

**RESIDENTIAL SELLER'S PROPERTY DISCLOSURE STATEMENT**

**MESSAGE TO THE SELLER:** Seller's are obligated by law to disclose all known material (important) facts about the Property to the Buyer. 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 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, you acknowledge that failure to disclose known material information about the Property may result in liability.

**MESSAGE TO THE BUYER:** Although Seller are obligated to disclose all known material (important) facts about the Property, there are likely facts about the Property that the Seller 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. (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**

As used herein, "Property" shall mean the real property and all fixtures and improvements thereon and appurtenances incidental thereto, plus fixtures and personal property described in the Contract.

PROPERTY ADDRESS: \_\_\_\_\_

Does the property include any leased land?  Yes  No

Explain: \_\_\_\_\_

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 are being transferred, the Seller must furnish the Buyer with a written Affidavit of Disclosure in the form required by law.

LEGAL OWNER(S) OF PROPERTY: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

The Property is currently:  Owner-occupied  Leased  Estate  Foreclosure  Vacant

If vacant, how long? \_\_\_\_\_ If a rental property, how long? \_\_\_\_\_

Expiration of current lease: \_\_\_\_\_ (attach a copy of the lease if available.)

If any refundable deposits or prepaid rents are being held, by whom and how much? Explain: \_\_\_\_\_

Is the legal owner(s) of the Property a foreign person pursuant to the Foreign Investment in Real Property Tax Act?

Yes  No If "yes", consult a tax advisor; mandatory withholding may apply.

Is the Property located in a community defined by the fair housing laws as housing for older persons?  Yes  No

Explain: \_\_\_\_\_

Approximate year built: \_\_\_\_\_. If Property was built prior to 1978, Seller must furnish the Buyer with a lead-based paint disclosure form.

**NOTICE TO BUYER:** If the Property is in a subdivision, a subdivision public report, which contains a variety of information about the subdivision at the time the subdivision was approved, may be available by contacting the Arizona Department of Real Estate of the homebuilder. The public report information may be outdated.

	YES	NO
Have you entered into any agreement to transfer your interest in the Property in any way, including rental renewals or options to purchase? Explain: _____		
Are you aware if there are any association(s) governing the Property? If yes, provide contacts information: Name: _____ Phone# _____ Name: _____ Phone# _____ If yes, are there any fees? How much? \$ _____ How often: _____ How much? \$ _____ How often: _____		
Are you aware of any association fees payable upon transfer of the Property? Explain: _____		
Are you aware of any proposed or existing association assessment(s)? Explain: _____		
Are you aware of any pending or anticipated disputes or litigation regarding the Property or the association(s)? Explain: _____		
Are you aware of any of the following recorded against the Property? (check all that apply): <input type="checkbox"/> Judgment liens <input type="checkbox"/> Tax liens <input type="checkbox"/> Other non-consensual liens Explain: _____		
Are you aware of any assessment affecting this Property? (check all that apply): <input type="checkbox"/> Recorded easements <input type="checkbox"/> Use restrictions <input type="checkbox"/> Lot line disputes <input type="checkbox"/> Encroachments <input type="checkbox"/> Unrecorded easements <input type="checkbox"/> Use permits <input type="checkbox"/> Other _____ Explain: _____		
Are you aware if the Property is located within the boundaries of a Community Facilities District? If yes, provide the name of the CFD: _____		
Are you aware of any problems with legal or physical access to the Property? Explain: _____ _____		
The road/street access to the Property is maintained by the <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Homeowner's Association <input type="checkbox"/> Privately		
If privately maintained, is there a recorded road maintenance agreement? Explain: _____		
Are you aware of any violation(s) of any of the following? (check all that apply): <input type="checkbox"/> Zoning <input type="checkbox"/> Building Codes <input type="checkbox"/> Utility Service <input type="checkbox"/> Sanitary health regulations <input type="checkbox"/> Covenants, Conditions, Restrictions <input type="checkbox"/> Other _____ (attach a copy of notice) Explain: _____		
Are you aware of any homeowner's insurance claims having been filed against the Property?		

Explain:		
<b>BUILDING AND SAFETY INFORMATION</b>		
<b>ROOF / STRUCTURAL</b>	<b>YES</b>	<b>NO</b>
Are you aware of any past or present roof leaks? Explain: _____		
Are you aware of any other past or present roof problems? Explain: _____		
Are you aware of any roof repairs? Explain:		
Is there a roof warranty? (Attach a copy of warranty if available.) If yes, is the roof warranty transferable? Cost to transfer:		
Are you aware of any interior wall/ceiling/door/window/floor problems? Explain: _____		
Are you aware of any cracks or settling involving the foundation, exterior walls or slab? Explain:		
Are you aware of any chimney or fireplace problems, if applicable? Explain:		
Are you aware of any damage to any structure on the Property by any of the following? <input type="checkbox"/> Flood <input type="checkbox"/> Fire <input type="checkbox"/> Wind <input type="checkbox"/> Expansive soil(s) <input type="checkbox"/> Water <input type="checkbox"/> Hail <input type="checkbox"/> Other _____ Explain:		
<b>WOOD INFESTATION</b>	<b>YES</b>	<b>NO</b>
Are you aware of past presence of termites or other wood destroying organisms on the Property?		
Are you aware of current presence of termites or other wood destroying organisms on the Property?		
Are you aware of past or present damage to the Property by termites or other wood destroying organisms? Explain: _____		
Are you aware of past or present treatment(s) of the Property for termites or other wood destroying organisms? If yes, date last treatment was performed: _____ Name of treatment provider(s):		
Is there a treatment warranty? (Attach a copy of warranty if available.)		
If yes, is the treatment warranty transferable?		
<b>HEATING &amp; COOLING:</b> Heating: Type(s) _____ Approximate Age(s) _____ Cooling: Type(s) _____ Approximate Age(s) _____ Are you aware of any past or present problems with the heating or cooling system(s)? Explain:		

<b>PLUMBING:</b> Are you aware of the type of water pipes, such as galvanized, copper, PVC, CPVC or polybutylene? If yes, identify:		
Are you aware of any past or present plumbing problems? Explain: _____		
Are you aware of any water pressure problems? Explain: _____		
Type of water heater(s): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Approx. age(s): _____ Are you aware of any past or present water heater problems? Explain: _____		
Is there a landscape watering system? If yes, type: <input type="checkbox"/> automatic timer <input type="checkbox"/> manual <input type="checkbox"/> both If yes, are you aware of any past or present problems with the landscape watering system? Explain:		
Are there any water treatment systems? (check all that apply) <input type="checkbox"/> water filtration <input type="checkbox"/> reverse osmosis <input type="checkbox"/> water softener <input type="checkbox"/> Other _____ Is water treatment system(s) <input type="checkbox"/> owned <input type="checkbox"/> leased (attach a copy of lease if available)		
Are you aware of any past or present problems with the water treatment system(s)? Explain:		
<b>SWIMMING POOL/SPA/HOT TUB/SAUNA/WATER FEATURE</b>	<b>YES</b>	<b>NO</b>
Does the Property contain any of the following? (check all that apply) <input type="checkbox"/> Swimming pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water feature		
If yes, are either of the following heated? <input type="checkbox"/> Swimming pool <input type="checkbox"/> Spa If yes, type of heat:		
Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature? Explain:		
<b>ELECTRICAL AND OTHER RELATED SYSTEMS:</b> Are you aware of any past or present problems with the electrical system? Explain:		
Is there a security system? If yes, is it (check all that apply) <input type="checkbox"/> Leased (Attach a copy of lease if available.) <input type="checkbox"/> Owned <input type="checkbox"/> Monitored <input type="checkbox"/> Other _____		
Are you aware of any past or present problems with the above systems? Explain:		
<b>MISCELLANEOUS:</b> Are you aware of any animals/pets that have resided in the Property? If yes, what kind:		
Are you aware of or have you observed any of the following on the Property? (check all that apply) <input type="checkbox"/> Scorpions <input type="checkbox"/> Rabid animals <input type="checkbox"/> Bee swarms <input type="checkbox"/> Rodents <input type="checkbox"/> Reptiles <input type="checkbox"/> Bed bugs <input type="checkbox"/> Other: Explain:		
Has the Property been serviced or treated for pests, reptiles, insects, birds or animals? If yes, how often: _____ Date of last service: _____		

Name of service provider(s):		
Are you aware of any work done on the Property, such as building, plumbing, electrical or other improvements or alterations or room conversions? Explain: _____		
Were permits for the work required? Explain: _____		
If yes, were permits for the work obtained? Explain: _____		
Was approval for the work required by any association governing the property? Explain: _____ If yes, was approval granted by the association? Explain: _____		
Was the work completed? Explain:		
Are there any security bars or other obstructions to door or window openings? Explain:		
Are you aware of any past or present problems with any built-in appliances? Explain:		
Are there any leased propane tanks, equipment or other systems on the Property? (Attach a lease copy if available)Explain: _____		
<b>UTILITIES</b> <b>Does the Property currently receive the following services?</b>	<b>YES</b>	<b>NO</b>
Electricity, if yes, provider:		
Fuel: <input type="checkbox"/> natural gas <input type="checkbox"/> propane <input type="checkbox"/> oil, provider:		
Cable/Satellite, if yes, provider:		
Internet, if yes, provider:		
Telephone, if yes, provider:		
Garbage Collection, if yes, provider:		
Fire, if yes, provider:		
Irrigation, if yes, provider:		
Water source: <input type="checkbox"/> Public <input type="checkbox"/> Private water company <input type="checkbox"/> Hauled water <input type="checkbox"/> Private well <input type="checkbox"/> Shared well If water source is private or shared well, complete and attach Domestic Water Well/Water Use Addendum		
Are you aware of any past or present drinking water problems? Explain:		

US Postal Service delivery available at: <input type="checkbox"/> Property <input type="checkbox"/> Cluster Mailbox <input type="checkbox"/> Post office <input type="checkbox"/> Other		
Are there any alternate power systems serving the Property? If yes, indicate type (check all that apply) <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Generator <input type="checkbox"/> Other:		
Are you aware of any past or present problems with the alternate power system(s)? Explain:		
Are any alternate power systems serving the Property leased? Explain: _____ If yes, provide name and phone number of the leasing company (attach copy of lease if available)		
<b>ENVIRONMENTAL INFORMATION</b>	<b>YES</b>	<b>NO</b>
Are you aware of any past or present issues or problems with any of the following on the Property? <input type="checkbox"/> Soil settlement/expansion <input type="checkbox"/> Drainage/grade <input type="checkbox"/> Erosion <input type="checkbox"/> Fissures <input type="checkbox"/> Dampness/Moisture <input type="checkbox"/> Other Explain:		
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) <input type="checkbox"/> Soil settlement/expansion <input type="checkbox"/> Drainage/grade <input type="checkbox"/> Erosion <input type="checkbox"/> Fissures <input type="checkbox"/> Other Explain:		
Are you aware if the Property is subject to any present or proposed effects of any of the following? (check all that apply) <input type="checkbox"/> airport noise <input type="checkbox"/> traffic noise <input type="checkbox"/> rail line noise <input type="checkbox"/> neighborhood noise <input type="checkbox"/> landfill <input type="checkbox"/> toxic waste disposal <input type="checkbox"/> odors <input type="checkbox"/> nuisances <input type="checkbox"/> sand/gravel operations <input type="checkbox"/> other Explain:		
Are you aware if any portion of the Property has ever been used as "Clandestine drug laboratory" (manufacture of, storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy or LSD)?		
Are you aware if the Property is located in the vicinity of a public or private airport? Explain:		
Is the Property located in the vicinity of a military airport or ancillary military facility? Explain:		
Are you aware of the presence of any of the following on the Property, past or present? (check all that apply) <input type="checkbox"/> asbestos <input type="checkbox"/> radon gas <input type="checkbox"/> lead-based paint <input type="checkbox"/> pesticides <input type="checkbox"/> underground storage tanks <input type="checkbox"/> fuel/chemical storage Explain:		
Are you aware if the Property is located within or subject to any of the following ordinances? (check all that apply): <input type="checkbox"/> Superfund/WQARF/CERCLA <input type="checkbox"/> Wetlands area <input type="checkbox"/> Natural Area Open Spaces		
Are you aware of any open mine shafts/tunnels or abandoned wells on the Property? If yes, describe location:		
Are you aware if any portion of the Property is in a flood plain/way? Explain:		

Are you aware of any portion of the Property ever having been flooded? Explain:		
Are you aware of any water damage or water leaks of any kind on the Property? Explain:		
Are you aware of any past or present mold growth on the Property? If yes, explain:		
<b>SEWER/WASTEWATER TREATMENT</b>	<b>YES</b>	<b>NO</b>
Is the entire Property connected to a sewer?		
If NO, is a portion of the property connected to a sewer? Explain:		
If the entire Property or a portion of the Property is connected to a sewer, has a professional verified the sewer connection? If yes, how and when: _____ _____ Type of sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Planned and approved sewer system, but not connected Name of Provider:		
Are you aware of any past or present problems with the sewer? Explain:		
Is the Property served by an On-Site Wastewater Treatment Facility? If yes, the Facility is <input type="checkbox"/> Conventional septic system <input type="checkbox"/> Alternative system; type:		
If the Facility is an alternative system, is it currently being serviced under a maintenance contract? If yes, name of contractor: _____ Phone# _____ Approximate year Facility installed: _____ (attach copy of permit if available)		
Are you aware of any repairs or alterations made to this Facility since original installation? Explain: _____ Approximate date of last Facility inspection and/or pumping of septic tank:		
Are you aware of any past or present problems with the Facility? Explain:		
<b>OTHER CONDITIONS AND FACTORS</b> 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: _____ _____ _____ _____ _____ _____ _____		
<b>ADDITIONAL EXPLANATIONS</b> _____ _____ _____ _____		

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**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.

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 on 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.

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 or real estate; or (3) located in the vicinity of a sex offender.

By signing below, Buyer acknowledges receipt only of this SPDS. If Buyer disapprove or any items provided herein, Buyer shall deliver to Seller written notice of the items disapproved as provided in the Contract.

Buyer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_