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**SPDS19~~ 6 23)~~ Seller's Property Disclosure Supplement**
**Adoption Date: August 5, 2025**
**~~(~~Mandatory ~~1 24)~~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 ~~this Date~~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 applicable, this form must be fully completed to Seller's current actual knowledge.~~ 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

~~**Note:** The Contract to Buy and Sell Real Estate determines whether an item is included or excluded in the sale. If there is an inconsistency between the SPD and the Contract, the Contract controls.~~

**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 | | |
| ~~2~~3 | Moisture and/or water, including but not limited to leakage/seepage in the basement/crawlspace | | |
| ~~3~~4 | Damage due to termites, other insects, birds, animals, or rodents | | |
| ~~4~~5 | Damage due to hail, wind, fire, flood, or other casualty | | |
| ~~5~~6 | ~~Cracks, heaving or settling~~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: | | |
| ~~6~~7 | ~~Exterior wall or window~~Window leaks | | |
| ~~7~~8 | Exterior Artificial Stucco (EIFS) | | |

| | | | |
|---|---|---|---|
| ~~8~~9 | Subfloors | | |
| ~~9~~10 | | | |
| ~~10~~ | | | |

| B. | ROOF – General Information<br>Do you know of the following on the Property:<br>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 | | |
| **~~B.~~** | **ROOF**<br>If you know of any of the following problems **EVER EXISTING,** check the "Yes" column: | **Yes** | **Comments** |
| ~~1~~5 | Roof leak | | |
| ~~2~~6 | Damage to roof | | |
| ~~3~~7 | Damage to s~~S~~kylight | | |
| ~~4~~8 | Damage to g~~G~~utter or downspout | | |
| ~~5~~9 | Other roof problems, issues or concerns | | |
| ~~6~~10 | | | |
| ~~7~~ | | | |
| | ~~ROOF – Other Information~~<br>~~Do you know of the following on the Property:~~ | | |
| ~~8~~ | ~~Roof under warranty until _____~~<br>~~Transferable? ☐ YES ☐ NO~~ | | |
| ~~9~~ | ~~Roof work done while under current roof warranty~~ | | |
| ~~10~~ | ~~Roof material: _____ Age: _____~~ | | |
| ~~11~~ | | | |

| C. | **APPLIANCES** (if included in the sale)<br>If you know of any problems **NOW EXISTING** with the following, check the "Yes" column: | Yes | Age~~, If~~ if ~~Known~~ 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 | ~~Hood~~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~~ | | | ☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from: |
| 14 | Satellite system or DSS dish: ☐ ~~Owned~~ ☐ ~~Leased~~ | | | ☐ Owned ☐ Leased. If leased, provide the name and contact information of entity leased from: |
| 15 | Trash compactor | | | |
| 16 | | | | |
| ~~17~~ | | | | |

| D. | ELECTRICAL & TELECOMMUNICATIONS - General Information<br>Do you know of the following on the Property:<br>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:<br><br>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<br>☐ Other: _____ |
| 14 | Built in sound system | | | ☐ Speakers- Built In ☐ Wiring- Built In<br>☐ Speakers- Wireless |
| 15 | | | | |

| ~~D.~~ | **ELECTRICAL & TELECOMMUNICATIONS**<br>If you know of any problems **NOW EXISTING** with the following, check the "Yes" column: | **Yes** | **Age, ~~If~~ if ~~Known~~ known** | **Comments** |
|---|---|---|---|---|
| ~~1~~16 | Security system: ~~☐ Owned ☐ Leased~~ | | | |
| ~~2~~17 | Smoke/fire detectors: ~~☐ Battery ☐ Hardwire~~ | | | |
| ~~3~~18 | Carbon m~~M~~onoxide ~~a~~Alarm: ~~☐ Battery ☐ Hardwire~~ | | | |
| ~~4~~19 | Light fixtures | | | |
| ~~5~~20 | Switches & outlets | | | |
| 21 | Cable TV wiring and jacks | | | |
| ~~6~~22 | ~~Telecommunications (T1, fiber, cable, satellite)~~Internet wiring | | | |
| ~~7~~23 | Inside telephone wiring & blocks/jacks | | | |
| ~~8~~24 | Ceiling fans | | | |
| 25 | Bathroom vent fan(s) | | | |
| ~~9~~26 | Garage door opener and remote control<br># of remote/openers: _____ | | | # of remote/openers: _____ |
| 27 | Garage door keyless entry | | | |

| | | | | |
|---|---|---|---|---|
| ~~10~~28 | Built in i~~I~~ntercom system~~m/doorbell~~ | | | |
| 29 | Doorbell | | | |
| ~~11~~30 | ~~In-wall speakers~~Built in sound system | | | |
| ~~12~~31 | | | | |
| ~~13~~ | | | | |
| | **ELECTRICAL & TELECOMMUNICATIONS**<br>If you know of any problems **EVER EXISTING** with the following, check the "Yes" column: | | | |
| ~~14~~32 | Electrical Service | | | |
| ~~15~~33 | Aluminum wiring at the outlets (110) | | | |
| ~~16~~34 | Solar panels~~:~~ ☐ ~~Owned~~ ☐ ~~Leased~~ | | | |
| ~~17~~35 | Wind generators~~:~~ ☐ ~~Owned~~ ☐ ~~Leased~~ | | | |
| ~~18~~36 | Electric w~~W~~iring or p~~P~~anel | | | |
| ~~19~~37 | | | | |
| ~~20~~ | | | | |
| | ~~**ELECTRICAL & TELECOMMUNICATIONS – Other Information:**~~<br>~~Do you know of the following serving the Additional Structure:~~ | | | |
| ~~21~~ | ~~220 volt service~~ | | | |
| ~~22~~ | ~~Electrical Service: Amps~~ _____ | | | |
| ~~23~~ | ~~Landscape lighting~~ | | | |
| ~~24~~ | ~~Electric Provider:~~ _____ | | | |
| ~~25~~ | ~~Cable/TV provider~~ _____ | | | |
| ~~26~~ | ~~Seller's Internet Provider~~ _____ | | | |
| ~~27~~ | | | | |

| E. | **MECHANICAL**<br>If you know of any problems **NOW EXISTING** with the following, check the "Yes" column: | **Yes** | **Age, i~~I~~f k~~K~~now n** | **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 | | | | |
| ~~8~~ | | | | |

| F. | VENTILATION, AIR & HEAT – General Information<br>Do you know of the following on the Property:<br>If yes, provide the requested information in Comments | Yes | Age, if known | Comments |
|---|---|---|---|---|
| 1 | Furnace | | | |
| | a. Furnace Type | | | ☐ Forced Air Gas ☐ Forced Air Electric<br>☐ Forced Air Propane ☐ Radiant ☐ Gravity Flow<br>☐ Other (specify): |
| | b. Number of Units | | | |
| | c. Zoned | | | Location of zone 1:<br>Location of zone 2:<br>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<br>☐ Other (specify): |
| | b. Fireplace starter | | | ☐ Switch ☐ Remote |
| 4 | Free Standing Heating Stove | | | |
| | a. Fuel Source | | | ☐ Wood ☐ Pellet ☐ Corn ☐ Gas<br>☐ 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:____<br>☐ Zoned<br>☐ Electric ☐ Other (specify):_____ |
| | b. Number of Units | | | |
| | c. Zoned | | | |
| 9 | | | | |
| | VENTILATION, AIR & HEAT<br>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 | | | |



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| | | | | |
|---|---|---|---|---|
| 19 | Humidifier | | | |
| 20 | Air purifier | | | |
| 21 | Fireplace | | | |
| 22 | Fireplace insert | | | |
| 23 | Fireplace starter | | | |
| 24 | Heating Stove | | | |
| 25 | Fuel tanks | | | |
| 26 | | | | |

| ~~F.~~ | ~~VENTILATION, AIR & HEAT~~<br>~~If you know of any problems NOW EXISTING with the following, check the "Yes" column:~~ | ~~Yes~~ | ~~Age If Known~~ | ~~Comments~~ |
|---|---|---|---|---|
| ~~1~~ | ~~Heating system~~ | | | |
| ~~2~~ | ~~Evaporative cooler~~ | | | |
| ~~3~~ | ~~Window air conditioning units~~ | | | |
| ~~4~~ | ~~Central air conditioning~~ | | | |
| ~~5~~ | ~~Attic/whole house fan~~ | | | |
| ~~6~~ | ~~Vent fans~~ | | | |
| ~~7~~ | ~~Humidifier~~ | | | |
| ~~8~~ | ~~Air purifier~~ | | | |
| ~~9~~ | ~~Fireplace~~ | | | |
| ~~10~~ | ~~Fireplace insert~~ | | | |
| ~~11~~ | ~~Heating Stove~~ | | | |
| ~~12~~ | ~~Fuel tanks~~ | | | |
| ~~13~~ | | | | |
| ~~14~~ | | | | |
| | ~~VENTILATION, AIR & HEAT – Other Information:~~<br>~~Do you know of the following serving the Additional Structure:~~ | | | |
| ~~15~~ | ~~Heating system (including furnace):~~<br>~~Type _____ Fuel _____~~<br>~~Type _____ Fuel _____~~ | | | |
| ~~16~~ | ~~Fireplace: Type _____~~<br>~~Fuel _____~~ | | | |
| ~~17~~ | ~~Heating Stove: Type _____~~<br>~~Fuel _____~~ | | | |
| ~~18~~ | ~~When was fireplace/wood stove, chimney/flue last cleaned: Date: _____ ☐ Do not know~~ | | | |
| ~~19~~ | ~~Fuel tanks: ☐ Owned ☐ Leased~~ | | | |
| ~~20~~ | ~~Radiant heating system: ☐ Interior ☐ Exterior~~<br>~~Type _____~~ | | | |
| ~~21~~ | ~~Fuel Provider: _____~~ | | | |
| ~~22~~ | | | | |

| G. | WATER – General Information:<br>Do you know of the following on the Property:<br>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)<br>Permit no: _____<br>☐ 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)<br>Permit no: _____<br>☐ Livestock (on farm/range/pasture)<br>Permit no: _____<br>☐ Other (please explain):<br>_____<br>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)<br>Permit no: _____<br>☐ Other (please explain):<br>_____<br>Permit no: _____ |
| | c. Non-exempt well (outside designated groundwater basin) (irrigation or other uses) | | | ☐ Augmented well (irrigation/livestock/other)<br>Well use: _____<br>Permit no: _____<br>Name of augmentation plan _____<br>☐ Non-augmented well (irrigation/livestock)<br>Well use: _____<br>Permit no: _____ |
| | d. Non-exempt well (inside designated groundwater basin) | | | ☐ Non-tributary/not subject to replacement plan<br>Well use: _____<br>Permit no: _____<br>Determination case no: _____<br>☐ Not-non-tributary/subject to existing replacement plan<br>Well use: _____<br>Permit no: _____<br>Determination case no: _____<br>☐ Not-non-tributary/requires replacement plan (with no existing replacement plan)<br>Well use: _____<br>Permit no: _____<br>Determination case no: _____<br>☐ Large capacity<br>Well use: _____<br>Permit no: _____<br>Determination case no: _____<br>Replacement plan required: yes ____ no ____<br>If yes, is a replacement plan in place?<br>Yes____<br>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?<br>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 | | | | |
| ~~G.~~ | **WATER**<br>If you know of any problems **NOW EXISTING** with the following, check the "Yes" column: | **Yes** | **Age, ~~i~~If Known** | **Comments** |
| 13 | Water heater(s) | | | |
| ~~2~~14 | Water filter system | | | |
| ~~3~~15 | Water softener | | | |
| ~~4~~16 | Water system pump | | | |
| ~~5~~17 | Sauna | | | |
| ~~6~~18 | Hot tub or spa | | | |
| ~~7~~19 | Steam room/shower | | | |
| ~~8~~20 | Underground sprinkler system | | | |
| ~~9~~21 | Fire sprinkler system | | | |
| ~~10~~2 2 | Backflow prevention device | | | |
| ~~11~~2 3 | Irrigation pump | | | |
| ~~12~~2 4 | | | | |
| ~~13~~ | | | | |
| | **WATER**<br>If you know of any problems **EVER EXISTING** with the following, check the "Yes" column: | **Yes** | **Age, if known** | **Comments** |
| ~~14~~2 5 | Leaks, backups, or similar problems with any portion of the wWater or plumbing systems (including lines and water pressure) or damage therefrom | | | |
| ~~15~~2 6 | Well | | | |
| ~~16~~2 7 | Pool | | | |
| ~~17~~2 8 | Irrigation system | | | |

| | | | | |
|---|---|---|---|---|
| ~~18~~29 | Water has been tested for potability: ☐ Yes ☐ No<br>a. Indicate result of test and provide the most recent records and reports pertaining to such testing | | | |
| ~~19~~30 | | | | |
| | ~~**WATER – Other Information:**~~<br>~~Do you know of the following serving the Additional Structure:~~ | | | |
| ~~20~~ | ~~Water heater: Number of _____~~<br>~~Fuel type _____ Capacity _____~~ | | | |
| ~~21~~ | ~~Water filter system: ☐ Owned ☐ Leased~~ | | | |
| ~~22~~ | ~~Water softener: ☐ Owned ☐ Leased~~ | | | |
| ~~23~~ | ~~Master Water Shutoff Location: _____~~ | | | |
| ~~24~~ | ~~Well metered~~ | | | |
| ~~25~~ | ~~Well Pump:~~<br>~~Date of last inspection _____~~<br>~~Date of last service _____~~ | | | |
| ~~26~~ | ~~Galvanized pipe~~ | | | |
| ~~27~~ | ~~Polybutylene pipe~~ | | | |
| ~~28~~ | ~~Well Pump: _____ GPM _____~~<br>~~Date: _____~~ | | | |
| ~~29~~ | ~~Cistern water storage _____ gallons~~ | | | |
| ~~30~~ | ~~Supplemental water purchased in past 2 years?~~ | | | |
| ~~31~~ | | | | |

| H. | **SOURCE OF WATER & WATER SUPPLY – Other Information:**<br>~~Do you know of the following serving~~Provide the following information regarding the Additional Structure: | **Yes** | **Comments** |
|---|---|---|---|
| 1 | Source of Water the same as specified in SPD:<br>NOTE: If the Source of Water is different, Seller should supply a completed Source of Water Addendum for this Additional Structure. | | |
| 2 | | | |
| ~~3~~ | | | |

| **I.** | **~~SEWER/~~SEPTIC – General Information:**<br>Do you know of the following on the Property:<br>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:<br><br>☐ Maintenance agreement is not Mandated |
| 4 | Other sanitary sewer service | | |
| 5 | Gray water storage/use | | |
| 6 | | | |
| ~~I.~~ | **SEWER/SEPTIC**<br>If you know of any problems **EVER EXISTING** with the following, check the "Yes" column: | **Yes** | **Comments** |
| 7~~1~~ | Leaks, backups, or other similar problems with any portion of the s~~S~~ewage systems (including sewer lines) or damage therefrom | | |
| 8~~2~~ | Lift station (sewage ejector pump) | | |
| 9~~3~~ | | | |
| 4 | | | |
| | ~~**SEWER – Other Information:**~~<br>~~Do you know of the following serving the Additional Structure:~~ | | |
| ~~5~~ | ~~Type of sanitary sewer service: ☐ Public ☐ Community ☐ Septic System ☐ None ☐ Other _____~~<br>~~If the Additional Structure is served by an on-site septic system, provide buyer with a copy of the permit.~~<br>~~Type of septic system: ☐ Tank ☐ Leach ☐ Lagoon~~ | | |
| ~~6~~ | ~~Sewer service provider: _____~~ | | |
| ~~7~~ | ~~Sewer line scoped? Date _____~~ | | |
| ~~8~~ | ~~If a septic system, date latest Individual Use Permit issued: _____~~ | | |
| ~~9~~ | ~~If a septic system, date of latest inspection: _____~~ | | |
| ~~10~~ | ~~If a septic system, date of latest pumping: _____~~ | | |
| ~~11~~ | ~~Gray water storage/use~~ | | |
| ~~12~~ | | | |

| | | | |
|---|---|---|---|
| **J.** | **OTHER DISCLOSURES – IMPROVEMENTS**<br>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 | | | |
| ~~5~~ | | | |

| K. | **USE, ZONING & LEGAL ISSUES**<br>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 | | | |
| ~~7~~ | | | |

| L. | **RADON**<br>If you know of any of the following **EVER EXISTING,** check the "Yes" column: | **Yes** | **Comments** |
|---|---|---|---|
| 1 | Radon test(s) conducted on the Property. ~~Include~~ 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 | | | |
| ~~5~~ | | | |

| M. | **GENERAL DISCLOSURES**<br>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~~ | | | |

| | | | |
|---|---|---|---|
| 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 | | |
| ~~7~~9 | | | |

**OTHER KNOWN ADVERSE MATERIAL FACTS:** For purposes of this section, adverse material facts would includes 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. ~~Seller and Buyer understand that the real estate brokers do not warrant or guarantee the above information on the Additional Structure. Property inspection services may be purchased and are advisable. This SPD Supplement is **not** intended as a substitute for an inspection of the Additional Structure.~~

The information contained in this SPD Supplement has been furnished by Seller(s), who ~~certifies~~ 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 receipts for a copy of this SPD Supplement.~~

Buyer Date Buyer Date

**Page 7: [1] Formatted Table** **Phipps, Melissa** **8/15/2025 2:24:00 PM**

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