

RESIDENTIAL SELLER'S PROPERTY

DISCLOSURE STATEMENT (SPDS) (To be completed by Seller)

Document updated:  
October 2017



**ARIZONA**  
association of  
**REALTORS®**

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**MESSAGE TO THE SELLER:**

Sellers are obligated by law to disclose all known material (important) facts about the Property to the Buyer. The SPDS is designed to assist you in making these disclosures. If you know something important about the Property that is not addressed on the SPDS, add that information to the form. Prospective Buyers may rely on the information you provide.

**INSTRUCTIONS:** (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the explanation lines to explain. By signing on page 7, you acknowledge that the failure to disclose known material information about the Property may result in liability.

**MESSAGE TO THE BUYER:**

Although Sellers are obligated to disclose all known material (important) facts about the Property, there are likely facts about the Property that the Sellers do not know. Therefore, it is important that you take an active role in obtaining information about the Property.

**INSTRUCTIONS:** (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the SPDS. (5) Review all other applicable documents, such as CC&R's, association bylaws, surveys, rules, and the title report or commitment. (6) Obtain professional inspections of the Property. (7) Investigate the surrounding area.

THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT VERIFIED BY THE BROKER(S) OR AGENT(S).

**PROPERTY AND OWNERSHIP**

1. As used herein, "Property" shall mean the real property and all fixtures and improvements thereon and appurtenances incidental thereto,
2. plus fixtures and personal property described in the Contract.
3. **PROPERTY ADDRESS:** 8707 E San Felipe Dr Scottsdale AZ 85258-2626  
(STREET ADDRESS) (CITY) (STATE) (ZIP)
4. Does the property include any leased land? ☐ Yes ☒ No
5. Explain: \_\_\_\_\_
6. Is the Property located in an unincorporated area of the county? ☐ Yes ☒ No If yes, and five or fewer parcels of land other than subdivided land
7. are being transferred, the Seller must furnish the Buyer with a written Affidavit of Disclosure in the form required by law.
8. **LEGAL OWNER(S) OF PROPERTY:** Deborah Manley Family Trust Date Purchased: 2016
9. The Property is currently: ☒ Owner-occupied ☐ Leased ☐ Estate ☐ Foreclosure ☐ Vacant If vacant, how long? \_\_\_\_\_
10. If a rental property, how long? \_\_\_\_\_ Expiration date of current lease: \_\_\_\_\_ (Attach a copy of the lease if available.)
11. If any refundable deposits or prepaid rents are being held, by whom and how much? Explain: \_\_\_\_\_
12. \_\_\_\_\_
13. Is the legal owner(s) of the Property a foreign person pursuant to the Foreign Investment in Real Property Tax Act (FIRPTA)?
14. ☐ Yes ☒ No If yes, consult a tax advisor; mandatory withholding may apply.
15. Is the Property located in a community defined by the fair housing laws as housing for older persons? ☐ Yes ☒ No
16. Explain: \_\_\_\_\_
17. Approximate year built: 1998 . If Property was built prior to 1978, Seller must furnish the Buyer with a lead-based paint disclosure form.

18. **NOTICE TO BUYER:** If the Property is in a subdivision, a subdivision public report, which contains a variety of  
19. information about the subdivision at the time the subdivision was approved, may be available by contacting the Arizona  
20. Department of Real Estate or the homebuilder. The public report information may be outdated. [www.azre.gov](http://www.azre.gov).

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YES NO

21. ☐ ☒ Have you entered into any agreement to transfer your interest in the Property in any way, including rental renewals or options to purchase? Explain: \_\_\_\_\_
22. ☒ ☒ Are you aware if there are any association(s) governing the Property? PROPERTY OWNERS ASSOCIATION
23. ☒ ☒ If yes, provide contact(s) information: Name: McLORMICK RANCA Phone #: 480-860-1122
24. ☐ ☐ Name: \_\_\_\_\_ Phone #: WWW.MRPOA.COM
25. ☐ ☐ If yes, are there any fees? How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_
26. ☐ ☐ How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_
27. ☒ ☒ Are you aware of any association fees payable upon transfer of the Property? Explain: POA - McLORMICK
28. ☒ ☒ RANCA PROPERTY OWNERS ASSOCIATION - NEW MEMBERSHIP TRANSFER FEE \$600
29. ☐ ☒ Are you aware of any proposed or existing association assessment(s)? Explain: \_\_\_\_\_
30. ☐ ☒ Are you aware of any pending or anticipated disputes or litigation regarding the Property or the association(s)?
31. ☐ ☒ Explain: \_\_\_\_\_
32. ☐ ☒ Are you aware of any of the following recorded against the Property? (Check all that apply):
33. ☐ Judgment liens ☐ Tax liens ☐ Other non-consensual liens
34. ☐ ☒ Explain: \_\_\_\_\_
35. ☐ ☒ Are you aware of any assessments affecting this Property? (Check all that apply):
36. ☐ Paving ☐ Sewer ☐ Water ☐ Electric ☐ Other
37. ☐ ☒ Explain: \_\_\_\_\_
38. ☐ ☒ Are you aware of any title issues affecting this Property? (Check all that apply):
39. ☐ Recorded easements ☐ Use restrictions ☐ Lot line disputes ☐ Encroachments
40. ☐ ☒ Unrecorded easements ☐ Use permits ☐ Other \_\_\_\_\_
41. ☐ ☒ Explain: \_\_\_\_\_
42. ☐ ☒ Are you aware if the Property is located within the boundaries of a Community Facilities District (CFD)?
43. ☐ ☒ If yes, provide the name of the CFD: \_\_\_\_\_
44. ☐ ☒ Are you aware of any public or private use paths or roadways on or across the Property?
45. ☐ ☒ Explain: \_\_\_\_\_
46. ☐ ☒ Are you aware of any problems with legal or physical access to the Property? Explain: \_\_\_\_\_
47. ☐ ☒ The road/street access to the Property is maintained by the ☐ County ☒ City ☐ Homeowners' Association ☐ Privately
48. ☐ ☒ If privately maintained, is there a recorded road maintenance agreement? Explain: \_\_\_\_\_
49. ☐ ☒ Are you aware of any violation(s) of any of the following? (Check all that apply):
50. ☐ Zoning ☐ Building Codes ☐ Utility Service ☐ Sanitary health regulations
51. ☐ ☒ Covenants, Conditions, Restrictions (CC&R's) ☐ Other \_\_\_\_\_ (Attach a copy of notice(s) of violation if available.)
52. ☐ ☒ Explain: \_\_\_\_\_
53. ☐ ☒ Are you aware of any homeowner's insurance claims having been filed against the Property?
54. ☐ ☒ Explain: \_\_\_\_\_

**NOTICE TO BUYER: Your claims history, your credit report, the Property's claims history and other factors may affect the insurability of the Property and at what cost. Under Arizona law, your insurance company may cancel your homeowner's insurance within 60 days after the effective date. Contact your insurance company.**

**BUILDING AND SAFETY INFORMATION**

62. YES NO ROOF / STRUCTURAL:
63. ☐ ☒ **NOTICE TO BUYER: Contact a professional to verify the condition of the roof.**
64. ☐ ☒ Are you aware of any past or present roof leaks? Explain: \_\_\_\_\_
65. ☒ ☐ Are you aware of any other past or present roof problems? Explain: \_\_\_\_\_
66. ☒ ☐ PAID PAID PAYNE ROOFING \$500 TO REPAIR
67. ☒ ☐ REPLACE TILES ON ROOF 4-2018 >>

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	YES	NO	
68.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of any roof repairs? Explain: <u>PAYNE ROOFING</u>
69.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there a roof warranty? (Attach a copy of warranty if available.)
70.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, is the roof warranty transferable? Cost to transfer _____
71.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any interior wall/ceiling/door/window/floor problems? Explain: <u>WOOD FLOOR</u>
72.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HAS SOME WATER DAMAGE</u>
73.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of any cracks or settling involving the foundation, exterior walls or slab? Explain: <u>FRONT SIDE WALK</u>
74.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any chimney or fireplace problems, if applicable? Explain: _____
75.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any damage to any structure on the Property by any of the following? (Check all that apply):
76.	<input type="checkbox"/>	<input type="checkbox"/>	Flood
77.	<input type="checkbox"/>	<input type="checkbox"/>	Fire
78.	<input type="checkbox"/>	<input type="checkbox"/>	Wind
79.	<input type="checkbox"/>	<input type="checkbox"/>	Expansive soil(s)
80.	<input type="checkbox"/>	<input type="checkbox"/>	Water
	<input type="checkbox"/>	<input type="checkbox"/>	Hail
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
81.	<b>WOOD INFESTATION:</b>		
82.	Are you aware of any of the following:		
83.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Past presence of termites or other wood destroying organisms on the Property?
84.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current presence of termites or other wood destroying organisms on the Property?
85.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Past or present damage to the Property by termites or other wood destroying organisms?
86.	Explain: <u>PAST DAMAGE FOUND 4-18</u>		
87.	<u>VARSITY TERMITE - SEE REPORT</u>		
88.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of past or present treatment(s) of the Property for termites or other wood destroying organisms?
89.	If yes, date last treatment was performed: <u>2008 &amp; GOT TREATED by</u>		
90.	Name of treatment provider(s): <u>CONNOLLY PEST MANAGEMENT 480-964-3555</u>		
91.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there a treatment warranty? (Attach a copy of warranty if available.)
92.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, is the treatment warranty transferable?
93.	<b>NOTICE TO BUYER: Contact Office of Pest Management for past termite reports or treatment history.</b>		
94.			
95.	<b>HEATING &amp; COOLING:</b>		
96.	Heating: Type(s) <u>2 HEAT PUMPS(?) BOTH REPLACED</u>		
97.	Approximate Age(s) <u>2016 &amp; 2013</u>		
98.	Cooling: Type(s) <u>2 AC UNITS BOTH REPLACED</u>		
99.	Approximate Age(s) <u>2016 &amp; 2013</u>		
100.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any past or present problems with the heating or cooling system(s)?
101.	Explain: _____		
102.	<b>PLUMBING:</b>		
103.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of the type of water pipes, such as galvanized, copper, PVC, CPVC or polybutylene?
104.	If yes, identify: _____		
105.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of any past or present plumbing problems? Explain: <u>HAD PLUMBING (4/2018)</u>
106.	<u>LEAK FIXED IN DOWNSTAIRS BATH (DMS PLUMBING)</u>		
107.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any water pressure problems? Explain: _____
108.	Type of water heater(s): <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solar Approx. age(s): _____		
109.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any past or present water heater problems? Explain: _____
110.			
111.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there a landscape watering system? If yes, type: <input checked="" type="checkbox"/> automatic timer <input checked="" type="checkbox"/> manual <input checked="" type="checkbox"/> both
112.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, are you aware of any past or present problems with the landscape watering system?
113.	Explain: <u>LAWN MAN FIXED ONE HEAD 4-18</u>		
114.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any water treatment systems? (Check all that apply):
115.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	water filtration
116.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	reverse osmosis
117.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	water softener
118.	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is water treatment system(s) <input type="checkbox"/> owned <input type="checkbox"/> leased (Attach a copy of lease if available.)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any past or present problems with the water treatment system(s)?
	Explain: _____		

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YES	NO	
119.		<b>SWIMMING POOL/SPA/HOT TUB/SAUNA/WATER FEATURE:</b>
120.	<input checked="" type="checkbox"/>	Does the Property contain any of the following? (Check all that apply):
121.		<input checked="" type="checkbox"/> Swimming pool <input checked="" type="checkbox"/> Spa <input checked="" type="checkbox"/> Hot tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water feature
122.	<input checked="" type="checkbox"/>	If yes, are either of the following heated? <input type="checkbox"/> Swimming pool <input checked="" type="checkbox"/> Spa If yes, type of heat: <u>GAS</u>
123.	<input checked="" type="checkbox"/>	Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?
124.		Explain: <u>WATER FLOW POOLS FIX SMALL PROBLEMS 4-18</u>
125.		<b>ELECTRICAL AND OTHER RELATED SYSTEMS:</b>
126.	<input type="checkbox"/>	Are you aware of any past or present problems with the electrical system? Explain: _____
127.		
128.	<input checked="" type="checkbox"/>	Is there a security system? If yes, is it (Check all that apply):
129.		<input type="checkbox"/> Leased (Attach copy of lease if available.) <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Monitored <input type="checkbox"/> Other _____
130.	<input type="checkbox"/>	Are you aware of any past or present problems with the security system? Explain: _____
131.		
132.	<input type="checkbox"/>	Does the Property contain any of the following systems or detectors?(Check all that apply):
133.		<input checked="" type="checkbox"/> Smoke/fire detection <input checked="" type="checkbox"/> Fire suppression (sprinklers) <input checked="" type="checkbox"/> Carbon monoxide detector
134.		If yes, are you aware of any past or present problems with the above systems? Explain: _____
135.		
136.		<b>MISCELLANEOUS:</b>
137.	<input checked="" type="checkbox"/>	Are you aware of any animals/pets that have resided in the Property? If yes, what kind: <u>DOGS</u>
138.		
139.	<input checked="" type="checkbox"/>	Are you aware of or have you observed any of the following on the Property? (Check all that apply):
140.		<input type="checkbox"/> Scorpions <input type="checkbox"/> Rabid animals <input type="checkbox"/> Bee swarms <input checked="" type="checkbox"/> Rodents <input type="checkbox"/> Reptiles <input type="checkbox"/> Bed Bugs <input type="checkbox"/> Other: _____
141.		Explain: <u>neighbor had roof rats so we put out traps</u>
142.	<input checked="" type="checkbox"/>	Has the Property been serviced or treated for pests, reptiles, insects, birds or animals? If yes, how often: <u>yearly</u>
143.		Name of service provider(s): <u>DONT REMEMBER</u> Date of last service: <u>2016</u>
144.	<input type="checkbox"/>	Are you aware of any work done on the Property, such as building, plumbing, electrical or other improvements or alterations or room conversions? (If no, skip to line 156.)
145.		Explain: _____
146.		
147.		
148.		
149.		
150.	<input type="checkbox"/>	Were permits for the work required? Explain: _____
151.	<input type="checkbox"/>	If yes, were permits for the work obtained? Explain: _____
152.	<input type="checkbox"/>	Was the work performed by a person licensed to perform the work? Explain: _____
153.	<input type="checkbox"/>	Was approval for the work required by any association governing the property? Explain: _____
154.		If yes, was approval granted by the association? Explain: _____
155.	<input type="checkbox"/>	Was the work completed? Explain: _____
156.	<input type="checkbox"/>	Are there any security bars or other obstructions to door or window openings? Explain: _____
157.	<input type="checkbox"/>	Are you aware of any past or present problems with any built-in appliances? Explain: _____
158.		
159.	<input type="checkbox"/>	Are there any leased propane tanks, equipment or other systems on the Property? (Attach a copy of lease if available.)
160.		Explain: _____
161.		

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**Residential Seller's Property Disclosure Statement (SPDS) >>****UTILITIES****162. DOES THE PROPERTY CURRENTLY RECEIVE THE FOLLOWING SERVICES?**

YES	NO		PROVIDER	
163.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity: .....	APS
164.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fuel: <input type="checkbox"/> Natural gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Oil .....	PROPANE PEOPLE
165.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable / Satellite: .....	DIRECT
166.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internet: .....	CENTURY LINK
167.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone: .....	
168.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage Collection: .....	CITY OF SCOTT.
169.	<input type="checkbox"/>	<input type="checkbox"/>	Fire: .....	
170.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Irrigation: .....	
171.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Source:	
172.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private water co. <input type="checkbox"/> Hauled water. ....	CITY OF SCOTTSDALE
173.			<input type="checkbox"/> Private well <input type="checkbox"/> Shared well If water source is a private or shared well, complete and attach	
174.			Domestic Water Well/Water Use Addendum.	

**NOTICE TO BUYER:** If the Property is served by a well, private water company or a municipal water provider, the Arizona Department of Water Resources may not have made a water supply determination. For more information about water supply, or any of the above services, contact the provider.

178.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of any past or present drinking water problems? Explain: .....
179.			
180.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	U.S. Postal Service delivery is available at: <input type="checkbox"/> Property <input checked="" type="checkbox"/> Cluster Mailbox <input type="checkbox"/> Post Office <input type="checkbox"/> Other .....
181.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any alternate power systems serving the Property? (If no, skip to line 190.)
182.			If yes, indicate type (Check all that apply):
183.			<input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Generator <input type="checkbox"/> Other .....
184.			Are you aware of any past or present problems with the alternate power system(s)? Explain: .....
185.			
186.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are any alternate power systems serving the Property leased? Explain: .....
187.			
188.			If yes, provide name and phone number of the leasing company (Attach copy of lease if available): .....
189.			

**NOTICE TO BUYER:** If the Property is served by a solar system, Buyer is advised to read all pertinent documents and review the cost, insurability, operation, and value of the system, among other items.

**ENVIRONMENTAL INFORMATION**

YES	NO	
192.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
193.		
194.		
195.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
196.		
197.		
198.		
199.		
200.		
201.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
202.		
203.		
204.		
205.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
206.		

Are you aware of any past or present issues or problems with any of the following on the Property? (Check all that apply):

☒ Soil settlement/expansion ☐ Drainage/grade ☐ Erosion ☐ Fissures ☐ Dampness/moisture ☐ Other

Explain: SIDEWALK IN FRONT, SOIL SETTLE OR TREE ROOT ??

Are you aware of any past or present issues or problems in close proximity to the Property related to any of the following? (Check all that apply):

☐ Soil settlement/expansion ☐ Drainage/grade ☐ Erosion ☐ Fissures ☐ Other .....

Explain: .....

**NOTICE TO BUYER:** The Arizona Department of Real Estate provides earth fissure maps to any member of the public in printed or electronic format upon request and on its website at [www.azre.gov](http://www.azre.gov).

Are you aware if the Property is subject to any present or proposed effects of any of the following? (Check all that apply):

☐ Airport noise ☐ Traffic noise ☐ Rail line noise ☐ Neighborhood noise ☐ Landfill ☐ Toxic waste disposal

☐ Odors ☐ Nuisances ☐ Sand/gravel operations ☐ Other .....

Explain: .....

Are you aware if any portion of the Property has ever been used as a "Clandestine drug laboratory" (manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy or LSD)?



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207. YES ☐ NO ☒ Are you aware if the Property is located in the vicinity of a public or private airport?  
208. Explain: \_\_\_\_\_
209. **NOTICE TO SELLER AND BUYER: Pursuant to Arizona law a Seller shall provide a written disclosure to the Buyer**  
210. **if the Property is located in territory in the vicinity of a military airport or ancillary military facility as delineated**  
211. **on a map prepared by the State Land Department. The Department of Real Estate also is obligated to record**  
212. **a document at the County Recorder's Office disclosing if the Property is under restricted air space and to**  
213. **maintain the State Land Department Military Airport Map on its website at [www.azre.gov](http://www.azre.gov).**
214. ☐ ☒ Is the Property located in the vicinity of a military airport or ancillary military facility?  
215. Explain: \_\_\_\_\_
216. ☐ ☒ Are you aware of the presence of any of the following on the Property, past or present? (Check all that apply):  
217. ☐ Asbestos ☐ Radon gas ☐ Lead-based paint ☐ Pesticides ☐ Underground storage tanks ☐ Fuel/chemical storage  
218. Explain: \_\_\_\_\_
219. ☐ ☒ Are you aware if the Property is located within or subject to any of the following ordinances? (Check all that apply):  
220. ☐ Superfund / WQARF / CERCLA ☐ Wetlands area ☐ Natural Area Open Spaces  
221. ☐ ☒ Are you aware of any open mine shafts/tunnels or abandoned wells on the Property?  
222. If yes, describe location: \_\_\_\_\_
223. ☐ ☒ Are you aware if any portion of the Property is in a flood plain/way? Explain: \_\_\_\_\_  
224. \_\_\_\_\_

225. **NOTICE TO BUYER: Your mortgage lender [may] [will] require you to purchase flood insurance in**  
226. **connection with your purchase of this property. The National Flood Insurance Program provides for the**  
227. **availability of flood insurance and establishes flood insurance policy premiums based on the risk of flooding**  
228. **in the area where properties are located. Recent changes to federal law (The Biggert-Waters Flood Insurance**  
229. **Reform Act of 2012 and the Homeowner Flood Insurance Affordability Act of 2014, in particular) will result in**  
230. **changes to flood insurance premiums that are likely to be higher, and in the future may be substantially**  
231. **higher, than premiums paid for flood insurance prior to or at the time of sale of the property. As a result,**  
232. **purchasers of property should not rely on the premiums paid for flood insurance on this property previously**  
233. **as an indication of the premiums that will apply after completion of the purchase. In considering purchase of**  
234. **this property you should consult with one or more carriers of flood insurance for a better understanding of**  
235. **flood insurance coverage, current and anticipated future flood insurance premiums, whether the prior**  
236. **owner's policy may be assumed by a subsequent purchaser of the property, and other matters related to the**  
237. **purchase of flood insurance for the property. You may also wish to contact the Federal Emergency**  
238. **Management Agency (FEMA) for more information about flood insurance as it relates to this property.**

239. ☐ ☒ Are you aware of any portion of the Property ever having been flooded? Explain: \_\_\_\_\_
240. \_\_\_\_\_
241. ☒ ☒ Are you aware of any water damage or water leaks of any kind on the Property? Explain: SEE LINES 105/106  
242. AND TOILET VALVE (DIS) HAD SMALL DRIP LEAK. VALVE WAS REPIECED.
243. ☐ ☒ Are you aware of any past or present mold growth on the Property? If yes, explain: \_\_\_\_\_  
244. \_\_\_\_\_

**SEWER/WASTEWATER TREATMENT**

245. YES ☒ NO ☐ Is the entire Property connected to a sewer?  
246. ☐ ☐ If no, is a portion of the Property connected to a sewer? Explain: \_\_\_\_\_  
247. \_\_\_\_\_
248. ☒ ☐ If the entire Property or a portion of the Property is connected to a sewer, has a professional verified the sewer connection?  
249. If yes, how and when: INSPECTOR
250. **NOTICE TO BUYER: Contact a professional to conduct a sewer verification test.**
251. Type of sewer: ☒ Public ☐ Private ☐ Planned and approved sewer system, but not connected  
252. Name of Provider: SCOTTSDALE

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**Residential Seller's Property Disclosure Statement (SPDS) >>**

YES NO

253. ☐ ☒ Are you aware of any past or present problems with the sewer? Explain: \_\_\_\_\_
254. ☐ ☐ Is the Property served by an On-Site Wastewater Treatment Facility? (If no, skip to line 267.)
255. If yes, the Facility is: ☐ Conventional septic system ☐ Alternative system; type: \_\_\_\_\_
256. ☐ ☐ If the Facility is an alternative system, is it currently being serviced under a maintenance contract?
257. If yes, name of contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_
258. Approximate year Facility installed: \_\_\_\_\_ (Attach copy of permit if available.)
259. ☐ ☒ Are you aware of any repairs or alterations made to this Facility since original installation?
260. Explain: \_\_\_\_\_
261. \_\_\_\_\_
262. Approximate date of last Facility inspection and/or pumping of septic tank: \_\_\_\_\_
263. ☐ ☐ Are you aware of any past or present problems with the Facility? Explain: \_\_\_\_\_
264. \_\_\_\_\_

**NOTICE TO SELLER AND BUYER: The Arizona Department of Environmental Quality requires a Pre-Transfer Inspection of On-Site Wastewater Treatment Facilities on re-sale properties.**

**OTHER CONDITIONS AND FACTORS**

267. What other material (important) information are you aware of concerning the Property that might affect the buyer's decision-making process, the value of the Property, or its use? Explain: \_\_\_\_\_
268. \_\_\_\_\_
269. \_\_\_\_\_

**ADDITIONAL EXPLANATIONS**

270. \_\_\_\_\_
271. \_\_\_\_\_
272. \_\_\_\_\_
273. \_\_\_\_\_
274. \_\_\_\_\_
275. \_\_\_\_\_
276. \_\_\_\_\_
277. \_\_\_\_\_
278. \_\_\_\_\_
279. \_\_\_\_\_

280. **SELLER CERTIFICATION:** Seller certifies that the information contained herein is true and complete to the best of Seller's knowledge as of the date signed. Seller agrees that any changes in the information contained herein will be disclosed in writing by Seller to Buyer prior to Close of Escrow, including any information that may be revealed by subsequent inspections. Seller acknowledges receipt of Residential Seller Disclosure Advisory titled *When in Doubt — Disclose*.

284. Deborah J. Manley 4-12-18 MO/DAYR  
SELLER'S SIGNATURE  
Deborah Manley Family Trust Family Trust SELLER'S SIGNATURE  
by Deborah Manley, Trustee MO/DAYR

285. Reviewed and updated: Initials: DM 4-13-18  
SELLER SELLER MO/DAYR

286. **BUYER'S ACKNOWLEDGMENT:** Buyer acknowledges that the information contained herein is based only on the Seller's actual knowledge and is not a warranty of any kind. Buyer acknowledges Buyer's obligation to investigate any material (important) facts in regard to the Property. Buyer is encouraged to obtain Property inspections by professional independent third parties and to consider obtaining a home warranty protection plan.

290. **NOTICE:** Buyer acknowledges that by law, Sellers, Lessors and Brokers are not obligated to disclose that the Property is or has been: (1) the site of a natural death, suicide, homicide, or any other crime classified as a felony; (2) owned or occupied by a person exposed to HIV, diagnosed as having AIDS or any other disease not known to be transmitted through common occupancy of real estate; or (3) located in the vicinity of a sex offender.
293. By signing below, Buyer acknowledges receipt only of this SPDS. If Buyer disapproves of any items provided herein, Buyer shall deliver to Seller written notice of the items disapproved as provided in the Contract.

295. \_\_\_\_\_ MO/DAYR \_\_\_\_\_ MO/DAYR  
BUYER'S SIGNATURE BUYER'S SIGNATURE

