SPDS19 Seller's Property Disclosure Supplement
Adoption Date: August 5, 2025
Mandatory Use Date: January 1, 2026

THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.

SELLER'S PROPERTY DISCLOSURE SUPPLEMENT (ADDITIONAL STRUCTURE)

This Seller's Property Disclosure Supplement ("SPD Supplement") supplements the following Seller's Property Disclosure form to be provided by the Seller:

☐ **Seller's Property Disclosure (Residential)**

☐ **Seller's Property Disclosure (Land)**

☐ **Seller's Property Disclosure (Commercial)**

THIS SELLER'S PROPERTY DISCLOSURE SUPPLEMENT SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.

Seller states that the information contained in this SPD Supplement regarding the Additional Structure is correct to **Seller's CURRENT ACTUAL KNOWLEDGE** as of the date signed by Seller. If the Contract to Buy and Sell (Contract) requires Seller to complete this SPD, this form must be fully completed to **Seller's CURRENT ACTUAL KNOWLEDGE** as of the date of the Seller's Property Disclosure Deadline in the Contract. **Any changes to the disclosures herein must be disclosed by Seller to Buyer promptly after discovery. In the event Seller discovers a new adverse material fact after completing this SPD, Seller must disclose in writing any such new adverse material fact to Buyer. Seller's failure to disclose a known adverse material fact** affecting the Property or occupant **may result in legal liability.** If Seller has knowledge of an adverse material fact affecting the Property or occupants, it must be disclosed whether there is a specific item on the SPD, this SPD Supplement or not.

Broker is authorized to deliver a copy of this SPD Supplement to prospective buyers.

Seller and Buyer understand that this SPD Supplement is not a warranty or guarantee of any kind by the Seller or by any Broker or Agent representing the Seller. Property inspection services may be purchased and are advisable. This SPD is **not** intended as a substitute for an inspection of the Property. **Buyers are encouraged to obtain their own professional inspection(s).**

SELLER: Your answers are NOT limited to only the space provided in this SPD Supplement. Attach additional pages, reports, receipts, or any other documents you believe necessary for the information you provide to be complete. Seller should complete additional SPD Supplement forms for each additional structure on the Property.

Note: Buyer and Seller should review the Advisory at the end of the SPD that this SPD Supplement appends.

Date SPD Supplement completed by Seller: _____

Property: _____

Seller(s): _____

Additional Structure Type: ☐ Residential Dwelling ☐ Barn ☐ Detached Garage ☐ Other: _____

Additional Structure Description/Name: _____

Year Built: _____

If the Additional Structure is a residential dwelling, answer the following:

Seller ☐**is** ☐**is not** currently occupying the Additional Structure

If Seller is not currently occupying Additional Structure, date Seller last occupied Additional Structure: _____

During any period when Seller has not occupied the Additional Structure, the Additional Structure was ☐vacant ☐occupied by someone other than Seller

I. IMPROVEMENTS

NOTE: The Contract determines whether an item is included or excluded in the sale. If there is an inconsistency between the SPD Supplement and the Contract, the Contract controls.

A.	**BUILDING CONDITIONS** (all aspects of the Additional Structure to include decks and patios) If you know of any of the following problems **EVER EXISTING,** check the "Yes" column:	**Yes**	**Comments**
1	Structural problems with improvements		
2	Structural supports or reinforcements added		
3	Moisture and/or water, including but not limited to, leakage/seepage in the basement/crawlspace		
4	Damage due to termites, other insects, birds, animals, or rodents		
5	Damage due to hail, wind, fire, flood, or other casualty		
6	Any settling, movement, cracking, heaving or breakage of the following:		
	a. Foundations		
	b. Floors		
	c. Interior walls		
	d. Exterior walls		
	e. Driveways		
	f. Sidewalks		
	g. Patios		
	h. Retaining walls		
	i. Other:		
7	Window leaks		
8	Exterior Artificial Stucco (EIFS)		
9	Subfloors		
10			

B.	**ROOF – General Information** Do you know of the following on the Property: If yes, provide the requested information in Comments	**Yes**	**Comments**
1	Indicate age of roof in Comments		
2	Indicate roof material in Comments		
3	Roof is under warranty		
	a. Date of warranty expiration		
	b. Warranty is transferable		☐ Yes ☐ No ☐ Unknown
4	Roof work done while under current roof warranty		
	a. Date work completed		
	ROOF If you know of any of the following problems **EVER EXISTING,** check the "Yes" column:	**Yes**	**Comments**
5	Roof leak		
6	Damage to roof		
7	Damage to skylight		
8	Damage to gutter or downspout		
9	Other roof problems, issues or concerns		
10			

C.	**APPLIANCES** (if included in the sale) If you know of any problems **NOW EXISTING** with the following, check the "Yes" column:	**Yes**	**Age, if known**	**Comments**
1	Built-in vacuum system & accessories			
2	Clothes dryer			☐ Gas ☐Electric
3	Clothes washer			
4	Dishwasher			
5	Disposal			
6	Freezer			
7	Gas grill			
8	Range ventilation system			
9	Microwave oven			☐ Free standing ☐ Built in
10	Oven			☐ Gas ☐ Electric ☐ Single ☐ Double
11	Range/Stove			☐ Gas ☐ Electric ☐ Free Standing ☐ Drop-In
12	Refrigerator			
13	T.V. antenna:			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
14	Satellite system or DSS dish:			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
15	Trash compactor			
16				

D.	**ELECTRICAL & TELECOMMUNICATIONS** - General Information Do you know of the following on the Property: If yes, provide the requested information in Comments	**Yes**	**Age, if known**	**Comments**
1	220 Volt service			
2	Electrical Service: Amps _____			
3	Landscape lighting			
4	Electric provider – provide name in Comments			
5	Cable/TV provider – provide name in Comments			
6	Internet provider – provide name in Comments			
7	Solar panels			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from: Output: _____
8	Wind generators			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
9	Security system			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
10	Doorbell			☐ Wired ☐ Wireless ☐ Smart
11	Smoke/fire detector(s)			☐ Battery ☐ Hardwire
12	Carbon monoxide alarm(s)			☐ Battery ☐ Hardwire
13	Internet wiring			☐ Cable ☐ DSL ☐ Satellite ☐ Fiber ☐ Other: _____
14	Built in sound system			☐ Speakers- Built In ☐ Wiring- Built In ☐ Speakers- Wireless
15				
	ELECTRICAL & TELECOMMUNICATIONS If you know of any problems **NOW EXISTING** with the following, check the "Yes" column:	**Yes**	**Age, if known**	**Comments**
16	Security system			
17	Smoke/fire detectors			
18	Carbon monoxide alarm			
19	Light fixtures			
20	Switches & outlets			
21	Cable TV wiring and jacks			
22	Internet wiring			
23	Inside telephone wiring & blocks/jacks			
24	Ceiling fans			
25	Bathroom vent fan(s)			
26	Garage door opener and remote control			# of remote/openers: _____
27	Garage door keyless entry			
28	Built in intercom system			
29	Doorbell			
30	Built in sound system			

31				
	ELECTRICAL & TELECOMMUNICATIONS If you know of any problems **EVER EXISTING** with the following, check the "Yes" column:			
32	Electrical Service			
33	Aluminum wiring at the outlets (110)			
34	Solar panels			
35	Wind generators			
36	Electric wiring or panel			
37				

E.	**MECHANICAL** If you know of any problems **NOW EXISTING** with the following, check the "Yes" column:	**Yes**	**Age, if known**	**Comments**
1	Overhead doors (including garage doors)			
2	Entry gate system			
3	Elevator			
4	Sump pump(s): # of _____			
5	Recycle pump			
6	Lifts or Hoists			
7				

F.	**VENTILATION, AIR & HEAT – General Information** Do you know of the following on the Property: If yes, provide the requested information in Comments	**Yes**	**Age, if known**	**Comments**
1	Furnace			
	a. Furnace Type			☐ Forced Air Gas ☐ Forced Air Electric ☐ Forced Air Propane ☐ Radiant ☐ Gravity Flow ☐ Other (specify):
	b. Number of Units			
	c. Zoned			Location of zone 1: Location of zone 2: Location of zone 3:
2	Heating system (other than furnace)			
	a. Type/Fuel			
	b. Type/Fuel			
3	Fireplace			
	a. Type			☐ Masonry ☐ Insert ☐ Wood Burning ☐ Direct Vent ☐ Other (specify):
	b. Fireplace starter			☐ Switch ☐ Remote
4	Free Standing Heating Stove			
	a. Fuel Source			☐ Wood ☐ Pellet ☐ Corn ☐ Gas ☐ Other (specify):
5	Date fireplace/wood stove, chimney/flue last cleaned			☐ Do not know
6	Fuel tanks			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
7	Radiant heating system			☐ Interior ☐ Exterior

	a. Interior Type			
	b. Exterior Type			
8	Air Conditioning			
	a. Type			☐ Central Air: Age_____ No of Units: ____ ☐ Zoned ☐ Electric ☐ Other (specify): _____
	b. Number of Units			
	c. Zoned			
9				
	VENTILATION, AIR & HEAT If you know of any problems **NOW EXISTING** with the following, check the "Yes" column**:**	**Yes**	**Age, if known**	**Comments**
10	Furnace			
11	Heating System (other than Furnace)			
12	Heat Pump			
13	Evaporative cooler			
14	Window air conditioning units			
15	Central air conditioning			
16	Attic ventilation system (attic only)			
17	Whole house fan			
18	Vent fans			
19	Humidifier			
20	Air purifier			
21	Fireplace			
22	Fireplace insert			
23	Fireplace starter			
24	Heating Stove			
25	Fuel tanks			
26				

G.	**WATER – General Information:** Do you know of the following on the Property: If yes, provide the requested information in Comments	**Yes**	**Age, if known**	**Comments**
1	Water heater			
	a. Number of Water Heaters			
	b. Fuel Type			
	c. Capacity			
2	Water filter system			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
3	Water softener			☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from:
4	Indicate location of master water shutoff in Comments			
5	Type of well			
	a. Exempt well (outside designated groundwater basin)			☐ Household use only inside a single-family dwelling (typically less than 35 acres; no outdoor uses) Permit no: _____

				☐ Domestic use (typically 35+ acres; indoor household use in up to 3 dwellings on the parcel, outdoor watering of personal livestock, irrigation of up to 1 acre) Permit no: _____ ☐ Livestock (on farm/range/pasture) Permit no: _____ ☐ Other (please explain): _____ Permit no: _____
	b. Small capacity well (inside designated groundwater basin)			☐ Domestic use (indoor household use in up to 3 dwellings on the parcel; watering of personal livestock, limited irrigation area, no more than 1 acre-foot per year) Permit no:_____ ☐ Other (please explain): _____ Permit no: _____
	c. Non-exempt well (outside designated groundwater basin) (irrigation or other uses)			☐ Augmented well (irrigation/livestock/other) Well use: _____ Permit no: _____ Name of augmentation plan _____ ☐ Non-augmented well (irrigation/livestock) Well use: _____ Permit no:_____
	d. Non-exempt well (inside designated groundwater basin)			☐ Non-tributary/not subject to replacement plan Well use: _____ Permit no: _____ Determination case no: _____ ☐ Not-non-tributary/subject to existing replacement plan Well use: _____ Permit no: _____ Determination case no: _____ ☐ Not-non-tributary/requires replacement plan (with no existing replacement plan) Well use: _____ Permit no: _____ Determination case no: _____ ☐ Large capacity Well use: _____ Permit no: _____ Determination case no: _____ Replacement plan required: yes ____ no___ If yes, is a replacement plan in place? Yes____ No_____
6	Well metered			
7	Well Pump			
	a. Brand name and pump number			
	b. Date installed			
	c. Date of last inspection			
	d. Date of last service			
	e. Depth			
	f. GPM and date last measured			
8	Galvanized pipe			
9	Polybutylene pipe			
10	Cistern water storage			

	a. Number of gallons			
11	Supplemental water purchased in past 2 years? If yes, identify where supplemental water was purchased from in Comments			
	a. Name and contact information of entity from which supplemental water was purchased			
12				
	WATER If you know of any problems **NOW EXISTING** with the following, check the "Yes" column:	**Yes**	**Age, if Known**	**Comments**
13	Water heater(s)			
14	Water filter system			
15	Water softener			
16	Water system pump			
17	Sauna			
18	Hot tub or spa			
19	Steam room/shower			
20	Underground sprinkler system			
21	Fire sprinkler system			
22	Backflow prevention device			
23	Irrigation pump			
24				
	WATER If you know of any problems **EVER EXISTING** with the following, check the "Yes" column:	**Yes**	**Age, if known**	**Comments**
25	Leaks, backups, or similar problems with any portion of the water or plumbing systems (including lines and water pressure) or damage therefrom			
26	Well			
27	Pool			
28	Irrigation system			
29	Water has been tested for potability: ☐ Yes ☐ No a. Indicate result of test and provide the most recent records and reports pertaining to such testing			
30				

H.	**SOURCE OF WATER & WATER SUPPLY – Other Information:** Provide the following information regarding the Additional Structure:	**Yes**	**Comments**
1	Source of Water the same as specified in SPD: NOTE: If the Source of Water is different, Seller should supply a completed Source of Water Addendum for this Additional Structure.		
2			

I.	**SEWER/SEPTIC – General Information:** Do you know of the following on the Property: If yes, provide the requested information in Comments	**Yes**	**Comments**

1	Public sanitary sewer service		
	a. Name and contact information of public sewer service provider		
	b. Date the sewer line was last scoped		
2	Community sanitary sewer service		
	a. Name and contact information of community sewer service provider		
	b. Date the sewer line was last scoped		
3	Septic System		If the Additional Structure is served by an on-site septic system, provide buyer with a copy of the permit
	a. Type		☐ Tank ☐ Leach ☐ Lagoon
	b. Date of issuance of the latest Individual Use Permit		
	c. Date of the latest inspection		
	d. Date of the latest pumping		
	e. System is under a maintenance agreement (pumped/inspected on a regular basis).		☐ Maintenance agreement is mandated. Name and contact information of entity that mandates the maintenance agreement: ☐ Maintenance agreement is not Mandated
4	Other sanitary sewer service		
5	Gray water storage/use		
6			
	SEWER/SEPTIC If you know of any problems **EVER EXISTING** with the following, check the "Yes" column:	**Yes**	**Comments**
7	Leaks, backups, or other similar problems with any portion of the sewage systems (including sewer lines) or damage therefrom		
8	Lift station (sewage ejector pump)		
9			

J.	**OTHER DISCLOSURES – IMPROVEMENTS** If you know of any problems **NOW EXISTING** with the following, check the "Yes" column:	**Yes**	**Comments**
1	Included fixtures and equipment		
2	Stains on carpet		
3	Floors		
4			

II. GENERAL

K.	**USE, ZONING & LEGAL ISSUES** If you know of any of the following **EVER EXISTING,** check the "Yes" column:	**Yes**	**Comments**
1	Building code, city, or county violations		
2	Any building or improvements constructed within the past one year before this Date without approval by the owners' association or its designated approving body		
3	Any additions or alterations made with a Building Permit		

4	Any additions or non-aesthetic alterations made without a Building Permit		
5	Notice of ADA complaint or report		
6			

L.	**RADON** If you know of any of the following **EVER EXISTING,** check the "Yes" column:	**Yes**	**Comments**
1	Radon test(s) conducted on the Property. Provide copies of the most recent records and reports pertaining to radon concentrations within the Property.		
2	Radon concentrations detected or mitigation or remediation performed. Provide a full description.		
3	Radon mitigation system installed on Property. Provide all information known by Seller about the radon mitigation system.		
4			

M.	**GENERAL DISCLOSURES** If you know of any of the following **EVER EXISTING,** check the "Yes" column:	**Yes**	**Comments**
1	Written reports of any building, site, roofing, soils, water, sewer, mold, or engineering investigations or studies of the Property. Provide copies of all such reports in possession of Seller		
2	Structural, architectural, and engineering plans and/or specifications for any existing improvements. Provide copies of all such reports in possession of Seller.		
3	Property was previously used as a methamphetamine laboratory and not remediated to state standards		
4	Odor		
5	Smoking inside improvements (including garages, unfinished space, or detached buildings) on Property		
6	Any litigation alleging negligent construction or defective building products		
7	Any award or payment of money in lieu of repairs for defective building products or poor construction		
8	Any release signed regarding defective products or poor construction that would limit a future owner from making a claim		
9			

OTHER KNOWN ADVERSE MATERIAL FACTS: For purposes of this section, adverse material facts would include any non-observable or observable physical conditions of the Additional Structure. Describe any other known adverse material facts in or on the Additional Structure (attach additional pages as necessary):

_____
_____
_____
_____
_____
_____

This SPD Supplement appends the Seller's SPD and both the Advisory to Seller and Advisory to Buyer contained in the Seller's SPD further applies to this SPD Supplement.

The information contained in this SPD Supplement has been furnished by Seller(s), who certify it was answered truthfully, based on **Seller's CURRENT ACTUAL KNOWLEDGE**.

Seller	Date	Seller	Date

Buyer(s) acknowledge receipt of this SPD Supplement. Buyer(s) signature does not constitute approval of any disclosed condition as represented herein by seller.

Buyer	Date	Buyer	Date