

Seller Initials MAB

WPML SELLER DISCLOSURE STATEMENT

Buyer Initials

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08/2016 REVISED

SELLER INFORMATION

Seller(s) Name(s): Mary Anne Bungard  
Property Address (Mailing Address and Municipality of Property) (hereinafter referred to as the "Property"): 208 South Hamilton Avenue, Greensburg, PA 15601

Approximate age of Property: 92 Years Seller has owned Property: 23

NOTICE TO PARTIES

A Seller must comply with the Seller Disclosure Law and disclose to a Buyer all known material defects about the Property being sold that are not readily observable. This document must be completed by the Seller and each page initialed by the Buyer and Seller following their review. This Disclosure Statement is designed to assist the Seller in complying with disclosure requirements and to assist the Buyer in evaluating the Property being considered. This form is to be completed by every non-exempt Seller, even if the Seller does not occupy or never occupied the property. The compliance provisions are generally described in paragraphs 19 and 21 below.

The Real Estate Seller Disclosure Law requires that before an Agreement of Sale is signed, the Seller in a residential real estate transfer must make certain disclosures regarding the property to potential buyers in a form defined by the law. 68 P.S. §7301 et seq. The law defines a residential real estate transfer as a sale, exchange, installment sales contract, lease with an option to buy, grant, or other transfer of an interest in real property where NOT LESS THAN ONE AND NOT MORE THAN FOUR RESIDENTIAL DWELLING UNITS are involved. The law defines a number of exceptions where the disclosures do not have to be made, and these exceptions are as follows:

1. Transfers that are the result of a court order.
2. Transfers to a mortgage lender that result from a buyer's default and subsequent foreclosure sales that result from default.
3. Transfers from a co-owner to one or more other co-owners.
4. Transfers made to a spouse or direct descendant.
5. Transfers between spouses that result from divorce, legal separation, or property settlement.
6. Transfers by a corporation, partnership, or other association to its shareholders, partners, or other equity owners as part of a plan of liquidation.
7. Transfer of a property to be demolished or converted to non-residential use.
8. Transfer of unimproved real property.
9. Transfers by a fiduciary during the administration of a decedent estate, guardianship, conservatorship, or trust.
10. Transfers of new construction that has never been occupied when:
  - a. The buyer has a warranty of at least one year covering the construction;
  - b. The building has been inspected for compliance with the applicable building code or, if none, a nationally recognized model building code; and
  - c. A certificate of occupancy or a certificate of code compliance has been issued for the dwelling.

Except where these exceptions apply, the Seller is required to satisfy the requirements of the Real Estate Seller Disclosure Law as they may be amended and is required to make disclosures in accordance with the provisions of the Law. Although there are exceptions to the requirements of the Seller Disclosure Law, certain disclosures may still be required under Common Law.

In addition to these exceptions, disclosures for condominiums and cooperatives are limited to the seller's particular unit(s). Disclosures regarding common areas or facilities are not required, as those elements are already addressed in the laws that govern the resale of condominium and cooperative interests.

This Statement discloses Seller's knowledge of the condition of the Property as of the date signed by the Seller and is not a substitute for any inspections or warranties that the Buyer may wish to obtain. This Statement is not a warranty of any kind by the Seller or a warranty or representation by the West Penn Multi-List, Inc., any listing real estate broker, any selling real estate broker, or their agents. The Buyer is encouraged to address concerns about any condition of the Property that may not be included in this statement with the Seller and/or by and through an appropriate inspection. This Statement does not relieve the Seller of the obligation to disclose a material defect that may not be addressed on this form.

This form is intended to assist Sellers in complying with the disclosure requirements and/or to assist Buyers in evaluating the property being considered. As such, certain information may be beyond the basic disclosure requirements found in the Law. A Seller who wishes to review the basic disclosure form can find the form on the website of the Pennsylvania State Real Estate Commission. In any event, Seller(s) must disclose all known material defects with the property.

If an item of information is unknown or not available to Seller and Seller has made an effort to ascertain it, Seller may make a disclosure based on the best information available provided it is identified as a disclosure based on an incomplete factual basis.

A material defect is an issue/problem with the Property or any portion of it that would have a significant adverse impact on the value of the residential real Property or that INVOLVES AN UNREASONABLE RISK TO PEOPLE ON THE LAND OR PROPERTY. The fact that a structural element, system, or subsystem is near, at, or beyond the normal useful life of such structural element, system, or subsystem is not by itself a material defect. When completing this form, check "yes," "no," "unknown (unk)," or "not applicable (N/A)" for each question. If a question does not apply to the property, "N/A" should be selected. "Unknown (unk)" should only be checked when the question does apply to the property but the Seller is uncertain of the answer.

1. SELLER'S EXPERTISE

|   | Yes                      | No                                  |  |
|---|--------------------------|-------------------------------------|--|
| a | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (a) Does the Seller possess expertise in contracting, engineering, architecture, environmental assessment, or other areas related to the construction and conditions of the property and its improvements? |
| b | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (b) Is the Seller the landlord for the property?   |
| c | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (c) Is the Seller a real estate licensee?  |

Explain any "yes" answers in section 1:

2. IDENTITY OF INDIVIDUAL COMPLETING THIS DISCLOSURE

|   | Yes                                 | No                                  | Unk                      |  |
|---|-------------------------------------|-------------------------------------|--------------------------|--|
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | 1. The Owner                               |
| 2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. The Executor/trix of an Estate          |
| 3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. The Administrator of an Estate          |
| 4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. The Trustee                             |
| 5 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. An individual holding Power of Attorney |

3. OWNERSHIP/OCCUPANCY

|   | Yes                                 | No                                  | Unk                      |  |
|---|-------------------------------------|-------------------------------------|--------------------------|--|
| a | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (a) Do you, the Seller, currently occupy this Property? If "no," when did you last occupy the Property? <u>12/29/19</u> year |
| b | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | (b) Is the Property zoned for single family residential use?   |
| c | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (c) Will a Certificate of Occupancy be required by the municipality and/or government unit?                                  |
| d | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (d) Are you aware of any pets having lived in the house or other structures during your ownership?                           |
| e | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | (e) If the Seller was not the most recent occupant of the property, when did the Seller last occupy the property? _____      |
| f | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | (f) When was the property purchased by Seller? _____   |
| g | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | (g) Are you aware of the Zoning Classification? If "yes," what is the Zoning Classification? _____                           |

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4. ROOF & ATTIC

|   | Yes                                 | No                       | Unk                      |
|---|-------------------------------------|--------------------------|--------------------------|
| a |                                     |                          |                          |
| b | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers by including specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, or attach a more detailed summary. Please also provide all available documentation related to the issues with the roof, including repair efforts or problems.

- (a) Date roof was installed: 9/21/12 Do you have documentation?  Yes  No  
 (b) Has the roof been replaced, repaired, or overlaid during your ownership?  
 (c) Has the roof ever leaked during your ownership?  
 (d) Do you know of any current or past problems with the roof, attic, gutters, or downspouts?  
Previous roof leaked prior to 9/21/12

5. SUMP PUMPS, BASEMENTS, GARAGES, AND CRAWL SPACES

|   | Yes                                 | No                                  | Unk                                 | N/A |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-----|
| a | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |
| b | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |
| c | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |     |
| d | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |
| e | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |     |
| f | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |     |
| g | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |     |
| h | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |
| i | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |     |

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted on the lines below, or a more detailed summary may be attached.

- (a) Does the Property have a sump pump, or grinder pump?  
 (b) Does the property have a sump pit? If so, how many? \_\_\_\_\_ Where are they located? \_\_\_\_\_  
 (c) Are you aware of sump pumps ever being required to be used at this property?  
 (d) If there is a sump pump at this address, is the sump pump in working order?  
 (e) To your knowledge, if there is a sump pump, has the sump pump been required to operate for any length of time?  
 (f) Are you aware of any water leakage, accumulation, or dampness within the basement, garage, or crawl space?  
 (g) Do you know of any repairs or other attempts to control any water or dampness problem(s) in the basement, garage, or crawl space? Put wooden logs in front yard to stop water from coming inside  
 (h) Are the downspouts or gutters connected to a public system?  
 (i) Does the property have a grinder pump? If so, how many? \_\_\_\_\_ Where are they located? \_\_\_\_\_

During heavy rains water accumulates in Basement Section.

6. TERMITES, WOOD-DESTROYING INSECTS, DRY ROT, PESTS

|   | Yes                                 | No                                  | Unk                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, or attach a more detailed summary.

- (a) Are you aware of any termites/wood-destroying insects, dry rot, or pests affecting the property?  
 (b) Are you aware of any damage to the property caused by termites, wood-destroying insects, dry rot, or pests?  
 (c) Is the property currently under contract by a licensed pest control company?  
 (d) Are you aware of any termite, pest control reports, or treatments to the property?

For purposes of this section, the reference to "pest" is to any insect, rodent, or other creature that has caused damage to, infiltrated and/or threatened to damage the property.

Approximately 8 mice trapped during my ownership.

7. STRUCTURAL ITEMS

|   | Yes                                 | No                                  | Unk                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| a | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| f | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| g | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| h | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| i | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, and attach a more detailed summary.

- (a) Are you aware of any past or present water leakage in the house or other structure in areas other than the roof, basement, and/or crawl spaces?  
 (b) Are you aware of any past or present movement, shifting, infiltration, deterioration, or other problem with walls, foundations, or other structural components?  
 (c) Are you aware of any past or present problems with driveways, walkways, patios, or retaining walls on the Property?  
 (d) Have there been any repairs or other attempts to remedy or control the cause or effect of any defects or conditions described above?  
 (e) Are you aware of any problem with the use or operation of the windows? Contractor put in New Spiral Balances in all windows 7/23/2011.  
 (f) Are you aware of defects (including stains) in flooring or floor coverings?  
 (g) Has there ever been fire damage to the Property?  
 (h) Are you aware of any past or present water or ice damage to the Property?  
 (i) Is the property constructed with an exterior insulating finishing system (known as "EIFS"), such as synthetic stucco, dryvit, or other similar material?

If "yes," provide the installation date: \_\_\_\_\_

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8. ADDITIONS/REMODELING

Table with columns Yes, No, Unk and a row with Yes checked.

(a) Have you made any additions, structural changes, or other alterations to the property during your ownership?

Table with columns: If "yes," list additions, structural changes, or alterations; Approximate date of work; Were permits obtained?; Were final inspections/approvals obtained.

Note to Buyer: The PA Construction Code Act, 35 P.S. §7210.101 et. seq. (effective 2004), and local codes establish standards for building or altering properties.

- (b) Did you obtain all necessary permits and approvals and was all work in compliance with building codes?
(c) Did any former owners of the Property make any additions, structural changes, or other alterations to the Property?

9. WATER SUPPLY

Explain any "yes" answers in this section, including the location and extent of any problem(s) and any repair(s) or remediation efforts, on the lines below:

Table with columns Yes, No, Unk, N/A and rows 1-8 for water supply questions.

- (A) Source: 1. Public Water, 2. A well on the property, 3. Community Water, 4. No Water Service, 5. Other.
(B) Bypass valve: 1. Does your water source have a bypass valve? 2. If "yes," is the bypass valve working?
(C) General: 1. Does the property have a water softener, filter, or other type of treatment system? 2. Have you ever experienced a problem of any nature with your water supply? 3. If the property has a well, do you know if the well has ever run dry? 4. Is there a well on the property not used as the primary source of drinking water? 5. Is the water system on this property shared? 6. Are you aware of any leaks or other problems, past or present, related to the water supply, pumping system, well, and related items? 7. Are you aware of any issues/problems with the water supply or well as the result of drilling (for oil, gas, etc.) on the property? 8. Are you aware of any issues/problems with the water supply or well as the result of drilling (for possible oil and gas or any other substance) on any surrounding properties? 9. If your drinking water source is not public: When was your water last tested? Date (a) Was the test documented? (b) What was the result of the test?

10. SEWAGE SYSTEM

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, and attach a more detailed summary.

Table with columns Yes, No, Unk, N/A and rows 1-12 for sewage system questions.

- (A) What is the type of sewage system? 1. Public Sewer, 2. Individual on-lot sewage system, 3. Individual on-lot sewage system in proximity to well, 4. Community sewage disposal system, 5. Ten-acre permit exemption, 6. Holding tank, 7. Cesspool, 8. Septic tank, 9. Sand mound, 10. None, 11. None available/permit limitations in effect, 12. Other. If "other," please explain:

Note to Seller and Buyer: If this Property is not serviced by a community sewage system, The Pennsylvania Sewage Facilities Act requires disclosure of this fact and compliance with provisions of the Act. A Sewage Facilities Disclosure of the type of sewage facility must be included in every Agreement of Sale.

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10. SEWAGE SYSTEM (continued)

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, and attach a more detailed summary.

|   | Yes                                 | No                                  | Unk                      | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| B |                                     |                                     |                          |                          |
| 1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                          |                          |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                          |
| 3 |                                     |                                     |                          |                          |
| 4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | <input type="checkbox"/> |

(B) Miscellaneous

1. Is there a sewage pump?
2. If there is a sewage pump, is the sewage pump in working order?
3. When was the septic system, holding tank, or cesspool last serviced? \_\_\_\_\_
4. Is the sewage system shared? If "yes," please explain: \_\_\_\_\_
5. Are you aware of any leaks, backups, or other problems relating to any of the plumbing, water, and sewage-related items? If "yes," please explain: \_\_\_\_\_

*Approximately 2 times during ownership pipes needed snake to clean pipes of tree roots*

11. PLUMBING SYSTEM

|   | Yes                      | No                                  | Unk                                 |
|---|--------------------------|-------------------------------------|-------------------------------------|
| A |                          |                                     |                                     |
| 1 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B |                          |                                     |                                     |
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |

(A) Type of plumbing:

1. Copper
2. Galvanized
3. Lead
4. PVC
5. Polybutylene pipe (PB)
6. Mixed
7. Other. If "other," please explain: \_\_\_\_\_

(B) Known problems

1. Are you aware of any problems with any of your plumbing fixtures (including but not limited to: kitchen, laundry or bathroom fixtures, wet bars, hot water heater, etc.)? If "yes," please explain: \_\_\_\_\_

12. DOMESTIC WATER HEATING

|   | Yes                      | No                                  | Unk                                 |
|---|--------------------------|-------------------------------------|-------------------------------------|
| A |                          |                                     |                                     |
| 1 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B |                          |                                     |                                     |
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 2 |                          |                                     |                                     |

(A) Type of water heating:

1. Electric
2. Natural Gas
3. Fuel Oil
4. Propane
5. Solar
6. Summer/Winter Hook-Up
7. Other. If "other," please explain: \_\_\_\_\_

(B) Known problems and age

1. Are you aware of any problems with any water heater or related equipment? If "yes," please explain: \_\_\_\_\_
2. If a water heater is present, what is its age? Installed 6/24/15

13. AIR CONDITIONING SYSTEM

|   | Yes                                 | No                                  | Unk |
|---|-------------------------------------|-------------------------------------|-----|
| A |                                     |                                     |     |
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 3 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 4 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 5 |                                     |                                     |     |
| 6 |                                     |                                     |     |
| 7 |                                     |                                     |     |
| 8 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |

(A) Type of air conditioning:

1. Central electric
2. Central gas
3. Wall Units
4. None
5. Number of window units included in sale: \_\_\_\_\_ Location(s): \_\_\_\_\_
6. List any areas of the house that are not air conditioned: \_\_\_\_\_
7. Age of Central Air Conditioning System: 6/11/18 Date last serviced, if known: 10/28/19

8. Are you aware of any problems with any item in this section? If "yes," explain: Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, or attach a more detailed summary.

14. HEATING SYSTEM

|   | Yes                                 | No                                  | Unk |
|---|-------------------------------------|-------------------------------------|-----|
| A |                                     |                                     |     |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |
| 4 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 5 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 6 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 7 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 8 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 9 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     |
| B |                                     |                                     |     |
| 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 3 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |
| 4 | <input type="checkbox"/>            | <input type="checkbox"/>            |     |

(A) Type(s) of heating fuel(s) (check all that apply):

1. Electric
2. Fuel Oil
3. Natural Gas
4. Propane
5. Coal
6. Wood
7. Pellet
8. Other. If "other," please explain: \_\_\_\_\_
9. Are you aware of any problems with any item in this section? If "yes," please explain: \_\_\_\_\_

(B) Type(s) of heating system(s) (check all that apply):

1. Forced Hot Air
2. Hot Water
3. Heat Pump
4. Electric Baseboard

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14. HEATING SYSTEM (continued)

|   | Yes                                 | No                                  | Unk                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 5 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| C | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| D | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| E | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| F | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| G | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| H | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| I | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

- 5. Steam
- 6. Wood Stove (How many? \_\_\_\_\_)
- 7. Other
- (C) Age of Heating System: 4/23/2002
- (D) Date last serviced, if known: 10/28/19
- (E) List any areas of the house that are not heated: Attic
- (F) Are there any fireplaces? How many? 1
  - 1. Are all fireplace(s) working?
  - 2. Fireplace types (woodburning, gas, electric, etc.)? gas
  - 3. Were the fireplaces installed by a professional contractor or manufacturer's representative?
- (G) Are there any chimneys (from a fireplace, water heater, or any other heating system)?
  - 1. How many chimney(s)? 1 When were they last cleaned? unknown
  - 2. Are the chimney(s) working? \_\_\_\_\_ If "no," explain: unknown
- (H) Are you aware of any heating fuel tanks on the Property?
  - 1. If "yes," please describe the location(s), including underground tank(s): \_\_\_\_\_
  - 2. If you do not own the tank(s), explain: \_\_\_\_\_
- (I) Are you aware of any problems or repairs needed regarding any item in this section? If "yes," please explain: \_\_\_\_\_

15. ELECTRICAL SYSTEM

|   | Yes                                 | No                                  | Unk                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| A | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- (A) Type of electrical system:
  - 1. Fuses
  - 2. Circuit Breakers - How many amps? unknown
  - 3. Are you aware of any knob and tube wiring in the home?
  - 4. Are you aware of any problems or repairs needed in the electrical system?  
If "yes," please explain: \_\_\_\_\_

16. OTHER EQUIPMENT AND APPLIANCES WHICH MAY BE INCLUDED IN SALE (COMPLETE WHERE APPLICABLE):

This section must be completed for each item that will, or may, be sold with the property. The fact that an item is listed does not mean it is included in the Agreement of Sale. Terms of the Agreement of Sale negotiated between Buyer and Seller will determine which items, if any, are included in the purchase of the Property.

|   | Yes                                 | No                                  | Unk                      |
|---|-------------------------------------|-------------------------------------|--------------------------|
| A | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| D | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| E | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| F | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| G | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 7 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| H | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| I | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| J | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| K | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| M | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| O | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| P | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Q | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

- (A) Electric garage door opener. Number of transmitters: \_\_\_\_\_
  - 1. Are the transmitters in working order?
- (B) Keyless entry?
  - 1. Is the system in working order?
- (C) Smoke detectors? How many? 3
  - 1. Location of smoke detectors: Bedroom - Dining Room - Basement
- (D) Carbon Monoxide and/or other detectors? Identify other types of detectors, if applicable, and their location(s): \_\_\_\_\_
- (E) Security Alarm system?
  - 1. If "yes," is system owned?
  - 2. Is system leased? If system is leased, please provide lease information: \_\_\_\_\_
- (F) Lawn sprinkler system?
  - 1. Number of sprinklers: \_\_\_\_\_ Automatic timer?
  - 2. Is the system in working order?
- (G) Swimming Pool?
  - 1. Is it in ground?
  - 2. Is it out of ground?
  - 3. Other (please explain): \_\_\_\_\_
  - 4. Pool heater?
  - 5. In working order?
  - 6. Pool cover?
  - 7. List all pool equipment: \_\_\_\_\_
- (H) Spa/Hot Tub/Whirlpool Tub/Other similar equipment? Explain: \_\_\_\_\_
  - 1. Are there covers available?
- (I) Refrigerator?
- (J) Range/Oven?
- (K) Microwave?
- (L) Convection Oven?
- (M) Dishwasher?
- (N) Trash Compactor?
- (O) Garbage Disposal?
- (P) Freezer?
- (Q) Are the items in this sections (H) - (P) in working order? If "no," please explain: Extra Refrigerator in basement - Freezer in basement MAB
  - 1. Please also identify the location if these items are not in the kitchen.

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16. OTHER EQUIPMENT AND APPLIANCES WHICH MAY BE INCLUDED IN SALE (COMPLETE WHERE APPLICABLE) (continued):

|    | Yes                                 | No                                  | Unk |  |
|----|-------------------------------------|-------------------------------------|-----|--|
| R  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (R) Washer?  |
| 1  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |     | 1. Is it in working order?   |
| S  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |     | (S) Dryer?   |
| 1  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     | 1. Is it in working order?   |
| T  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (T) Intercom system?   |
| 1  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | 1. Is it in working order?   |
| U  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     | (U) Ceiling fans? Number of ceiling fans <u>unknown</u>  |
| 1  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |     | 1. Are they working order? <u>yes</u>  |
| 2  |                                     |                                     |     | 2. Location of ceiling fans: <u>unknown</u>  |
| V  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (V) Awnings?   |
| W  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (W) Attic Fan(s)   |
| X  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (X) Exhaust Fans?  |
| Y  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (Y) Storage Shed?  |
| Z  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (Z) Deck?  |
| AA | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (AA) Any type of invisible animal fence?   |
| BB | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (BB) Satellite dish?   |
| CC |                                     |                                     |     | (CC) Describe any equipment, appliance or items not listed above:                              |
| DD | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |     | (DD) Are any items in this section in need of repair or replacement? If "yes," please explain: |

17. LAND (SOILS, DRAINAGE, SINKHOLES, AND BOUNDARIES)

|   | Yes                      | No                                  | Unk                      |  |
|---|--------------------------|-------------------------------------|--------------------------|--|
| A | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (A) Are you aware of any fill or expansive soil on the Property?   |
| B | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (B) Are you aware of any sliding, settling, earth movement, upheaval, subsidence, or earth stability problems that have occurred on or that affect the Property? |
| C | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | (C) Are you aware of any existing or proposed mining, strip mining, or any other excavations that might affect this Property?                                    |
| D | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | (D) Do you currently have a flood insurance policy on this property?   |

NOTE TO BUYER: THE PROPERTY MAY BE SUBJECT TO MINE SUBSIDENCE DAMAGE. MAPS OF THE COUNTIES AND MINES WHERE MINE SUBSIDENCE DAMAGE MAY OCCUR AND INFORMATION ON MINE SUBSIDENCE INSURANCE ARE AVAILABLE THROUGH: DEPARTMENT OF ENVIRONMENTAL PROTECTION, MINE SUBSIDENCE INSURANCE FUND, 25 TECHNOLOGY DRIVE, CALIFORNIA TECHNOLOGY PARK, COAL CENTER, PA 15423, 1-800-922-1678 OR 724-769-1100.

|   | Yes                      | No                                  | Unk                                 |   |
|---|--------------------------|-------------------------------------|-------------------------------------|---|
| E | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | (E) To your knowledge, is the Property, or part of it, located in a flood zone or wetlands area?                    |
| F | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | (F) Do you know of any past or present drainage or flooding problems affecting the Property or adjacent properties? |
| G | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | (G) Do you know of encroachments, boundary line disputes, rights of way, or easements?                              |

Note to Buyer: Most properties have easements running across them for utility services and other reasons. In many cases, the easements do not restrict the ordinary use of the Property, and the Seller may not be readily aware of them. Buyers may wish to determine the existence of easements and restrictions by examining the Property and ordering an Abstract of Title or searching the records in the Office of the Recorder of Deeds for the County before entering into an agreement of sale.

|   | Yes                                 | No                                  | Unk                                 |  |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| H | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | (H) Are you aware of any shared or common areas (i.e., driveways, bridges, docks, walls, etc.) or maintenance agreements?  |
| I | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | (I) Do you have an existing survey of the Property?<br>If "yes," has the survey been made available to the Listing Real Estate Broker?   |
| J | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | (J) Does the Property abut a public road?<br>If not, is there a recorded right-of-way and maintenance agreement to a public road?  |
| K | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | (K) Is the Property, or a portion of it, preferentially assessed for tax purposes or subject to limited development rights?<br>If "yes," check all that apply:   |
| 1 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1. Farmland and Forest Land Assessment Act - 72 P.S. § 5490.1 et seq. (Clean and Green Program)  |
| 2 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Open Space Act - 16 P.S. § 11941 et seq.  |
| 3 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3. Agricultural Area Security Law - 3 P.S. § 901 et seq. (Development Rights)  |
| 4 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 4. Other:  |
| L | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | (L) Has the property owner(s) attempted to secure mine subsidence insurance?   |
| M | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | (M) Has the property owner(s) obtained mine subsidence insurance? Details:   |
| N | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | (N) Are you aware of any sinkholes that have developed on the property?  |
| O | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | (O) Do you know the location and condition of any basin, pond, ditch, drain, swell, culvert, pipe, or other man-made feature of land that temporarily or permanently conveys or manages stormwater for the property? |
| P |                                     |                                     |                                     | (P) If the answer to subparagraph (O) above is "yes:"  |
| 1 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1. Is the owner of the property responsible for the ongoing maintenance of the stormwater facility?  |
| 2 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Is the maintenance responsibility with another person or entity?  |

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17. LAND (SOILS, DRAINAGE, SINKHOLES, AND BOUNDARIES) (continued)

Table with 3 columns: Yes, No, Unk. Row Q is empty.

(Q) If the maintenance responsibility referenced in subparagraph (P) above is with another person or entity, please identify that person or entity by name and address, and also identify any documents the Owner believes establish this maintenance responsibility.

Note to Buyer: Pennsylvania has enacted the Right to Farm Act (3 P.S. § 951-957) in an effort to limit the circumstances under which agricultural operations may be subject to nuisance suits or ordinances. Buyers are encouraged to investigate whether any agricultural operations covered by the Act operate in the vicinity of the Property. Explain any "yes" answers in this section:

18. HAZARDOUS SUBSTANCES AND ENVIRONMENTAL ISSUES

Table with 4 columns: Yes, No, Unk, N/A. Rows A-H with corresponding questions about underground tanks, hazardous substances, sewage sludge, mold, etc.

Table with 4 columns: DATE INSTALLED, TYPE OF SYSTEM, PROVIDER, WORKING ORDER (Yes/No). Row I: Are you aware of any radon removal system on the Property?

Table with 4 columns: Yes, No, Unk, N/A. Rows J, K, L, M with corresponding questions about lead-based paint and other hazardous substances.

Explain any "yes" answers in this section:

Details:

Note to Buyer: Individuals may be affected differently, or not at all, by mold contamination, lead-based paint, or other environmental concerns. If mold contamination, indoor air quality, lead-based paint, or any other type of environmental issue is a concern, Buyers are encouraged to engage the services of a qualified professional to do testing.

19. CONDOMINIUM AND OTHER HOMEOWNER ASSOCIATIONS (COMPLETE ONLY IF APPLICABLE)

Table with 3 columns: Yes, No, Unk. Rows 1-4.

(A) Please indicate whether the property is part of a:
1. Condominium Association
2. Cooperative Association
3. Homeowners Association or Planned Community
4. Other: If "other," please explain:

NOTICE TO BUYER: Notice regarding condominiums, cooperatives, and homeowners' associations: According to Section 3407 of the Uniformed Condominium Act (68 Pa.C.S. §3407) (Relating to resales of units) and 68 Pa. C.S. §4409 (Relating to resales of cooperative interests) and Section 5407 of the Uniform Planned Community Act (68 Pa.C.S.A. 5407), a Buyer of a resale Unit must receive a Certificate of Resale issued by the Association.

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19. CONDOMINIUM AND OTHER HOMEOWNER ASSOCIATIONS (COMPLETE ONLY IF APPLICABLE) (continued)

| B | Yes                      | No                       | Unk                      |
|---|--------------------------|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(B) Damages/Fees/Miscellaneous Other

1. Do you know of any defect, damage or problem with any common elements or common areas which could affect their value or desirability?
2. Do you know of any condition or claim which may result in an increase in assessments or fees?
3. What are the current fees for the Association(s)? \_\_\_\_\_
4. Are the Association fees paid: Monthly  Quarterly  Annually  Other
5. Are there any services or systems that the Association or Community is responsible for supporting or maintaining?
6. Is there a capital contribution or initiation fee? If so, how much is said fee? \_\_\_\_\_

If your answer to any of the above is "yes," please explain each answer:

20. MISCELLANEOUS

| A | Yes                      | No                                  | Unk                      |
|---|--------------------------|-------------------------------------|--------------------------|
| A | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers with specific information on the location of the problem/issue and a description of any repair efforts, including a description of the repair(s) and the date(s) the repair(s) were attempted, or attach a more detailed summary.

- (A) Are you aware of any existing or threatened legal action affecting the Property?
- (B) Do you know of any violations of federal, state, or local laws or regulations relating to this Property?
- (C) Are you aware of any public improvement, condominium, or homeowner association assessments against the Property that remain unpaid or of any violations of zoning, housing, building, safety, or fire ordinances that remain uncorrected?
- (D) Are you aware of any judgment, encumbrances, lien (for example, comaker or equity loan), or other debt against this Property that cannot be satisfied by the proceeds of this sale?
- (E) Are you aware of any reason, including a defect in title, that would prevent you from giving a warranty deed or conveying title to the Property?
- (F) Are you aware of any material defects to the Property, dwelling, or fixtures which are not disclosed elsewhere on this form?

A material defect is an issue/problem with the Property or any portion of it that would have significant adverse impact on the value of the residential real Property or that INVOLVES AN UNREASONABLE RISK TO PEOPLE ON THE LAND. The fact that a structural element, system, or subsystem is near, at, or beyond the normal useful life of such structural element, system, or subsystem is not by itself a material defect.

|   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| G | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| H | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| I | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| J | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

- (G) Are you aware if the sale of this property would be subject to the provisions of the Foreign Investment in Real Property Tax Act, 26 U.S.C. §1445, as may be amended, which provides that a Buyer must withhold ten (10%) percent of the amount realized by a foreign Seller from the sale of an interest in U.S. Real Property? If the Seller is a foreign person and the Buyer fails to withhold this amount, the Buyer may be held liable for the tax.
- (H) Are you aware of any historic preservation restriction or ordinance or archeological designation associated with the Property?
- (I) Are you aware of any insurance claims filed relating to the Property? *Insurance claim for damage to house & porch roof by severe weather event*
- (J) Is there any additional information that you feel you should disclose to a prospective Buyer because it may materially and substantially affect the value or desirability of the Property, e.g. zoning violation, set-back violations, zoning changes, road changes, pending land use appeals, pending municipal improvements, pending tax assessment appeals, etc.?

If any answer in this section is "yes," explain in detail:

*state owns vacant lot next door to house*

|   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| K | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| L | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- (K) Have you ever attempted to obtain insurance of any nature for the property and were rejected?
- (L) Are you aware of a lease of the oil, gas, or mineral rights being agreed to for this particular property?

Explain any "yes" answers by including specific information concerning the lease agreement(s) as well as the lease terms:

|   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| M | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| O | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- (M) Are you aware if any drilling has occurred on this property?
- (N) Are you aware if any drilling is planned for this property?
- (O) Are you aware if any drilling has occurred or is planned to occur on nearby property?

If the answer is "yes" to any of these items, please explain:

| P | Yes                      | No                                  | Unk                      |
|---|--------------------------|-------------------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(P) Are you aware of the transfer, sale, and/or lease of any of the following property rights, whether said transfer was by you or a prior Owner of the property?

1. Natural Gas
2. Coal
3. Oil
4. Timber
5. Other minerals or rights such as hunting rights, quarrying rights, or farming rights
6. Have you been approached by an Oil & Gas Company to lease your OGM rights?

If "yes," please provide the name of the company: \_\_\_\_\_

If the answer is "yes" to any of these items, please explain:

Buyer(s) acknowledge their right to investigate any of the rights or issues described within this Seller Disclosure Statement prior to signing or entering into the Agreement of Sale. The Buyer(s) acknowledge they have the option or right to investigate the status of any of the property rights by, among other means, obtaining a title examination of unlimited years, engaging legal counsel, conducting a search of the public records in the County Office of the Recorder of Deeds and elsewhere. Buyer(s) also expressly acknowledge the right to investigate the terms of any existing Leases to determine if the Buyer may be subject to the terms of these Leases. Please explain any "yes" answers in Section 20 above.



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21. COMPLIANCE WITH REAL ESTATE SELLER DISCLOSURE LAW

In Pennsylvania, a Seller is required to satisfy the requirements of the Real Estate Seller Disclosure Law. These requirements are generally described in the notice found on the first page of this document. This law requires the Seller in a residential transfer of real estate to make certain disclosures regarding the property to potential Buyers. The notice is to be provided in a form defined by law and is required before an agreement of sale is signed. The law defines a residential real estate transfer as a sale, exchange, installment sales contract, lease with an option to buy, grant, or other transfer of an interest in real property where not less than one (1) and not more than four (4) residential dwelling units are involved. In transactions involving a condominium, homeowners association, or cooperative, the disclosure is to specifically refer to the Seller's Unit. Disclosure regarding common areas or facilities within such associations are not specifically required in this Disclosure Statement. However, compliance with the requirements that govern the resale of condominium, homeowner association, and cooperative interests is required as defined by the Uniform Condominium Act of Pennsylvania, the Uniform Planned Community Act of Pennsylvania, and/or the Real Estate Cooperative Act as such Act may be amended.

Seller(s) shall attach additional sheets to this Disclosure Statement if additional space is required for their answer to any section herein and these sheets are considered part of this Disclosure Statement. The undersigned Seller(s) represents that the information set forth in this Disclosure Statement is accurate and complete to the best of the Seller's knowledge. The Seller hereby authorizes the Listing Broker to provide this information to prospective Buyers of the Property and to other real estate agents. **THE SELLER ALONE IS RESPONSIBLE FOR THE COMPLETION AND ACCURACY OF THE INFORMATION CONTAINED IN THIS STATEMENT. The Broker, Agent, and/or West Penn Multi-List, Inc. are not responsible for the information contained herein. THE SELLER SHALL CAUSE THE BUYER TO BE NOTIFIED IN WRITING OF ANY INFORMATION SUPPLIED ON THIS FORM WHICH IS RENDERED INACCURATE BY A CHANGE IN THE CONDITION OF THE PROPERTY FOLLOWING THE COMPLETION OF THIS FORM. THE SELLER SHALL PROMPTLY NOTIFY THE BUYER OF ANY SUCH CHANGES IN THE CONDITION OF THE PROPERTY.**

*West Penn Multi-List, Inc. has not participated, in any way, in providing information in this statement. Seller is responsible to complete this form in its entirety. Every Seller signing a Listing Contract must sign this statement.*

SELLER Mary Anna Bungard

DATE 9-17-20

SELLER

DATE

SELLER

DATE

EXECUTOR, ADMINISTRATOR, TRUSTEE, COURT APPOINTED GUARDIAN, RECORDED POWER OF ATTORNEY\*

The undersigned has never occupied the Property and lacks the personal knowledge necessary to complete this Disclosure Statement.

DATE

DATE

Please indicate capacity/title of person signing and include documentation.

CORPORATE LISTING

The undersigned has never occupied the Property. Any information contained in this Disclosure Statement was obtained from third-party sources and Buyer should satisfy himself or herself as to the condition of the Property.

DATE

Please indicate capacity/title of person signing and include documentation.

RECEIPT AND ACKNOWLEDGEMENT BY BUYER

The undersigned Buyer acknowledges receipt of this Disclosure Statement and that the representations made herein have solely been made by the Seller(s). The Buyer acknowledges that this statement is not a warranty and that, unless stated otherwise in the sales contract, the Buyer is purchasing this Property in its present condition. It is the Buyer's responsibility to satisfy himself or herself as to the condition of the Property. The Buyer may request that the Property be inspected, at the Buyer's expense and by qualified professionals, to determine the condition of the structure or its components.

BUYER

DATE

BUYER

DATE

BUYER

DATE

\* The undersigned has never occupied the property and lacks personal knowledge necessary to complete this Seller Disclosure. However, in the event that the individual completing this form does have such knowledge necessary to complete the form, this fact should be disclosed and the form completed. Individuals holding a Power of Attorney must complete this document based upon the Principal's knowledge. If the Principal is unable to complete the form, an Addendum should be completed and attached to explain the circumstances. The holder of the Power of Attorney must disclose defects of which they have knowledge.