

34 For the remaining sections please be prepared to provide any additional information such as warranties
35 supporting documentation and or reports

36 **2. EQUIPMENT AND APPLIANCES INCLUDED IN SALE (Subject to final negotiated contract)**

37 Unless otherwise stated, all fixtures and the following items are assumed to remain (including
38 but not limited to): doorbells, smoke/CO2 detectors, thermostat(s), light bulbs, bathroom mirrors,
39 blinds and shutters.

40 Mark the additional items included in the sale of your property:

- | | | |
|--|---|--|
| 41 <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> Intercom | <input checked="" type="checkbox"/> Storage Shed |
| 42 <input checked="" type="checkbox"/> Ceiling Fans—all | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Surveillance Equipment |
| 43 <input type="checkbox"/> Central Vacuum and Attachments | <input checked="" type="checkbox"/> Light Fixtures—all | <input type="checkbox"/> Trash Compactor |
| 44 <input checked="" type="checkbox"/> Curtain Rods | <input checked="" type="checkbox"/> Microwave Oven | <input checked="" type="checkbox"/> Washer |
| 45 <input checked="" type="checkbox"/> Curtains/Drapes | <input type="checkbox"/> Pool Equipment | <input type="checkbox"/> Water Softener/Purifier |
| 46 <input checked="" type="checkbox"/> Dishwasher | <input type="checkbox"/> Pool Heater | <input checked="" type="checkbox"/> Window/Wall AC |
| 47 <input type="checkbox"/> Disposal | <input checked="" type="checkbox"/> Range/Oven | <input type="checkbox"/> _____ |
| 48 <input checked="" type="checkbox"/> Dryer | <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> with Ice Maker | <input type="checkbox"/> _____ |
| 49 <input type="checkbox"/> Garage Door Opener | <input type="checkbox"/> Satellite System | <input type="checkbox"/> _____ |
| 50 <input type="checkbox"/> Generator | <input type="checkbox"/> Security System – (see below) | <input type="checkbox"/> _____ |
| 51 <input type="checkbox"/> Ice Maker | <input checked="" type="checkbox"/> Spa or Hot Tub with Heater | <input type="checkbox"/> _____ |
- 52 Oil/Propane Tanks Owned Leased (If any of the above are leased fill out clause 18)
53 Security System Leased

54 (a) Are there any fixtures, appliances, or systems on or about the property excluded from the sale?
55 (ex. Smart home devices, etc)

56 _____
57 (b) If any of these items have been replaced during your ownership, which items and what year:

58 _____
59 _____
60 (c) Any other leased systems: (ex. Solar panels, water softeners, etc) _____

61 (d) Do any items with the sale have any defects? Explain

62 _____
63 _____
64 (f) Please list any appliances or equipment that are gas powered: HEATERS

65 **3. STRUCTURAL ITEMS**

66 (a) Name of Contractor or Builder who built home, if known _____

67 (b) Have there been any past or present movement, shifting, cracks, deterioration, structural damage or
68 other problems with walls, ceilings, or foundations? Yes No Unknown

69 (c) Has there been any past or present water leakage or intrusion into the structure(s)?
70 Yes No Unknown

71 (d) Have there been any past or present problems with driveways, walkways, patios, or retaining walls?
72 Yes No Unknown

73 (e) Is the fireplace functioning properly? Yes No Explain: _____

BUYERS Initials: _____

SELLERS Initials: JK

74 (f) Have there been any problems with the chimney or flue? Yes No Unknown
75 (g) Have there been any repairs or other effects to control the cause or effects of any problem(s)
76 Describe in this section Yes No Unknown
77 If any answers are yes, explain: NEW SHINGLE ROOF

78 _____

79 **4. ADDITIONS / ALTERATIONS & REMODELING**

80 (a) Have you made any additions, structural changes, or other alterations to the property? Yes No
81 Date _____ If yes, explain: _____

82 _____

83 (b) Provide the name of any Contractor or individual who did any additions, structural changes, or other
84 alterations to the property, if known: _____

85 (c) Were the necessary permits pulled and closed out Yes No Unknown

86 **5. ROOF**

87 (a) Has the roof been replaced during your ownership. Yes No Year current roof put on 2014

88 (b) Roofing material Arch shingle 3 tab shingle Metal Other FRONT SIDEP

89 (c) Has the roof ever leaked during your ownership? Yes No UNKNOWN

90 (d) Has the roof been repaired during your ownership? Yes No Repair date _____

91 If yes, provide name of Contractor or individual who did the work and details of replacement/repair
92 NEW ROOF - TALLAHASSEE ROOFING INC

93 _____

94 (e) If roof replaced, is it under warranty? Yes No Is the warranty transferable? Yes No

95 (f) Please provide roof age on any additional structures: _____

96 (g) Do you know of any other problems with the roof or gutters? Yes No
97 If any answers are yes, explain: _____

98 _____

99 **6. SIDING**

100 (a) Exterior siding material(s): Asbestos Brick Concrete Block Stone Fiber Cement
101 Manufactured Siding (LP/GP) Stucco Synthetic Stucco Unknown Wood
102 Vinyl Other _____

103 (b) If manufactured siding, provide name of manufacturer, if known _____

104 (c) If stucco, have there been any inspection reports on the stucco? Yes No

105 (d) Do you know of any problems/defects with the siding? Yes No

106 (e) Have you filed any claims with manufacturers in regard to the siding? Yes No

107 If any answers are yes, explain: _____
108 _____
109 _____

BUYERS Initials: _____

SELLERS Initials: DJK

110 **7. WINDOWS/DOORS/LOCKS**

111 (a) Are the windows insulated glass? Yes No Unknown

112 (b) Are there any fogged, broken, or cracked windows? Yes No Unknown

113 If yes, which ones _____

114 (c) Do all operable windows open, stay open, close and lock properly? Yes No Unknown

115 If yes, which ones ALL FUNCTION PROPERLY

116 (d) Are any screens missing or damaged? Yes No Unknown

117 If yes, which ones _____

118 (e) Do all doors operate properly? Yes No Unknown

119 If no, explain: _____

120 (f) Are smart locks present? Yes No If yes, does the smart lock have a key? Yes No

121 (g) Do you have keys/codes to all door locks? Yes No

122 If no, explain: _____

123 **8. HEATING AND AIR CONDITIONING**

124 (a) Air Conditioning:

125 Central Electric Natural Gas Other Window Units, # of units _____

126 Provide age if known 2019 * Serviced 4/27/2026

127 Mini-split, # of units _____ Other Provide age if known _____

128 (b) Heating:

129 Central Electric Central Electric Heat Pump Fuel Oil Natural Gas Other PROPANE

130 (c) Is there a fireplace? Yes No Heat Source: Wood Natural Gas Propane Electric

131 (d) Have there been any problems regarding these items? Yes No

132 (e) Have there been any repairs/replacements of these units during your ownership? Yes No

133 If yes explain: COOLANT VALVE LEAKED FREON. VALVE WAS REPLACED AND THE

134 FREON WAS RECHARGED ON 4/27/26

135 **9. ELECTRICAL SYSTEM**

136 (a) Have there been any problems with the electrical system? Yes No

137 (b) Has the panel been updated since the home was built Yes No Unknown

138 Provide date if known FUSE PANEL WAS REPLACED WITH BREAKER PANEL

139 (c) Is there a generator installed? Yes No If yes provide type _____

140 Year installed _____ installed by _____

141 If yes explain: _____

142 _____

BUYERS Initials: _____

SELLERS Initials: Dyk

143 **10. PLUMBING**

144 (a) Have there been any problems with the plumbing system? Yes No

145 (b) Have there been any updates to the plumbing system? Yes No Unknown

146 (c) What is your water supply source: Public Community Well

147 Well on property location: _____

148 (d) Do you have polybutelene pipes? Yes No Unknown Pex pipes Yes No

149 Unknown Year Installed _____

150 (e) Have there been any leaks, back-ups, water, and/or sewer/septic tank or drain field problems?

151 Yes No Unknown

152 If yes explain: PIPE BROKE DURING AND WAS REPAIRED ON MAR 11, 2024

153 (f) What type of sewage system do you have? Public Community Sewer Septic Tank(s)

154 If septic how Many _____ Location(s) _____

155 (g) When was septic tank last pumped and by who? _____

156 (h) If community sewer/septic and or well who maintains these functions and how many residences does
157 it serve? _____

158 (i) If on a septic tank, is sewer service available to your property? Yes No Unknown

159 **If yes, it is the responsibility of the BUYER to contact the local Health Department regarding**
160 **continued use of a septic system.**

161 (j) Does your utility bill contain a fee for sewer? Yes No

162 **If yes, it is the responsibility of the BUYER to contact the utility department to determine if a sewer**
163 **is currently in use or if the sewer fee is for availability of sewer for future usage.**

164 (k) Is there a pump associated with your sewage system? Yes No

165 (l) If your water is from a well, have there ever been repairs/replacements to the well or pump?

166 Yes No Unknown

167 (m) Has the well water ever been tested? Yes No Unknown

168 Date and Test Results: _____

169 (n) Do you have a water conditioning system? Yes No

170 If yes, is the system Owned Leased

171 (o) Type of water heater(s)? Gas Electric Solar

172 On timer(s)? Yes No

173 Number of Water Heaters? 1 Age of water heater(s) _____

174 location: UNDER EAST SIDE CARPORT

175 Number of gallons? _____ or Tankless

176 If any answers are yes, explain: _____

177 _____

178 _____

BUYERS Initials: _____

SELLERS Initials: DuE

179 **11. UTILITIES**

180 (a) Who supplies electrical service? City of Tallahassee Talquin Duke Other

181 (b) If Talquin please provide meter number _____

182 (c) Average utility bill? \$ 260 Number of people living in property _____

183 (d) Who supplies water service? City of Tallahassee Talquin Duke Other CITY OF MONTICELLO

184 (e) Who supplies gas service? City of Tallahassee Other SOUTHERN QUALITY PROPANE

185 Tank buried? Yes No

186 (f) If gas/propane service is leased, will provider allow for it to be transferred to the new owner?
187 Yes No

188 (g) Are solar panels present? Yes No Location: _____

189 (h) If solar panels are present are they Leased Owned Financed If Financed are terms
190 assumable? Yes No

191 (i) Who are the cable/internet provider in your area: _____

192 (j) Who provides Garbage Collection? City of Tallahassee Private Waste Pro (non city)
193 Other/None POPS

194 **12. POOL / SPA / HOT TUB (Complete if applicable)**

195 (a) POOL year installed _____ Salt Chlorine
196 In ground: Gunnite Fiberglass Vinyl Age of liner _____ Above ground

197 (b) Has the pool been resurfaced? Yes No Unknown Date _____

198 (c) Pool heater: None Gas Electric Solar Age if known _____

199 (d) Pool pump: Year installed _____

200 (e) Filter type: _____ Year installed _____

201 (f) Is pool equipment included? Yes No

202 If yes, itemize: _____

203 (g) Is there an automatic pool cleaner? Yes No If yes, manufacturer name _____
204 Age if known _____

205 (h) SPA/HOT TUB Year installed _____

206 (i) Spa heater: None Gas Electric Solar

207 (j) Do you use a pool service company Yes No If yes, please provide details such as
208 company/cost/treatment _____

209 If there have been any problems with any of the items above, explain: _____

210 _____
211 _____

212 **13. CRAWL SPACES AND BASEMENTS (Complete if applicable)**

213 For the information below, provide the name of any contractor or individual who did any of the following
214 work/repair/improvements to the basement or crawl space. _____

215 (a) Has there ever been any water leakage, accumulation of water or dampness in the basement or crawl
216 space? Yes No Unknown

217 (b) Is a sump pump in use Yes No Unknown How many _____ Age _____

BUYERS Initials: _____

SELLERS Initials: DK

- 218 (c) Is a dehumidifier in use Yes No Unknown How many _____ Age _____
- 219 (d) Is the crawl space encapsulated? Yes No Unknown Year installed _____
- 220 (e) Is a vapor barrier installed Yes No Unknown
- 221 (f) Have there been any repairs or other attempts to control any water or dampness problems in the basement or
- 222 crawlspace? Yes No Unknown

223 If any answers are yes, explain: _____

224 _____

225 _____

226 **14. WOOD DESTROYING ORGANISMS**

- 227 (a) Has there been damage to the property caused by wood rot? Yes No Unknown
- 228 Flood zone Type if Known _____
- 229 (b) Have termites or any wood destroying insects affected the property? Yes No Unknown
- 230 (c) Has there ever been any damage to the property caused by termites or wood destroying insects
- 231 during your ownership?
- 232 Yes No Unknown
- 233 (d) Is the property currently under bond for wood destroying insects from a licensed pest control
- 234 company? Yes No

235 What company? _____ Renewal Fee _____

236 Expiration date: _____

237 If any answers are yes, explain: TERMITES DAMAGED A WALL. TERMITES WERE ELIMINATED

238 AND WALL WAS REPAIRED ~2024

239 _____

240 **15. SOIL / DRAINAGE / BOUNDARIES**

- 241 (a) Is any portion of the property located in a flood hazard area? Yes No Unknown
- 242 Flood zone type, if known? _____
- 243 (b) Is flood insurance required by your lender? Yes No Unknown
- 244 If yes provide the insurer information and annual cost: _____
- 245 (c) Have there been any past or present drainage or flood problems affecting the property?
- 246 Yes No Unknown
- 247 (d) Have there been any past or present drainage or flood problems affecting adjacent properties?
- 248 Yes No Unknown
- 249 (e) Is there any fill or pipe clay on the property? Yes No Unknown
- 250 (f) Has there been any settling or earth movement on the property?
- 251 Yes No Unknown
- 252 (g) Has there been any settling or earth movement in the immediate neighborhood?
- 253 Yes No Unknown
- 254 (h) Who owns any fences? ME
- 255 (i) Are there any encroachments, boundary line disputes, or easements affecting the property?
- 256 Yes No Unknown
- 257 (j) Are there any conservation easements or environmental restrictions? Yes No

BUYERS Initials: _____

SELLERS Initials: Duk

258 (k) Are there any shared driveways, fences or joint use agreements? Yes No
259 If any answers are yes, explain: _____
260 _____
261 _____

262 **16. TOXIC SUBSTANCES**

263 (a) Are you aware of any hazardous materials in, on or about the property? (Hazardous Materials may
264 include but are not limited to: lead-based paint, asbestos materials, asbestos siding, mold, and buried
265 oil, fuel or other storage tanks.) Yes No Unknown
266 Location of tanks if buried: _____
267 (b) Has the property been tested for mold, lead-based paint, or any other toxic substances?
268 Yes No Unknown
269 (c) Has the property been tested for Radon? Yes No Unknown If yes was the reported
270 radon levels above the EPA recommended level? Yes No Unknown
271 (d) Is a Radon Mitigation system installed? Yes No Number _____
272 Location(s) _____ Installer _____
273 If any answers are yes, explain: _____
274 _____
275 _____

276 **17. ROAD MAINTENANCE AND NEIGHBORHOOD/HOA INFORMATION**

277 **Note: If there is a mandatory Homeowners' Association, including active covenants and periodic**
278 **dues, you must complete the separate HOMEOWNERS' ASSOCIATION/ COMMUNITY DISCLOSURE**
279 (a) Is the property located in the City limits? Yes No
280 (b) Who maintains your road? Gov't Private
281 If private, is it maintained by: HOA Road Maintenance Agreement Other (ex. Easement)
282 (c) If a road maintenance agreement exists, please provide terms and/or contact person for details: _____
283 _____
284 (d) What is the annual fee? \$ _____ How is it paid? Monthly Yearly Other
285 (e) Are fees current? Yes No
286 (f) What does the fee cover? _____
287 (g) Who is the contact person for the association? _____
288 Phone # _____ Email _____
289 website _____
290 (h) Are there any transfer fees? Yes No Unknown
291 Amount \$ _____
292 If yes, to whom: _____
293 (i) Is there an enhancement fee or any other type of fee upon resale? Yes No Unknown
294 Amount \$ _____ If yes, what kind of fee and to whom _____

BUYERS Initials: _____ SELLERS Initials: DK

- 295 (j) Are there any special assessments or any other fees of any type? Yes No Unknown
 296 If yes, explain nature of assessment/fee imposed by whom and amount: _____
 297 _____
- 298 (k) Is there a CDD (Community Development District) fee attached to your property?
 299 Yes No Unknown If yes, amount \$ _____
 300 How is it paid? _____
- 301 (l) Are there any defects, damages, legal actions, conditions or assessments that may affect the
 302 association or its fees? Yes No
- 303 (m) Have there been any proposed changes or conditions in your neighborhood that could affect the
 304 value or desirability of the property? Yes No Unknown
 305 If yes, explain: _____
- 306 (n) Does the property violate the restrictive covenants? Yes No Unknown

307 **18. LEASED OR FINANCED SYSTEMS/EQUIPMENT**

- 308 (a) If the seller has leased or financed systems, will the seller be paying off the lease or loan of the system
 309 prior to closing? Yes No
- 310 (b) Are there any leased/financed systems that are not included in the sale? Yes No
- 311 (c) Are solar panels installed? Yes No Owned Financed
 312 If financed, are terms assumable? Yes No
- 313 (d) Is there security system equipment included? Yes No Owned Leased Financed
 314 if financed, are terms assumable? Yes No
- 315 (e) Is there a water softener/purifier system installed? Yes No Owned Leased Financed
 316 If financed, are the terms assumable? Yes No
- 317 (f) List item(s) and details of any other leased/financed systems that are incorporated into the property:
 318 _____

319 **19. OTHER MATTERS**

- 320 (a) Has an insurance claim been filed on this property during your ownership? Yes No
 321 How many _____ Please provide additional details such as when filed, if paid out,
 322 amount, if claim has been closed, and who current provider is: _____
 323 _____
- 324 (b) Does anyone have a first right of refusal or an option to buy this property? Yes No
- 325 (c) Is there any existing or threatened legal action affecting the property? Yes No
- 326 (d) Is this property located within a geographical area which has been designated, or is being considered
 327 for designation, as a Historic Preservation Overlay District? Yes No Unknown
- 328 (e) Is the property registered as a rooming house under the Rooming House Ordinance?
 329 Yes No Unknown
- 330 (f) Are there any zoning violations, non-conforming uses, set back violations, or proposed zoning or road
 331 changes? Yes No Unknown
- 332 (g) Are there any violations of local, state, or federal laws or regulations relating to this property?
 333 Yes No Unknown
 334 If any above are yes, explain: _____

BUYERS Initials: _____

SELLERS Initials: DK

