage  
Not many fireplaces in Key West*

Buyer(s) \_\_\_\_\_

Seller(s) JAH RJR

**CURRENT INSURANCE INFORMATION:**

Wind Policy Carrier: FRONTLINE INS Annual Premium: 4,500  
Flood Policy Carrier: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
Hazard Policy Carrier: INCL. Annual Premium: INCL.  
Local Agent: KEY WEST INS Annual Premium: \_\_\_\_\_

**FOR MULTI-UNIT PROPERTIES:** N.A.

Number of units \_\_\_\_\_ Number of city licenses \_\_\_\_\_ Number of county licenses \_\_\_\_\_  
(Attach copies of licenses)  
Number of water meters \_\_\_\_\_ Number of electric meters \_\_\_\_\_  
Number of parking spaces \_\_\_\_\_

Please list the rental information for each unit:

Unit #	Monthly Rent	Lease Expires	Deposits	Tenant Pays	Landlord Pays
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CONDOMINIUM AND HOMEOWNERS ASSOCIATION INFORMATION:** N.A.

Name of the Association: \_\_\_\_\_  
Monthly Assessment: \_\_\_\_\_  
Monthly Assessment Includes: \_\_\_\_\_  
(Services provided by association)

Pending Special Assessments: \_\_\_\_\_  
(Amount, Reason, Date Due)

Special Assessments within the past year: \_\_\_\_\_  
(Amount, Reason, Date Due)

Is the parking space deeded? \_\_\_\_\_ If yes, space number or location \_\_\_\_\_

**PROPERTY CONDITIONS AND IMPROVEMENTS:**

- Insulation: Describe type if known. attic 10" blown insulation  
 Has urea formaldehyde foam insulation (UFFI) been installed? no
- Roof: Age of roof new Does roof leak? no If yes, please explain, including the frequency and extent of the problem and any repairs made

Buyer(s) \_\_\_\_\_

Seller(s) JAH RAL

3. Water: City or well water \_\_\_\_\_ Is well water used for outside watering? \_\_\_\_\_
4. Septic tanks/drain fields [ ] or city sewer systems [ ] List any known problems or repairs N.A.  
Has the sewer lateral been found in violation of city codes? NO If yes, please give status of corrective actions: \_\_\_\_\_
5. Air conditioning and heating system: Type CENTRAL, MINI-SPLIT  
Age of system 3 YRS List any known problems or repairs ATTIC LOCATION REQUIRES PERIODIC DRAIN LINE CLEARANCE
6. Plumbing system: [ ] Copper [ ] Galvanized [x] PVC [ ] Other  
List any known problems or repairs \_\_\_\_\_
7. Electrical System: Breakers or Fuses? Breakers Capacity 400 AMPS  
List any known problems or repairs \_\_\_\_\_
8. Swimming pool and spa: Is the pool heated? yes If yes, what type and age of heater? new  
Is the spa heated separately from the pool? N.A. If yes, what type and age of heater? \_\_\_\_\_  
List any known problems or repairs to pool and or spa equipment \_\_\_\_\_
9. History of infestation, if any: [ ] Termites [ ] Carpenter Ants [ ] Other \_\_\_\_\_  
Has the property been tented? NO If yes, when? \_\_\_\_\_ Any other treatments for infestation? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
Any damage not repaired? \_\_\_\_\_
10. Asbestos: Is asbestos present in any form in the property? NO If yes, where? \_\_\_\_\_ Has asbestos been removed or encapsulated? \_\_\_\_\_ If yes, from where, when, and by whom? \_\_\_\_\_
11. Radon: Has the property been tested for the presence of radon gas? \_\_\_\_\_  
If yes, what were the results? \_\_\_\_\_
12. Hurricane Shutters: Do all windows have hurricane shutters? NO If yes, are they Miami Dade County Rated, and do they qualify for insurance credits? \_\_\_\_\_  
all windows and doors are hurricane rated for 170 m.p.h.
13. Are you aware of any other environmental concerns such as discoloration of soil or vegetation, or oil sheens in wet areas? NO If yes, describe \_\_\_\_\_
14. Are you aware of any principal uses of the property other than as residential property, such as commercial use, dumping site, and/or farming? NO If yes, describe \_\_\_\_\_

**OTHER ITEMS:**

**Are you, the seller, aware of the following?**

1. Features of the property shared in common with adjoining landowners, such as walls, fences, roads, and driveways whose use or responsibility for maintenance may have an effect on the property [x] YES [ ] NO [ ] UNKNOWN  
If yes, describe 10 SF OF ADJACENT PROPERTY OVERLAPS OURS  
20 SF OF OUR HOUSE OVERLAPS CITY RIGHT-OF-WAY

Buyer(s) \_\_\_\_\_

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Seller(s) JAH RAR

2. Any rights-of-ways, easements, or similar matters that may affect your interest in the property [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe SEE ABOVE, ANNUAL \$250 FEE FOR PROPERTY ENROACHMENT VARIANCE (APPROVED EASEMENT)
3. Room additions, structural modifications, or other alterations or repairs made without the necessary permits or licensed contractors [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe \_\_\_\_\_
4. Settling, flooding, drainage, or soil problems [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe \_\_\_\_\_
5. "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce 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 real property is required to provide the Buyer with any information on lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase."
6. Major damage to the property or any of the structures from fire, wind, or landslides [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe \_\_\_\_\_
7. Any zoning violations or nonconforming uses [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe \_\_\_\_\_
8. Any "common areas" (facilities such as pools, tennis courts, walkways, or other co-owned interest) [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe \_\_\_\_\_
9. Any exclusions that do not convey with the property [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, please list \_\_\_\_\_
10. Any encroachments from your property onto a neighbor or city property, or by a neighbor property onto your property [  ] YES [  ] NO [  ] UNKNOWN  
 If yes, describe See back of page, ITEM 1 ABOVE
11. Please state any other facts or information relating to this property that would be of concern to a buyer: \_\_\_\_\_

To the extent of the seller's knowledge as property owner, the seller acknowledges that the information contained above is true and accurate for these areas of the property listed.

Richard Abegan      9/27/21      Jack A. Henry, Jr.      9/27/21  
 Seller                              Date                              Seller                              Date

Buyer(s) \_\_\_\_\_

Seller(s) JAH RAB

The buyer is urged to carefully inspect the property and, if desired, to have the property inspected by an expert. The buyer understands that there are areas of the property of which the seller has no knowledge and that this disclosure statement does not encompass those areas. The buyer also acknowledges that he has read and received a signed copy of this statement from the seller or the seller's agent.

\_\_\_\_\_  
Buyer Date

\_\_\_\_\_  
Buyer Date

Buyer(s) \_\_\_\_\_

Seller(s) JAN RAJ