



SELLER'S DISCLOSURE OF REAL PROPERTY CONDITION REPORT

State of Delaware

Approved by the Delaware Real Estate Commission (Effective Date: August 1, 2025)

Seller(s) Name: Joseph T. Lafferty

Property Address: 3630 Topaz Dr, Claymont, DE 19703

Approximate Age of Building(s): 1954 Date Purchased: 04/29/2025

**Chapter 25, Title 6 of the Delaware Code**, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement.

**Seller shall answer the following questions based on Seller's knowledge of the property.**

| Yes                      | No                                  | *   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------|-------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |                                     |     | <b>* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.<br/>Seller shall answer the following questions based on Seller's knowledge of the property.</b>                                                                                                                                                                                                                                                                                                                                                                                   |
|                          |                                     |     | <b><u>I. OCCUPANCY</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                          |                                     |     | 1. How do you currently use this property? As a: ( <input type="checkbox"/> Primary Residence ) ( <input checked="" type="checkbox"/> Second/Vacation Home ) ( <input type="checkbox"/> Rental Property ) ( <input type="checkbox"/> Inherited Property ) ( <input type="checkbox"/> Other: _____ ).<br>If not your Primary Residence, how long has it been since you occupied the property? <u>1 month</u>                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 2. Is the property encumbered by a ( <input type="checkbox"/> rental/lease ), ( <input type="checkbox"/> option to purchase ), or ( <input type="checkbox"/> first right of refusal )? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | N/A | 3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/>            | N/A | 4. If the property is a rental/lease, is the property subject to a rental/lease management agreement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 5. If #4 is yes, is the agreement binding upon the purchaser? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the management agreement to Buyer upon request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 6. Is the property new construction?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____<br>If no, <b>STOP USING THIS FORM</b> and complete the Seller's Disclosure of Real Property Condition Report <b>New Construction Only</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                          |                                     |     | 8. If #6 is yes, Seller warrants that the property ( <input type="checkbox"/> is ) or ( <input type="checkbox"/> is not ) exempt from providing the Buyer with a <b>Public Offering Statement</b> as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents. |

|                   |                                                                                            |                   |                   |                  |                   |                  |                   |
|-------------------|--------------------------------------------------------------------------------------------|-------------------|-------------------|------------------|-------------------|------------------|-------------------|
| Seller's Initials | <u></u> | Seller's Initials | <u>          </u> | Buyer's Initials | <u>          </u> | Buyer's Initials | <u>          </u> |
| Seller's Initials | <u>          </u>                                                                          | Seller's Initials | <u>          </u> | Buyer's Initials | <u>          </u> | Buyer's Initials | <u>          </u> |

| Yes                                                                           | No                                  | *   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------|-------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                               |                                     |     | <p><b>* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.</b></p> <p><b>Seller shall answer the following questions based on Seller's knowledge of the property.</b></p>                                                                                                         |
| <b>II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS/CONDOMINIUMS AND CO-OPS</b> |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 9. Is the property subject to any deed restrictions? (e.g., HOA/condominium restrictions, rental restrictions, pet restrictions, fence requirements, etc.) <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 10. Are you in violation of any deed restrictions at this time? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 12. Is the property subject to any private, public, or historic architectural review control other than building codes? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 13. Is the property part of a condominium or cooperative (Co-op) ownership?                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>            |     | 14. Is there a ( <input type="checkbox"/> Homeowners Association), ( <input type="checkbox"/> Condominium Association), ( <input type="checkbox"/> Cooperative (Co-op)), ( <input type="checkbox"/> Civic Association), or ( <input type="checkbox"/> Maintenance Corporation)?                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input type="checkbox"/>            |     | 15. If #14 is yes, are there any ( <input checked="" type="checkbox"/> Fees), ( <input type="checkbox"/> Dues), or ( <input type="checkbox"/> Assessments) involved?<br>If yes, how much? \$25 _____; Frequency of payments: ( <input type="checkbox"/> Monthly), ( <input type="checkbox"/> Quarterly), ( <input checked="" type="checkbox"/> Yearly), ( <input type="checkbox"/> Other: _____); Are they ( <input type="checkbox"/> Mandatory) or ( <input checked="" type="checkbox"/> Voluntary)? |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____?                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 18. Has there been a special assessment in the past 12 months? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                         |
|                                                                               |                                     |     | 20. Management Company Name: <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                               |                                     |     | 21. Representative Name: _____ Phone # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                               |                                     |     | 22. Representative E-mail Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>III. TITLE / ZONING INFORMATION</b>                                        |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input type="checkbox"/>            | N/A | 23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement?                                                                                                                                                                                                                                                                                                                     |
|                                                                               |                                     |     | 24. Is your property owned ( <input checked="" type="checkbox"/> In fee simple) or ( <input type="checkbox"/> Leasehold/Ground Lease) or ( <input type="checkbox"/> Cooperative)?                                                                                                                                                                                                                                                                                                                     |
|                                                                               |                                     |     | 25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____<br>Frequency of payments: ( <input type="checkbox"/> Weekly), ( <input type="checkbox"/> Monthly), ( <input type="checkbox"/> Quarterly), ( <input type="checkbox"/> Yearly), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                    |
|                                                                               |                                     |     | <b>Note to Buyer:</b> May be subject to change.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                               |                                     |     | 26. If a Leasehold/Ground Lease, when does it expire? _____                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 27. Are there any rights-of-way, easements, or similar matters that affect the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 28. Are there any shared maintenance agreements affecting the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 31. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 32. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                     |
| <b>IV. ADDITIONAL INFORMATION</b>                                             |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 33. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 34. Is there any existing legal action affecting this property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 35. Are there any violations of local, state, or federal laws or regulations relating to this property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 36. Does your current real estate tax amount reflect any non-transferrable exemptions or discounts? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/> |     | 37. Have you received formal notice from any local, state, or federal agency of any changes that may materially or adversely affect the property? e.g., threat of condemnation, noise, bright lights, odors, other nuisances, zoning changes, road changes, proposed utility changes, etc. <b>If yes to any, describe in XVI.</b>                                                                                                                                                                     |

| Yes                                               | No                                  | *   |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------|-------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   |                                     |     | <b>* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.</b>                                                                                                                                                     |
|                                                   |                                     |     | <b>Seller shall answer the following questions based on Seller's knowledge of the property.</b>                                                                                                                                                                                                                                                                                                                                     |
| <input checked="" type="checkbox"/>               | <input type="checkbox"/>            |     | 38. Are all the exterior door locks in the house in working condition? <b>If no, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/>               | <input type="checkbox"/>            |     | 39. Will keys be provided for each lock?                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 40. During your ownership, are there now or have there been animals (pets) living in the house? If yes, what type?                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 41. Is there now or has there ever been a ( <input type="checkbox"/> Swimming pool), ( <input type="checkbox"/> Hot tub), ( <input type="checkbox"/> Spa), or ( <input type="checkbox"/> Whirlpool) on the property? <b>If yes and there are any defects, describe in XVI.</b>                                                                                                                                                      |
| <input type="checkbox"/>                          | <input type="checkbox"/>            | N/A | 42. If there is a pool, does it conform to all local ordinances? <b>If no, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                     |
|                                                   |                                     |     | 43. What is the type of trash disposal? ( <input checked="" type="checkbox"/> Private), ( <input type="checkbox"/> Municipal), ( <input type="checkbox"/> County), ( <input type="checkbox"/> Community) or ( <input type="checkbox"/> Other)                                                                                                                                                                                       |
|                                                   |                                     |     | 44. The cost of repairing and repaving the streets adjacent to the property is paid for by:<br><input type="checkbox"/> The property owner(s), estimated fees: \$ _____<br><input checked="" type="checkbox"/> Delaware Department of Transportation or the State of Delaware<br><input type="checkbox"/> Municipal<br><input type="checkbox"/> Community/HOA<br><input type="checkbox"/> Other<br><input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/>               | <input type="checkbox"/>            |     | <b>Note to Buyer:</b> Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578)                                                                                                                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/>               | <input type="checkbox"/>            |     | 45. Is off street parking available for this property? If yes, number of spaces available: 3+                                                                                                                                                                                                                                                                                                                                       |
| <b>V. ENVIRONMENTAL CONCERNS</b>                  |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>                          | <input type="checkbox"/>            | U   | 46. Are there now or have there been any underground storage tanks on the property? ( <input type="checkbox"/> Heating fuel), ( <input type="checkbox"/> Propane), ( <input type="checkbox"/> Septic), or ( <input type="checkbox"/> Other: _____). <b>If yes, describe locations in XVI.</b>                                                                                                                                       |
| <input type="checkbox"/>                          | <input type="checkbox"/>            |     | 47. If the tank was abandoned, was it done with all necessary permits and properly abandoned?                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 48. Are asbestos-containing materials present? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 49. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 50. Has the property been tested for toxic or hazardous substances? <b>If yes, describe in XVI and provide the test results.</b>                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 51. Has the property ever been tested for mold? <b>If yes, provide the test results.</b>                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 52. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 53. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property?                                                                                                                                                                                                                                                                                                                 |
| <b>VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)</b> |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 54. Is there fill soil or other fill material on the property?                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 55. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                    |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 56. Is any part of the property located in ( <input type="checkbox"/> a flood zone) and/or ( <input type="checkbox"/> a wetlands area)?                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 57. Are there drainage or flood problems affecting the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 58. Do you carry flood insurance? Agent: _____ Policy # _____                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 59. If #58 is yes, what is the annual cost of this policy? _____                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 60. Have you made any insurance claims on the property in the past 5 years? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 61. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 62. Are there encroachments or boundary line disputes affecting the property? <b>If yes, describe in XVI?</b>                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 63. Are there any ditches crossing or bordering the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 64. Are there any swales crossing the property that are under the control of a Soil and Conservation District? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 65. Have you ever had the property surveyed?                                                                                                                                                                                                                                                                                                                                                                                        |
| <input checked="" type="checkbox"/>               | <input type="checkbox"/>            |     | 66. Are the boundaries of the property marked in any way? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                           |
| <b>VII. STRUCTURAL ITEMS</b>                      |                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 67. Have you made any additions or structural changes? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/>                          | <input type="checkbox"/>            | N/A | 68. If #67 is yes, was all work done with all necessary permits and approvals in compliance with building codes?                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>                          | <input type="checkbox"/>            |     | 69. If #68 is yes, are the permits closed?                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>                          | <input checked="" type="checkbox"/> |     | 70. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                        |

| Yes                                 | No                                  | * |                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |                                     |   | <b>* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.</b>                                                                                     |
|                                     |                                     |   | <b>Seller shall answer the following questions based on Seller's knowledge of the property.</b>                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 71. Has the property, or any improvements thereon, ever been damaged by ( <input type="checkbox"/> Fire), ( <input type="checkbox"/> Smoke), ( <input type="checkbox"/> Wind), or ( <input type="checkbox"/> Flood)? <b>If yes, describe in XVI.</b>                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 72. Was the structure moved to this site? ( <input type="checkbox"/> Double Wide), ( <input type="checkbox"/> Modular), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 73. Is there now or has there ever been any non-plumbing water leakage in the house? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 74. Are there any problems with ( <input type="checkbox"/> Exterior walls), ( <input type="checkbox"/> Driveways), ( <input type="checkbox"/> Walkways), ( <input type="checkbox"/> Patios), ( <input type="checkbox"/> Decks), ( <input type="checkbox"/> Porches) or ( <input type="checkbox"/> Retaining walls) on the property? <b>If yes, describe in XVI.</b> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 75. Are there any problems with ( <input type="checkbox"/> Interior walls), ( <input type="checkbox"/> Ceilings), ( <input type="checkbox"/> Floors), or ( <input type="checkbox"/> Windows) on the property? <b>If yes, describe in XVI.</b>                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 76. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 73, 74, and 75? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | 77. Is there insulation in the: ( <input checked="" type="checkbox"/> Ceiling/attic), ( <input checked="" type="checkbox"/> Exterior walls), ( <input type="checkbox"/> Crawlspace/basement), or ( <input type="checkbox"/> Other: _____)                                                                                                                           |
|                                     |                                     |   | What type(s) of insulation does your property have? _____                                                                                                                                                                                                                                                                                                           |
|                                     |                                     |   | <b>VIII. TERMITES, INSECTS, AND WILDLIFE</b>                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 78. Is there now or has there ever been any infestation by termites or other wood destroying insects? <b>If yes, describe</b>                                                                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 79. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 80. Is there now or has there ever been any damage to the property caused by ( <input type="checkbox"/> Termites), ( <input type="checkbox"/> Other wood destroying insects), or ( <input type="checkbox"/> Wildlife)? <b>If yes, describe in XVI.</b>                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 81. Have there ever been any termite or wood destroying insect treatments made on the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 82. Is there or has there ever been an infestation of insects? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 83. During your ownership, have there been any insect control inspections made on the property. <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 84. Are you aware of any insect control treatments made on the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 85. Are there now or have there ever been any bat colonies present on the property? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 86. Is your property currently under warranty, or other coverage, by a professional pest control company? <b>If yes, name of exterminating company:</b> _____                                                                                                                                                                                                       |
|                                     |                                     |   | <b>IX. BASEMENT AND CRAWL SPACES</b>                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 87. Does the property have a sump pump? If yes, where does it drain? _____                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 88. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 89. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>                                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 90. Are there any cracks or bulges in the floors or foundation walls? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                               |
|                                     |                                     |   | <b>X. ROOF</b>                                                                                                                                                                                                                                                                                                                                                      |
|                                     |                                     | U | 91. Date last roof surface installed: _____. <b>If all roof surfaces not the same age, explain in XVI.</b>                                                                                                                                                                                                                                                          |
|                                     |                                     | U | 92. How many layers of roof material are there (e.g., new shingles over old shingles)? _____                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 93. Are there any problems with the roof, flashing, rain gutters, or skylights? <b>If yes or repaired under your ownership, explain in XVI.</b>                                                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | U | 94. If under warranty, is warranty transferable?                                                                                                                                                                                                                                                                                                                    |
|                                     |                                     |   | 95. Where do your gutters drain? ( <input checked="" type="checkbox"/> Surface), ( <input type="checkbox"/> Drywell), ( <input type="checkbox"/> Storm Sewers), ( <input type="checkbox"/> Other: _____)                                                                                                                                                            |
|                                     |                                     |   | <b>XI. PLUMBING-RELATED ITEMS</b>                                                                                                                                                                                                                                                                                                                                   |
|                                     |                                     |   | 96. What is the drinking water source? ( <input checked="" type="checkbox"/> Municipal), ( <input type="checkbox"/> County), ( <input type="checkbox"/> Public Utility), ( <input type="checkbox"/> Private Well), ( <input type="checkbox"/> Other: _____)                                                                                                         |
|                                     |                                     |   | 97. If drinking water is supplied by public utility, name of utility: _____                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   | 98. Is there a water treatment system? If yes, ( <input type="checkbox"/> Leased) or ( <input type="checkbox"/> Owned)?                                                                                                                                                                                                                                             |
|                                     |                                     |   | 99. If water source is a well, when was it installed? _____ Location of well? _____                                                                                                                                                                                                                                                                                 |
|                                     |                                     |   | Depth of well? _____. <b>If more than one well, describe in XVI.</b>                                                                                                                                                                                                                                                                                                |

|                   |                                                                                     |                   |                                                                                     |                  |                                                                                      |                  |                                                                                       |
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| Seller's Initials |  | Seller's Initials |  | Buyer's Initials |  | Buyer's Initials |  |

| Yes                      | No                                  | * | <p><b>* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.</b></p> <p><b>Seller shall answer the following questions based on Seller's knowledge of the property.</b></p>                                                                                                                                                                                                     |
|--------------------------|-------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |                                     |   | 100. What type of plumbing is used for the Water Supply? ( <input type="checkbox"/> Copper), ( <input type="checkbox"/> Lead), ( <input type="checkbox"/> Cast Iron), ( <input checked="" type="checkbox"/> PVC), ( <input type="checkbox"/> PEX), ( <input type="checkbox"/> Polybutylene), ( <input type="checkbox"/> Galvanized), ( <input type="checkbox"/> Other/Unknown: _____)                                                                                                                                                                                                             |
|                          |                                     |   | 101. What type of plumbing is used for Drainage? ( <input type="checkbox"/> Copper), ( <input type="checkbox"/> Lead), ( <input type="checkbox"/> Cast Iron), ( <input checked="" type="checkbox"/> PVC), ( <input type="checkbox"/> Galvanized), ( <input type="checkbox"/> Other/Unknown: _____)                                                                                                                                                                                                                                                                                                |
|                          |                                     |   | 102. Age of Water Heater? 3 yrs _____ Water heater type: ( <input type="checkbox"/> Tank), ( <input type="checkbox"/> Tankless), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                          |                                     |   | 103. Water Heater Fuel: ( <input checked="" type="checkbox"/> Electric), ( <input type="checkbox"/> Oil), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas) or ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | 104. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | 105. Are there any additions and/or upgrades to the original service? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 106. If #105 is yes, was the work done by a licensed contractor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 107. If #105 is yes, were the required permits obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 108. If #107 is yes, are the permits closed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 109. If your drinking water is from a well, when was your water last tested and what were the results of the test? Tested on: _____ Results: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          |                                     |   | 110. What is the type of sewage system? ( <input checked="" type="checkbox"/> Public Sewer), ( <input type="checkbox"/> Community Sewer), ( <input type="checkbox"/> Septic System), ( <input type="checkbox"/> Cesspool), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                                                                                                                                               |
|                          |                                     |   | 111. If a septic system, type: ( <input type="checkbox"/> Gravity Fed), ( <input type="checkbox"/> Capping Fill), ( <input type="checkbox"/> LPP), ( <input type="checkbox"/> Mound), ( <input type="checkbox"/> Holding Tank), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                                                                                                                                                                          |
|                          |                                     |   | 112. If a septic system, when was it last pumped? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 113. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? <b>If yes, describe in XVI and provide the test results.</b>                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 114. If a septic system, how many bedrooms is the septic permitted to service? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 115. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? <b>If yes, describe locations in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 116. If #115 is yes, were they abandoned with all necessary permits and properly abandoned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                          |                                     |   | <b>XII. HEATING AND AIR CONDITIONING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          |                                     |   | 117. How many heating and/or air conditioning systems are on the property? 2 . <b>If more than 2, explain in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                          |                                     |   | 118. Type of heating system for system #1 ( <input type="checkbox"/> Forced air), ( <input type="checkbox"/> Heat pump), ( <input type="checkbox"/> Mini-Split), ( <input checked="" type="checkbox"/> Baseboard), ( <input type="checkbox"/> Radiator), ( <input type="checkbox"/> Other: _____)<br>Type of heating system for system #2 ( <input checked="" type="checkbox"/> Forced air), ( <input type="checkbox"/> Heat pump), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Baseboard), ( <input type="checkbox"/> Radiator), ( <input type="checkbox"/> Other: _____) |
|                          |                                     |   | 119. Type of heating fuel for system #1 ( <input checked="" type="checkbox"/> Oil), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Electric), ( <input type="checkbox"/> Solar), ( <input type="checkbox"/> Other: _____)<br>Type of heating fuel for system #2 ( <input type="checkbox"/> Oil), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input checked="" type="checkbox"/> Electric), ( <input type="checkbox"/> Solar), ( <input type="checkbox"/> Other: _____)                     |
|                          |                                     |   | 120. Fuel provider for: Heating system #1 _____ Heating System #2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          |                                     |   | 121. Age of furnace #1: 4 years _____ Date of last service: _____<br>Age of furnace #2: _____ Date of last service: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 122. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                          |                                     |   | 123. Type of air conditioning for system #1 ( <input checked="" type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____)<br>Type of air conditioning for system #2 ( <input type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____)                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 124. Are there any contractual obligations affecting the heating/air conditioning system(s)? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                          |                                     |   | 125. Age of air conditioning system #1: 4 years _____ Date of last service: _____<br>Age of air conditioning system #2: _____ Date of last service: _____                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 126. Have there been any additions and/or upgrades to the original heating or air conditioning? <b>If yes, describe in XVI.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 127. If #126 is yes, was the work done by a licensed contractor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            |   | 128. If #126 is yes, were the required permits obtained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| Yes                      | No                                  | *   |                                                                                                                                                                                                                                                                                 |
|--------------------------|-------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            |     | <b>* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.</b> |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | <b>Seller shall answer the following questions based on Seller's knowledge of the property.</b>                                                                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 129. If #128 is yes, are the permits closed?                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 130. Are there any problems with the heating or air conditioning systems? <b>If yes, describe in XVI.</b>                                                                                                                                                                       |
|                          |                                     |     | <b>XIII. ELECTRICAL SYSTEM</b>                                                                                                                                                                                                                                                  |
|                          |                                     |     | 131. Who is the electric provider for the property? <u>Delmarva</u>                                                                                                                                                                                                             |
|                          |                                     |     | 132. What type of wiring is in the house? (copper, aluminum, other, etc.) _____                                                                                                                                                                                                 |
|                          |                                     |     | 133. What is the amp service? ( <input type="checkbox"/> 60), ( <input type="checkbox"/> 100), ( <input type="checkbox"/> 150), ( <input checked="" type="checkbox"/> 200), ( <input type="checkbox"/> Other: _____)                                                            |
|                          |                                     |     | 134. Does the property have ( <input checked="" type="checkbox"/> Circuit Breakers) or ( <input type="checkbox"/> Fuses)? <b>If more than one electrical panel, describe in XVI.</b>                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 135. Are there any 220/240 volt circuits? (Other: <u>Washer dryer, AC</u> )                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 136. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? <b>If yes, describe in XVI.</b>                                                                                                                                        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 137. Are there wall switches, light fixtures, or electrical outlets in need of repair? <b>If yes, explain in XVI.</b>                                                                                                                                                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 138. Is there a permanently affixed generator on the property? What is the fuel source? _____                                                                                                                                                                                   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 139. Have there been any additions to the original service?                                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |     | 140. Have any ( <input type="checkbox"/> solar) and/or ( <input type="checkbox"/> wind powered) enhancements been made to supplement service? <b>If yes, describe in XVI.</b> Name of solar company? _____; If leased, what is the term? _____                                  |
|                          |                                     |     | <b>Note to Buyer:</b> Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission.                                                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 141. If #138, #139, or #140 is yes, was work done by a licensed electrician?                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 142. If #138, #139, or #140 is yes, were the required permits obtained?                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 143. If #142 is yes, is the permit closed?                                                                                                                                                                                                                                      |
|                          |                                     |     | <b>XIV. FIREPLACE OR HEATING STOVE</b>                                                                                                                                                                                                                                          |
|                          |                                     | N/A | 144. How many fireplaces and/or heating stoves are on the property? _____. <b>If more than 2, explain in XVI.</b>                                                                                                                                                               |
|                          |                                     |     | 145. Type of fuel for fireplace 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)                                                                         |
|                          |                                     |     | Type of fuel for fireplace 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)                                                                              |
|                          |                                     |     | 146. Type of fuel for heating stove 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)                                                                                                                   |
|                          |                                     |     | Type of fuel for heating stove 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 147. Was the fireplace or heating stove part of the original house design?                                                                                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 148. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?                                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/>            |     | 149. Are there any problems? <b>If yes, explain in XVI.</b>                                                                                                                                                                                                                     |
|                          |                                     |     | 150. When were the flues/chimneys last cleaned, serviced, or repaired? _____. <b>Explain nature of service or repair in XVI.</b>                                                                                                                                                |

|                   |                                                                                                             |                   |             |                  |             |                  |             |
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**XV. MAJOR APPLIANCES AND OTHER ITEMS**

| Are the following items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not exist, leave the yes/no fields blank. |                          |                                    |                          |                                     |                          |                           |                          |                          |                          |                                      |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|
| YES                                                                                                                                                                                   |                          | NO                                 |                          | YES                                 |                          | NO                        |                          | YES                      |                          | NO                                   |                          |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Range with oven                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Draperies/Curtains        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall Mounted Flat Screen TV # _____  | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Range Hood-exhaust fan             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Drapery/Curtain rods      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wall brackets for TV # _____         | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Cooktop-stand alone                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Shades/Blinds             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Surround sound system & controls     | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Wall Oven(s) # _____               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cornices/Valances         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attached Antenna/Rotor               | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Kitchen Refrigerator               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Furnace Humidifier        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Opener(s) # _____             | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | with icemaker                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Smoke Detectors           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | with remote(s) # _____               | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Refrigerator(s)-additional # _____ | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Carbon Monoxide Detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electronic/Smart Door Locks          | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Freezer-free standing              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Wood Stove                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smart Cameras/Doorbells              | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Ice Maker-free standing            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Fireplace Equipment       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smart Thermostat                     | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Dishwasher                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Fireplace Screen/Doors    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool Equipment                       | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Disposal                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Electronic Air Filter     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pool cover                           | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Microwave                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Window A/C Units # _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tub, Equipment                   | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Washer                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Attic fan                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | with cover                           | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Dryer                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Whole house fan           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheds/Outbuildings # _____           | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Trash Compactor                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Bathroom Vents/Fans       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground Equipment                 | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Water Filter                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Window Fan(s) # _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Irrigation System                    | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Water Heater                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ceiling Fan(s) # _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backup Generator                     | <input type="checkbox"/> |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/> | Sump Pump                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Central Vacuum            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Conditioner (owned)            | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Storm Windows/Doors                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | with attachments          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Conditioner (leased)           | <input type="checkbox"/> |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/> | Screens (if present)               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Intercoms                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Storage Tank(s) (owned)         | <input type="checkbox"/> |
|                                                                                                                                                                                       |                          |                                    |                          |                                     | <input type="checkbox"/> | Satellite Dish            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Storage Tank(s) (leased)        | <input type="checkbox"/> |
|                                                                                                                                                                                       |                          |                                    |                          |                                     | <input type="checkbox"/> | with controls & remote(s) |                          |                          | <input type="checkbox"/> | Security/Monitoring Systems (owned)  | <input type="checkbox"/> |
|                                                                                                                                                                                       |                          |                                    |                          |                                     |                          |                           |                          |                          | <input type="checkbox"/> | Security/Monitoring Systems (leased) | <input type="checkbox"/> |
|                                                                                                                                                                                       |                          |                                    |                          |                                     |                          |                           |                          |                          | <input type="checkbox"/> | Solar Equipment (owned)              | <input type="checkbox"/> |
|                                                                                                                                                                                       |                          |                                    |                          |                                     |                          |                           |                          |                          | <input type="checkbox"/> | Solar Equipment (leased)             | <input type="checkbox"/> |

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| Seller's Initials | <div></div> | Seller's Initials | <div></div> | Buyer's Initials | <div></div> | Buyer's Initials | <div></div> |
| Seller's Initials | <div></div>                                                                                    | Seller's Initials | <div></div> | Buyer's Initials | <div></div> | Buyer's Initials | <div></div> |



## **ADDITIONAL NOTICES TO BUYERS**

Government websites containing helpful information include: Office of State Planning Coordination <https://www.stateplanning.delaware.gov/>, Delaware Department of Natural Resources and Environmental Control <https://dnrec.alpha.delaware.gov/>, Delaware Division of Public Health [www.dhss.delaware.gov/dhss/dph](http://www.dhss.delaware.gov/dhss/dph), Delaware State Police Sex Offender Registry <https://sexoffender.dsp.delaware.gov>, Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on [www.delaware.gov](http://www.delaware.gov).

All properties are part of larger surrounding areas. Buyers are advised to research Federal, State, and local governmental agencies' websites to become familiar with future anticipated development, global changes, climate changes, tax assessments, and other similar things that may affect the property in the future.

**Square Footage:** There are different methods of measuring used for different purposes. Acreage of the land and square footage of the buildings quoted on the real estate tax information, marketing materials, advertisements, brochures, MLS data, or appraisal, is only approximate, is not guaranteed, and should not be relied upon.

**Tax System Data:** Property data, square footage, characteristics, and building permit information in government real estate tax systems may not be accurate and should not be relied upon by sellers and buyers. It can be very difficult to research building permit information.

*Additional information for specific sections is listed below:*

### **II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS/CONDOMINIUMS AND CO-OPS**

- Deed restrictions are provisions in a deed or declaration that limit the use of the property. With some exceptions, restrictions cannot be removed by the owner.
- If the property is within an “association”, request further information to learn of the covenants and restrictions that the property is subject to.
- More information may be found from Delaware’s Common Interest Community Ombudsperson. Learn more at <https://attorneygeneral.delaware.gov/fraud/cpu/ombudsperson/>.

### **IV. ADDITIONAL INFORMATION**

- Check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal.
- Delaware requires each county to reassess the value of real property on a regular basis. Learn more from the county tax office where the property is located.

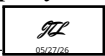
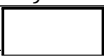
### **VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)**

- **Flood Zone:** Public and/or private flood insurance options exist for most properties even if property is not in a high-risk flood zone. Inquire about options with a qualified insurance agent. More information may be found at the Delaware Department of Insurance.
- **Flood Risk:** Due to location and elevation, particularly with river and coastal communities, the property and surrounding areas may experience flooding from rising sea levels and stronger storms, both now and in the future. Learn more at <https://floodplanning.dnrec.delaware.gov/>. In addition to state regulations, local municipalities may have additional floodplain management rules for property improvements. Contact the local municipality directly to find out about any specific requirements.
- **Wetlands Area:** There are both tidal and non-tidal wetlands. The property may be subject to additional governmental oversight. Inquire further through programs like Delaware Wetlands of the Delaware Department of Natural Resources and Environmental Control.

### **XI. PLUMBING-RELATED ITEMS**

- Learn more about private well and public water testing from the Delaware Division of Public Health’s Office of Drinking Water.

Page 9 of 10 Property Address: 3630 Topaz Dr, Claymont, DE 19703

|                   |                                                                                     |                   |                                                                                     |                  |                                                                                       |                  |                                                                                       |
|-------------------|-------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------|
| Seller’s Initials |  | Seller’s Initials |  | Buyer’s Initials |  | Buyer’s Initials |  |
| Seller’s Initials |  | Seller’s Initials |  | Buyer’s Initials |  | Buyer’s Initials |  |

**ACKNOWLEDGMENT OF SELLER**

Seller has provided the information contained in this report. This information is, to the best of Seller's knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

|        |                                                                                                                           |        |             |
|--------|---------------------------------------------------------------------------------------------------------------------------|--------|-------------|
| SELLER | <div><i>Joseph T. Lafferty</i><br/><small>dotloop verified<br/>05/27/26 4:02 PM EDT<br/>KXW4-NC0Y-XUG4-FYX4</small></div> | SELLER | <div></div> |
| SELLER | <div></div>                                                                                                               | SELLER | <div></div> |

Date the contents of this Report were last updated: \_\_\_\_\_.

**ACKNOWLEDGMENT OF BUYER**

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

|       |             |       |             |
|-------|-------------|-------|-------------|
| BUYER | <div></div> | BUYER | <div></div> |
| BUYER | <div></div> | BUYER | <div></div> |

Disclosure Of Information on Lead-Based Paint and Lead-Based Paint Hazards  
(For Sale of Residential Property)

Property: 3630 Topaz Dr, Claymont, DE 19703

Seller's Name: Joseph T. Lafferty

**Seller Instructions:** Check the box indicating the age of your property and initial. If you checked either box 1 or 3, continue to complete the *Seller's Disclosure* section below and sign this form at the bottom. If you checked box 2, sign below to complete this form.

  
05/27/26 10:58 AM EDT  
(Check one of the boxes to the right and initial here)

Year Dwelling Was Constructed:

- ☒ 1. was constructed prior to January 1, 1978  
☐ 2. was constructed after January 1, 1978  
☐ 3. uncertain as to when constructed

**Lead Warning Statement** - Every Purchaser of any interest in residential 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 very 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 real property is required to provide the Purchaser with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Purchaser of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure** - Unless box 2 is checked above, each Seller is required to complete sections (a and b) by selecting an answer and then by initialing in each of these two sections (if more than one owner, all owners must select and initial)

(a) Presence of lead-based paint and/or lead-based paint hazards (CHECK ONE BOX BELOW AND INITIAL):

  
05/27/26 10:58 AM EDT  
Select answer and initial

☐ Known lead-based paint and/or lead-based paint hazards are present in the housing. (explain)

☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

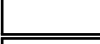
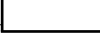
(b) Records and reports available to the Seller. (CHECK ONE BOX AND INITIAL):

  
05/27/26 10:58 AM EDT  
Select answer and initial

☐ Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (list documents below):

☒ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgement** - Unless box 2 is checked above, all purchaser(s) must initial **c, d, e and f**

(c)   
(d)   
(e)   
(f) 

Purchaser(s) has read the Lead Warning Statement above.

Purchaser(s) has received copies of all information listed above.

Purchaser(s) has received the pamphlet *Protect Your Family From Lead In Your Home*.

Purchaser(s) has (check one below):

☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgement** - Initial below

(g)   
05/27/26 8:55 AM EDT  
dotloop verified

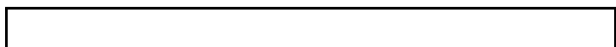
The Listing Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852(d), and the Seller is aware of his/her responsibility to ensure compliance.

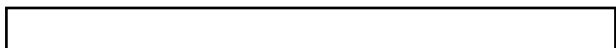
**Certification of Accuracy** - The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

  
dotloop verified  
05/27/26 10:58 AM EDT  
35WF-PPT-YHB4-13YX  
Seller Date

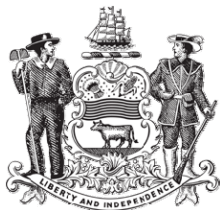
  
dotloop verified  
05/27/26 10:58 AM EDT  
PD0G-GHYS-SLIC-F750  
Purchaser Date

  
dotloop verified  
05/27/26 8:55 AM EDT  
30VZ-LHGS-CDFA-N3UB  
Agent Date

  
Seller Date

  
Purchaser Date

  
Agent Date



# RADON DISCLOSURE

Required by Chapter 25, Title 6, Section 2572A of the  
Delaware Code

**Property Address:** 3630 Topaz Dr, Claymont, DE 19703

## Seller's Disclosure

Delaware law requires that the seller of any interest in residential real property that includes a dwelling must provide the buyer with any information about any known radon. Sellers also must disclose any tests or inspections for radon in the seller's possession.

The seller(s) must answer the following questions and provide the required information:

1. Are you aware of the presence of radon in the property identified above?  

☐ Yes ☒ No (circle one)
2. Are you aware of any radon tests or inspections that have been performed on the property identified above?  

☐ Yes ☒ No (circle one)
3. If you responded "yes" to Question 2 above, have you provided the buyer(s) with copies of all radon tests and/or inspection reports in your possession? ☐ Yes ☐ No (circle one)
4. Identify each report referred to in Question 3, including the date of each report:

By signing this form, the seller(s) acknowledge(s) the following:

I/we have been informed of my/our obligation and am/are aware of my/our responsibility to comply with Delaware law regarding radon disclosure, as provided in Title 6, Chapter 25, Section 2572A of the Delaware Code.

Joseph T. Lafferty

dotloop verified  
 05/27/26 10:58 AM EDT  
 UWHP-PNML-KIU3-VNQN

Seller
Date

Seller
Date

## Buyer's Acknowledgement

Delaware law requires that every buyer of any interest in residential real property that includes a dwelling must be notified that the property may present the potential for exposure to radon.

By signing this form, the buyer(s) acknowledge(s) the following:

1. I/we have received the *Radon Rights, Risks and Remedy for Home Buyer* document, which describes the potential hazards of exposure to radon, testing for radon and remediation.
2. I/we have the option to have the property identified above tested for radon.
3. I/we have received copies of all radon tests and/or inspection reports identified in Item 4 of the Seller's Disclosure above.

Buyer
Date

Buyer
Date