

**INSTRUCTIONS TO THE SELLER**

Please complete the following form. Do not leave any spaces blank. If the question clearly does not apply to the property check "N/A." If the answer is "yes" to any \* items, please explain at the end or on attached sheets. Please refer to the question numbers when you provide your explanations. For your protection you must date and initial each page of this disclosure statement and each attachment. Delivery of the disclosure statement must occur not later than five business days, unless otherwise agreed, after mutual acceptance of a written contract to purchase between a buyer and a seller.

**NOTICE TO THE BUYER**

THE FOLLOWING DISCLOSURES ARE MADE BY THE SELLER ABOUT THE CONDITION OF THE PROPERTY LOCATED AT \_\_\_\_\_ ("THE PROPERTY"), OR AS LEGALLY DESCRIBED ON ATTACHED EXHIBIT A.

SELLER MAKES THE FOLLOWING DISCLOSURES OF EXISTING MATERIAL FACTS OR MATERIAL DEFECTS TO BUYER BASED ON SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME SELLER COMPLETES THIS DISCLOSURE STATEMENT. UNLESS YOU AND SELLER OTHERWISE AGREE IN WRITING, YOU HAVE THREE BUSINESS DAYS FROM THE DAY SELLER OR SELLER'S AGENT DELIVERS THIS DISCLOSURE STATEMENT TO YOU TO RESCIND THE AGREEMENT BY DELIVERING A SEPARATELY SIGNED WRITTEN STATEMENT OF RESCISSION TO SELLER OR SELLER'S AGENT. IF THE SELLER DOES NOT GIVE YOU A COMPLETED DISCLOSURE STATEMENT, THEN YOU MAY WAIVE THE RIGHT TO RESCIND PRIOR TO OR AFTER THE TIME YOU ENTER INTO A SALE AGREEMENT.

THE FOLLOWING ARE DISCLOSURES MADE BY SELLER AND ARE NOT THE REPRESENTATIONS OF ANY REAL ESTATE LICENSEE OR OTHER PARTY. THIS INFORMATION IS FOR DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY WRITTEN AGREEMENT BETWEEN BUYER AND SELLER.

FOR A MORE COMPREHENSIVE EXAMINATION OF THE SPECIFIC CONDITION OF THIS PROPERTY YOU ARE ADVISED TO OBTAIN AND PAY FOR THE SERVICES OF QUALIFIED EXPERTS TO INSPECT THE PROPERTY, WHICH MAY INCLUDE, WITHOUT LIMITATION, ARCHITECTS, ENGINEERS, LAND SURVEYORS, PLUMBERS, ELECTRICIANS, ROOFERS, BUILDING INSPECTORS, ON-SITE WASTEWATER TREATMENT INSPECTORS, OR STRUCTURAL PEST INSPECTORS. THE PROSPECTIVE BUYER AND SELLER MAY WISH TO OBTAIN PROFESSIONAL ADVICE OR INSPECTIONS OF THE PROPERTY OR TO PROVIDE APPROPRIATE PROVISIONS IN A CONTRACT BETWEEN THEM WITH RESPECT TO ANY ADVICE, INSPECTION, DEFECTS OR WARRANTIES.

Seller  is  is not occupying the property.

**I. SELLER'S DISCLOSURES**

\*If you answer "Yes" to a question with an asterisk (\*), please explain your answer and attach documents, if available and not otherwise publicly recorded. If necessary, use an attached sheet.

1. TITLE	YES	NO	DON'T KNOW	N/A
A. Do you have legal authority to sell the property? If no, please explain: _____ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*B. Is title to the property subject to any of the following?				
(1) First right of refusal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Lease or rental agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Life estate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*C. Are there any encroachments, boundary agreements, or boundary disputes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*D. Is there a private road or easement agreement for access to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*E. Are there any rights-of-way, easements, or access limitations that may affect the Buyer's use of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*F. Are there any written agreements for joint maintenance of an easement or right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*G. Is there any study, survey project, or notice that would adversely affect the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*H. Are there any pending or existing assessments against the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I. Are there any zoning violations, nonconforming uses, or any unusual restrictions on the property that would affect future construction or remodeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller's Initials: \_\_\_\_\_

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

Seller's Initials: \_\_\_\_\_

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

- \*J. Is there a boundary survey for the property?
- \*K. Are there any covenants, conditions, or restrictions recorded against the property?

**2. WATER**

**YES NO DON'T KNOW N/A**

**A. HOUSEHOLD WATER**

(1) The source of water for the property is:

- Private or publicly owned water system  
 Private well serving only the subject property  
 Other water system: \_\_\_\_\_

\*If shared, are there any written agreements?

\*(2) Is there an easement (recorded or unrecorded) for access to and/or maintenance of the water source?

\*(3) Are there any problems or repairs needed?

(4) During your ownership, has the source provided an adequate year-round supply of potable water? If no, please explain: \_\_\_\_\_.

\*(5) Are there any water treatment systems for the property?

If yes, they are:  Leased  Owned

\*(6) Are there any water rights for the property associated with its domestic water supply, such as a water right permit, certificate, or claim?

(a) If yes, has the water right permit, certificate, or claim been assigned, transferred, or changed?

\*(b) If yes, has all or any portion of the water right not been used for five or more successive years?

\*(7) Are there any defects in the operation of the water system (e.g. pipes, tank, pump, etc.)?

**B. IRRIGATION WATER**

(1) Are there any irrigation water rights for the property, such as a water right permit, certificate, or claim?

\*(a) If yes, has all or any portion of the water right not been used for five or more successive years?

\*(b) If so, is the certificate available? (If yes, please attach a copy.)

\*(c) If so, has the water right permit, certificate, or claim been assigned, transferred, or changed?

\*(2) Does the property receive irrigation water from a ditch company, irrigation district, or other entity? If so, please identify the entity that supplies water to the property: \_\_\_\_\_.

**C. Outdoor Sprinkler System**

(1) Is there an outdoor sprinkler system for the property?

\*(2) If yes, are there any defects in the system?

\*(3) If yes, is the sprinkler system connected to irrigation water?

**3. SEWER/ON-SITE SEWAGE SYSTEM**

**YES NO DON'T KNOW N/A**

A. The property is served by:

- Public sewer system  
 On-site sewage system (including pipes, tanks, drainfields, and all other component parts)  
 Other disposal system, please describe: \_\_\_\_\_

B. If public sewer system service is available to the property, is the house connected to the sewer main? If no, please explain.

Seller's Initials: \_\_\_\_\_

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

Seller's Initials: \_\_\_\_\_

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

- \*C. Is the property subject to any sewage system fees or charges in addition to those covered in your regularly billed sewer or on-site sewage system maintenance service?
- D. If the property is connected to an on-site sewage system:
  - \* (1) Was a permit issued for its construction, and was it approved by the local health department or district following its construction?
  - (2) When was it last pumped? \_\_\_\_\_
  - \* (3) Are there any defects in the operation of the on-site sewage system?
  - (4) When was it last inspected? \_\_\_\_\_
  - By whom? \_\_\_\_\_
  - (5) For how many bedrooms was the on-site sewage system approved? \_\_\_\_\_
- E. Are all plumbing fixtures, including laundry drain, connected to the sewer/on-site sewage system?
- If no, please explain: \_\_\_\_\_.
- \*F. Have there been any changes or repairs to the on-site sewage system?
- G. Is the on-site sewage system, including the drainfield, located entirely within the boundaries of the property? If no, please explain: \_\_\_\_\_.
- \*H. Does the on-site sewage system require monitoring and maintenance services more frequently than once a year? .

IF THIS SELLER DISCLOSURE STATEMENT IS BEING COMPLETED FOR NEW CONSTRUCTION WHICH HAS NEVER BEEN OCCUPIED, THE SELLER IS NOT REQUIRED TO COMPLETE THE QUESTIONS LISTED IN ITEM 4. STRUCTURAL OR ITEM 5. SYSTEMS AND FIXTURES.

**4. STRUCTURAL**

- |  | YES   | NO                                      | DON'T KNOW                              | N/A                               |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
|--|---|---|---|-----------------------------------|---|-------------------------------------|--------------------------------|----------------------------------|--------------------------------|-----------------------------------|--------------------------------------|------------------------------------|--------------------------------|----------------------------------|--------------------------------|------------------------------------|---------------------------------------|-------------------------------------|--|-----------------------------------|---------------------------------|---|-------------------------------------|------------------------------------|--|---|---------------------------------------|--|--|--|--|
| *A. Has the roof leaked within the last five years?  | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *B. Has the basement flooded or leaked?  | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *C. Have there been any conversions, additions, or remodeling?   | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *(1) If yes, were all building permits obtained?   | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *(2) If yes, were all final inspections obtained?  | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| D. Do you know the age of the house? If yes, year of original construction: _____  | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *E. Has there been any settling, slippage, or sliding of the property or its improvements?   | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *F. Are there any defects with the following: (If yes, please check applicable items and explain.)   | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Foundations</td> <td><input type="checkbox"/> Decks</td> <td><input type="checkbox"/> Exterior Walls</td> </tr> <tr> <td><input type="checkbox"/> Chimneys</td> <td><input type="checkbox"/> Interior Walls</td> <td><input type="checkbox"/> Fire Alarm</td> </tr> <tr> <td><input type="checkbox"/> Doors</td> <td><input type="checkbox"/> Windows</td> <td><input type="checkbox"/> Patio</td> </tr> <tr> <td><input type="checkbox"/> Ceilings</td> <td><input type="checkbox"/> Slab Floors</td> <td><input type="checkbox"/> Driveways</td> </tr> <tr> <td><input type="checkbox"/> Pools</td> <td><input type="checkbox"/> Hot Tub</td> <td><input type="checkbox"/> Sauna</td> </tr> <tr> <td><input type="checkbox"/> Sidewalks</td> <td><input type="checkbox"/> Outbuildings</td> <td><input type="checkbox"/> Fireplaces</td> </tr> <tr> <td><input type="checkbox"/> Garage Floors</td> <td><input type="checkbox"/> Walkways</td> <td><input type="checkbox"/> Siding</td> </tr> <tr> <td><input type="checkbox"/> Wheelchair Lifts</td> <td><input type="checkbox"/> Woodstoves</td> <td><input type="checkbox"/> Elevators</td> </tr> <tr> <td><input type="checkbox"/> Incline Elevators</td> <td><input type="checkbox"/> Stairway Chair Lifts</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> | <input type="checkbox"/> Foundations          | <input type="checkbox"/> Decks          | <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Chimneys | <input type="checkbox"/> Interior Walls | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Doors | <input type="checkbox"/> Windows | <input type="checkbox"/> Patio | <input type="checkbox"/> Ceilings | <input type="checkbox"/> Slab Floors | <input type="checkbox"/> Driveways | <input type="checkbox"/> Pools | <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Sauna | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Outbuildings | <input type="checkbox"/> Fireplaces | <input type="checkbox"/> Garage Floors | <input type="checkbox"/> Walkways | <input type="checkbox"/> Siding | <input type="checkbox"/> Wheelchair Lifts | <input type="checkbox"/> Woodstoves | <input type="checkbox"/> Elevators | <input type="checkbox"/> Incline Elevators | <input type="checkbox"/> Stairway Chair Lifts | <input type="checkbox"/> Other: _____ |  |  |  |  |
| <input type="checkbox"/> Foundations   | <input type="checkbox"/> Decks                | <input type="checkbox"/> Exterior Walls |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Chimneys  | <input type="checkbox"/> Interior Walls       | <input type="checkbox"/> Fire Alarm     |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Doors   | <input type="checkbox"/> Windows              | <input type="checkbox"/> Patio          |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Ceilings  | <input type="checkbox"/> Slab Floors          | <input type="checkbox"/> Driveways      |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Pools   | <input type="checkbox"/> Hot Tub              | <input type="checkbox"/> Sauna          |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Sidewalks   | <input type="checkbox"/> Outbuildings         | <input type="checkbox"/> Fireplaces     |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Garage Floors   | <input type="checkbox"/> Walkways             | <input type="checkbox"/> Siding         |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Wheelchair Lifts  | <input type="checkbox"/> Woodstoves           | <input type="checkbox"/> Elevators      |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| <input type="checkbox"/> Incline Elevators   | <input type="checkbox"/> Stairway Chair Lifts | <input type="checkbox"/> Other: _____   |   |                                   |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |
| *G. Was a structural pest or "whole house" inspection done? If yes, when and by whom was the inspection completed? _____.  | <input type="checkbox"/>                      | <input type="checkbox"/>                | <input type="checkbox"/>                | <input type="checkbox"/>          |   |                                     |                                |                                  |                                |                                   |                                      |                                    |                                |                                  |                                |                                    |                                       |                                     |  |                                   |                                 |   |                                     |                                    |  |   |                                       |  |  |  |  |

Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

- H. During your ownership, has the property had any wood destroying organism or pest infestation?
- I. Is the attic insulated?
- J. Is the basement insulated?

**5. SYSTEMS AND FIXTURES**

	YES	NO	DON'T KNOW	N/A
*A. If any of the following systems or fixtures are included with the transfer, are there any defects? If yes, please explain.				
Electrical system, including wiring, switches, outlets, and service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing system, including pipes, faucets, fixtures, and toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating and Cooling Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security System <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*B. If any of the following fixtures or property is included with the transfer, are they leased? (If yes, please attach copy of lease.)				
Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tanks (type: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*C. Are any of the following kinds of wood burning appliances present at the property?				
(1) Woodstove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Fireplace insert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Pellet Stove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Fireplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are all of the (1) woodstoves or (2) fireplace inserts certified by the U.S. Environmental Protection Agency as clean burning appliances to improve air quality and public health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the property located within a city, county, or district or within a department of natural resources fire protection zone that provides fire protection services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the property equipped with carbon monoxide alarms? (Note: Pursuant to RCW <a href="#">19.27.530</a> , the seller must equip the residence with carbon monoxide alarms as required by the state building code.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Is the property equipped with smoke detection devices? (Note: Pursuant to RCW <a href="#">43.44.110</a> , if the property is not equipped with at least one smoke detection device, at least one must be provided by the seller.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**6. HOMEOWNERS' ASSOCIATIONS / COMMON INTERESTS**

	YES	NO	DON'T KNOW	N/A
A. Is there a Homeowners' Association? Name of Association and contact information for an officer, director, employee, or other authorized agent, if any, who may provide the association's financial statements, minutes, bylaws, fining policy, and other information that is not publicly available: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are there regular periodic assessments: \$ _____ per <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*C. Are there any pending special assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*D. Are there any shared "common areas" or any joint maintenance agreements (facilities such as walls, fences, landscaping, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. ENVIRONMENTAL**

	YES	NO	DON'T KNOW	N/A
*A. Have there been any flooding, standing water, or drainage problems on the property that affect the property or access to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*B. Does any part of the property contain fill dirt, waste, or other fill material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*C. Is there any material damage to the property from fire, wind, floods, beach movements, earthquake, expansive soils, or landslides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Are there any shorelines, wetlands, floodplains, or critical areas on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*E. Are there any substances, materials, or products in or on the property that may be environmental concerns, such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, or contaminated soil or water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*F. Has the property been used for commercial or industrial purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*G. Is there any soil or groundwater contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*H. Are there transmission poles or other electrical utility equipment installed, maintained, or buried on the property that do not provide utility service to the structures on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*I. Has the property been used as a legal or illegal dumping site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*J. Has the property been used as an illegal drug manufacturing site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*K. Are there any radio towers in the area that cause interference with cellular telephone reception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. MANUFACTURED AND MOBILE HOMES**

	YES	NO	DON'T KNOW	N/A
If the property includes a manufactured or mobile home:				
*A. Did you make any alterations to the home? If yes, please describe the alterations: _____ _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*B. Did any previous owner make any alterations to the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*C. If alterations were made, were permits or variances for these alterations obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. FULL DISCLOSURE BY SELLERS**

	YES	NO	DON'T KNOW	N/A
A. Other conditions or defects: *Are there any other existing material defects affecting the property that a prospective buyer should know about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Seller's Initials: \_\_\_\_\_

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

Seller's Initials: \_\_\_\_\_

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

If you answered "Yes" to any questions with an asterisk (\*), use the following space to provide an explanation for each answer. Please refer to each question number. Attach additional pages if necessary (and initial and date each page):

B. Verification:

The foregoing answers and attached explanations (if any) are complete and correct to the best of my/our knowledge and I/we have received a copy hereof. I/we authorize all of my/our real estate licensees, if any, to deliver a copy of this disclosure statement to other real estate licensees and all prospective buyers of the property.

\_\_\_\_\_  
SELLER DATE

\_\_\_\_\_  
SELLER DATE

**NOTICE TO THE BUYER:**

INFORMATION REGARDING REGISTERED SEX OFFENDERS MAY BE OBTAINED FROM LOCAL LAW ENFORCEMENT AGENCIES. THIS NOTICE IS INTENDED ONLY TO INFORM YOU OF WHERE TO OBTAIN THIS INFORMATION AND IS NOT AN INDICATION OF THE PRESENCE OF REGISTERED SEX OFFENDERS.

**II. BUYER'S ACKNOWLEDGMENT**

- A. Buyer hereby acknowledges that: Buyer has a duty to pay diligent attention to any material defects that are known to Buyer or can be known to Buyer by utilizing diligent attention and observation.
- B. The disclosures set forth in this statement and in any amendments to this statement are made only by the Seller and not by any real estate licensee or other party.
- C. Buyer acknowledges that, pursuant to RCW 64.06.050(2), real estate licensees are not liable for inaccurate information provided by Seller, except to the extent that real estate licensees know of such inaccurate information.
- D. This information is for disclosure only and is not intended to be a part of the written agreement between the Buyer and Seller.
- E. Buyer (which term includes all persons signing the "Buyer's acceptance" portion of this disclosure statement below) has received a copy of this Disclosure Statement (including attachments, if any) bearing Seller's signature.

DISCLOSURES CONTAINED IN THIS DISCLOSURE STATEMENT ARE PROVIDED BY SELLER BASED ON SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME SELLER COMPLETES THIS DISCLOSURE STATEMENT. UNLESS BUYER AND SELLER OTHERWISE AGREE IN WRITING, BUYER SHALL HAVE THREE BUSINESS DAYS FROM THE DAY SELLER OR SELLER'S AGENT DELIVERS THIS DISCLOSURE STATEMENT TO RESCIND THE AGREEMENT BY DELIVERING A SEPARATELY SIGNED WRITTEN STATEMENT OF RESCISSION TO SELLER OR SELLER'S AGENT. YOU MAY WAIVE THE RIGHT TO RESCIND PRIOR TO OR AFTER THE TIME YOU ENTER INTO A SALE AGREEMENT.

BUYER HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS DISCLOSURE STATEMENT AND ACKNOWLEDGES THAT THE DISCLOSURES MADE HEREIN ARE THOSE OF THE SELLER ONLY, AND NOT OF ANY REAL ESTATE LICENSEE OR OTHER PARTY.

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BUYER DATE

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BUYER DATE

Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Seller's Initials: \_\_\_\_\_ Date: \_\_\_\_\_