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PRDS® SUPPLEMENTAL SELLER'S CHECKLIST
 Supplement to Transfer Disclosure Statement
 Revision Date 8/07



Property: 1926 Hurley Ct San Jose CA 95129 Date: 9/28/09

THE INFORMATION ENTERED ON THIS FORM IS PROVIDED BY SELLER ONLY. (AGENTS' DISCLOSURES ARE PROVIDED ELSEWHERE.) THIS DOCUMENT IS SOLELY A SUPPLEMENTAL DISCLOSURE; IT IS NOT, AND SHALL NOT BE DEEMED TO CONSTITUTE, ANY PART OF THE RELATED PURCHASE CONTRACT.

▲ CAUTION TO SELLER: California law requires that you disclose to a Buyer all material facts of which you are aware or reasonably should be aware, bearing on the value or desirability of the Property. This supplemental form serves as an additional checklist intended to aid you in identifying, recalling and disclosing such material facts (including negative conditions that arose during prior ownerships). If you are in doubt as to whether a condition constitutes a "defect," it is always prudent to disclose and explain rather than remain silent. Full disclosure of material facts reduces the risk of subsequent disputes, claims and litigation regarding the Property. Please be aware of your obligation as Seller to be alert to and to disclose problems and defects known by you to exist, even where they are not included in this checklist.

▲ CAUTION TO BUYER: California law requires that you exercise reasonable care in investigating the Property and that you take account of facts that are disclosed or otherwise known to you or which are within your diligent attention and observation. You are strongly urged to thoroughly inspect the Property and surrounding neighborhood, carefully read and assess all disclosures and inspection reports (carefully considering inspectors recommendations of additional, specialized inspections) and to ask questions and make additional inquiries of others, including inspection professionals, that you, as Buyer, feel important. Factors relating to the Property and/or the neighborhood may affect you quite differently (positively or negatively) than they do the Sellers, whose perceptions are inevitably subjective. A property or neighborhood condition that is entirely satisfactory to a Seller might be regarded by a Buyer as an annoyance or a nuisance. Understand that this and other Seller disclosures typically reflect a Seller's non-expert, subjective perceptions of the Property, and that items noted on this form reflect only those conditions of which Seller is aware. This list almost certainly does not account for each and every possible defect, and Seller's lack of awareness of a problem does not mean that none exists.

RESPOND TO EACH AND EVERY ONE OF THE FOLLOWING ITEMS.
 Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

1. **GENERAL PROPERTY INFORMATION:**
- a) Approximate lot size: 600 UNKNOWN Source: County
 - b) Approximate house square footage: 1004 UNKNOWN Source: County
 - c) Approximate age of the house: 27 UNKNOWN Source: County
 - d) Number of years you have owned the Property: 27 Lived in the Property: 9

2. **ALTERATIONS:** Account for all additions, remodeling, repairs and alterations done by you (and those done, to your knowledge, by prior owners or any other person).

| <i>Nature of Work</i> | <i>Approximate Completion Date</i> | <i>Seller has Permit Documentation⁽¹⁾ (Complete or Otherwise)</i> | <i>Seller has Other Documentation</i> |
|-----------------------|------------------------------------|--|--|
| a) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

⁽¹⁾ For example: copies of permits (including "final" permit sign-offs), inspection reports and worksheets, bids and plans

Seller's Initials ADD (RTH)
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Buyer's Initials (____) (____)
 Form RSSCL Revised 8/07

Answer each of the following questions.

Answer **YES** to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

3. FOUNDATION/BASEMENT/CRAWL SPACE/SOILS/RETAINING WALLS/CHIMNEY

YES NO

- a) Are you aware of any cracks, patches or repairs in the foundation, retaining walls or any other part of the structure? YES NO
- b) Are you aware of any past or present soils problems, such as settlement, movement, cracking, slippage or instability at the Property or any neighboring properties? YES NO
- c) Are you aware of any past or present settlement, movement, cracking, bowing, tilting, rotation or deterioration of foundation members, retaining walls or other structural elements at the Property or any neighboring properties? YES NO
- d) Are you aware of any settlement, movement, cracking, shifting, separation or sub-surface erosion as to walkways, patios, swimming pool or other decking, or any other pavement or hardscape? YES NO
- e) Are you aware of any missing bricks, gaps in the chimney flue, hearth or other part of the fireplace or chimney structure, or any other defect, deficiency, fire-safety hazard or structural or other problems relating to the chimney? YES NO
- f) To your knowledge, has any landfill, grading, "cut and fill", compaction or other soils work taken place at the Property? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

4. INTERIOR SURFACES/ELEMENTS

YES NO

- a) Are you aware of any interior cracks (e.g., in ceiling, walls, around windows, etc.)? YES NO
- b) Are you aware of any patching or repair of any interior cracks? YES NO
- c) Are you aware of any squeaking, sloping or out-of-level floors? YES NO
- d) Are you aware of any stains, scratches, warping, cupping, chipping, cracking, sponginess, water damage or other defects relating to hardwood (or other wood), tile, linoleum or any other flooring surface? YES NO
- e) Are you aware of any windows that stick or bind, that fail to either latch, open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? YES NO
- f) Are you aware of any glass in any interior or exterior door (including shower door) or interior or exterior window that is not "safety glass"? YES NO
- g) Are you aware of any doors that stick or bind, are out of plumb, fail to open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? YES NO
- h) Are you aware of any defect (including seal failure) regarding any dual-pane or thermo-pane windows? YES NO
- i) Are you aware of any damage or defect (e.g., stains, spots, tears or odors) regarding any installed carpeting? YES NO
- j) Are you aware of any damage or defect (e.g., stains, spots, tears, odors and/or malfunctions) regarding any existing window coverings? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

5. SURFACE/SUB-SURFACE WATER/MOISTURE CONTROL

YES NO

- a) To your knowledge, does there presently exist, or are you aware of any history of, any standing or ponding water or periodic or persistent dampness or moisture, in any sub-areas or elsewhere on the Property? YES NO
- b) Are you aware of any past or present flooding (even minor water intrusion) into the garage, basement or sub-areas? YES NO
- c) To your knowledge, has any other part of the Property suffered any flooding or drainage problems? YES NO
- d) To your knowledge, have any drainage systems (e.g., french drains, curtain drains), sump pumps, fans, or dry wells ever been installed at the Property? YES NO
- e) To your knowledge, does a spring, high water table, sub-surface stream or aquifer, or any other natural source of water, exist on, or affect, the Property? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

6. ROOF/GUTTERS/SIDING

YES NO

- a) To your knowledge, have there been any blockages or other failures of downspouts, gutters, fixed or imbedded gutter extensions or storm drains? YES NO
- b) Are you aware of the occurrence of any past or present leaks from or through roof, siding, windows, skylights, gutters, downspouts, eaves, awnings or other areas? YES NO

Seller's Initials (SJS) (RHS)

Buyer's Initials () ()

Answer each of the following questions.
 Answer **YES** to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

ROOF/GUTTERS/SIDING (continued)

c) To your knowledge, has any roof repair, restoration, replacement (full or partial) or other work been undertaken? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

7. HEATING SYSTEM/AIR CONDITIONING

a) Describe the type of heating system in the Property. (If there are multiple systems, account for each throughout this Paragraph 7.) Central Forced Air YES NO
 b) Have you encountered, or are you aware of, any problems with any aspect of the heating system? YES NO
 c) Are any bedrooms or other major rooms not directly served by a heating duct? YES NO
 (If yes, which rooms?)
 d) What is the approximate age of the heating system? 27 years years YES NO
 e) When was the heating system last serviced, and by whom? unknown
 f) Does the Property have a central air conditioning system? (If there are multiple systems, account for each with respect to all issues and inquiries raised by this Paragraph 7.) YES NO
 g) Have you ever encountered, or are you aware of, any problems with, any aspect of the air conditioning system? YES NO
 h) What is the approximate age of the air conditioning system? 27 years years YES NO
 i) When was the air conditioning system last serviced, and by whom? unknown
 j) If the Property is served by propane, are you aware of any past or present problems with that system? YES NO
 k) Are you aware as to whether the central air conditioning (if any) or the furnace at the Property has been installed or replaced since October 1, 2005? (Note: such installation or replacement may trigger a requirement for testing/repair of ductwork in homes situated in certain non-coastal climates. Most residential areas of the San Francisco Peninsula are exempt from compliance. For more exact information regarding areas affected, go to www.energy.ca.gov) YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

8. ELECTRICAL FIXTURES/APPLIANCES

a) To your knowledge, have any electrical fixtures, devices or installed appliances (including, e.g., central vacuum, instant hot water) ever failed to perform properly or have any undergone repairs? YES NO
 b) To your knowledge, do lights ever dim, e.g., during use of multiple appliances? YES NO
 c) To your knowledge, has the electrical system encountered any blown fuses, tripped circuit breakers or any other problem, or undergone any repair or modification? YES NO
 d) Have you yourself, or has any unlicensed worker or contractor, undertaken any electrical repair, wiring, installation or other electrical work at the Property? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

9. ELECTRONICS/NETWORKS/TELEPHONE DEVICES AND SYSTEMS

a) Does the Property have a television antenna? YES NO
 b) Are cable television lines presently installed and hooked up to a cable television service provider? YES NO
 c) If cable television is not presently set up at the Property, are you aware of the availability of cable television service at your Property? YES NO
 d) Is a satellite receiver (or "dish") affixed to and wired into the Property? YES NO
 If yes, it is Leased Owned by Seller
 e) Do any abandoned or unused cable or satellite systems remain at the Property? YES NO
 f) Are you aware of any interference to your television, radio, etc., from neighboring transmitters, ham radio operators or other sources? YES NO
 g) Are you aware of any cell phone reception or transmission problems at the Property? YES NO
 h) How many individual telephone lines (separate telephone numbers) are wired into the Property? one
 i) Is the Property wired and equipped with an integrated telephone system(s) (e.g., systems incorporating telephone, intercom, radio, other functions)? YES NO

Seller's Initials (ADL, MTJ)
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Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, whether past or present, and whether or not previously repaired, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

ELECTRONICS/NETWORKS/TELEPHONE DEVICES AND SYSTEMS (continued)

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| j) Is the Property wired and equipped for high-speed internet service? If yes, who is the current provider? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k) If <u>no</u> , are you aware of the availability of high-speed internet service at your Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l) Does the Property have a built-in alarm system? Please indicate the following: <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Auditory only <input type="checkbox"/> "Central Station" only <input type="checkbox"/> Auditory and "Central Station" | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| m) Have you experienced any alarm system failure caused by false alarms or other defects? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n) If applicable, name of alarm system provider used: _____ | | |
| o) Is the Property equipped with a video surveillance system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p) Is the Property equipped with automatic security lighting? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q) Is the Property equipped with electronically activated gates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Is the Property equipped with an intercom system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| s) Is the Property equipped with built-in sound or entertainment system(s)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| t) Describe and explain below any system failure or other problem, past or present, and whether or not previously repaired, regarding any item listed above (h-s) in this Paragraph 9. | | |

Explanations (If "yes" is checked on any of the above, please explain below):

Alarm system not activated

10. WATER SUPPLY/PLUMBING (INCLUDING NATURAL GAS AND PROPANE) SYSTEMS

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| a) Are you aware of any past or present plumbing (including natural gas or propane) leakage or other problems or repairs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) When was any part of the plumbing system last serviced? <u>unknown</u> | | |
| c) Have you yourself, or has any unlicensed worker or contractor, undertaken any repair, installation or work relating to water or natural gas or propane lines at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of any past or present episode of flooding of any part of the interior of the Property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e) Have you experienced high or low water pressure problems at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Have you experienced any problem with water supply, purity, quality or taste? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Have you experienced excessive delays in drawing hot water to any faucet? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Have you experienced any rust, sediment or discoloration in your water? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Is the Property equipped with a water softener? If yes, it is <input type="checkbox"/> Leased <input type="checkbox"/> Owned. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Is the Property equipped with a purification system? If yes, it is <input type="checkbox"/> Leased <input type="checkbox"/> Owned | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k) Have, to your knowledge, any plumbed appliances (e.g., refrigerator ice maker/water dispenser, instant hot water) or other plumbing-related systems failed to operate properly? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l) Is the Property equipped with a hot water re-circulating system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m) Is your water supply fluoridated? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

a.d. 1994 neighbors unit toilet ran continuously and flooded unit. Carpet/drywall repairs/replaced. We were out of town for several days.

11. PRIVATE WATER SYSTEM/WELL

- | | YES | NO |
|---|--------------------------|--------------------------|
| a) Is the Property served by a private water system that includes other users? If yes, identify the system and set forth and describe Property's water entitlement (or provide full documentation) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you have documents setting forth permits, approvals, usage fees and maintenance? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Is the Property served by a well? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have you experienced any problem with supply, purity, quality or taste of water from any well or private water system? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Do you have copies of inspection reports of the well and of any related water storage tank? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Do you have any inspection reports relating to wells, storage tanks, water flow and recovery rates, purity and quality? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Are you aware of any government-mandated water hook-up to a public water system contemplated or in process? | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Are you aware of any information relating to any governmental water flow requirements or restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

Answer each of the following questions.

Answer **YES** to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

- 12. SEWER SYSTEM** Not Applicable **YES** **NO**
- a) Are you aware of any past or present blockage, backup, overflow or other failure of the sewer system (this includes toilets, tubs, kitchen and bathroom sinks, etc.)?
 - b) Do any sinks, tubs, showers, etc. drain unreasonably slowly?
 - c) With what frequency have you had waste or sewer lines snaked/rooted, and with which service provider? _____
 - d) Are you aware of any current government-imposed inspection, repair or upgrade requirement (e.g., sewer lateral tests) applicable to the Property?
 - e) To your knowledge, is the Property equipped with any booster or other pump system related to the sewer system?

Explanations (If "yes" is checked on any of the above, please explain below):

- 13. SEPTIC SYSTEM** Not Applicable **YES** **NO**
- a) Are you aware of any past or present blockage, backup, overflow or other failure of the septic system? ..
 - b) If you are aware of the material (e.g., concrete, redwood, etc.) of which the septic tank is constructed, please indicate: _____
 - c) Are you aware of any repairs, replacements, relocations or expansions of the septic tank?
 - d) When was the septic tank last pumped? _____ by whom: _____
 - e) Are you aware of any repairs, replacements, relocations or expansions of the leach field(s)?
 - f) Have you been informed by any advisory, notification, inspection report or any other source that limitations of the septic system may preclude or limit expansion of living space at the Property?
 - g) Have you been informed by any advisory, notification, inspection report or any other source that soils conditions may preclude or limit expansion of the septic system?
 - h) Are you aware of any governmental plans or requirements that may mandate hook-up to a public sewer system?
 - i) Are you aware of any present or contemplated governmental measure that would require, that the septic system be inspected, replaced or upgraded, or converted and connected to a public sewer system?

Explanations (If "yes" is checked on any of the above, please explain below):

- 14. ABANDONED WELLS/SEWER/SEPTIC SYSTEMS** Not Applicable **YES** **NO**
- a) Are there any abandoned wells, water storage tanks or related equipment at the Property?
 - b) Are you aware as to whether any unused or abandoned sewer/septic system equipment (e.g., tank, leach lines), or abandoned leach field, is located at the Property? **If yes**, explain below whether and how it has been disposed of (e.g., removed, filled in, etc.) and permit status.

Explanations (If "yes" is checked on any of the above, please explain below):

- 15. LANDSCAPING/IRRIGATION** **YES** **NO**
- a) Does the Property have a sprinkling system? *If yes, it is Manual Automatic*
 - b) Does the Property have a drip system? *If yes, it is Manual Automatic*
 - c) To your knowledge, does any part of any sprinkling system at the Property direct (or has it directed) water onto any siding, window or other surface of the structure?
 - d) Does the Property have an exterior lighting system (e.g., landscape, security)?
 - e) Does the Property have a pond, waterfall or other decorative water-related landscaping feature?
 - f) Are you aware of any defects or malfunctions regarding any of the above systems?
 - g) Are you aware of any repairs, modifications or replacements to any of these systems?
 - h) Does the Property have a play structure? **If yes**, please describe below the anchoring mechanism and any defects, modifications or repairs of which you are aware.
 - i) Are you aware of any diseases or infestations affecting trees or other plantings at or near the Property? **If yes**, please describe below, including treatment, if any.

Explanations (If "yes" is checked on any of the above, please explain below):

d. porch lights

Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

16. **SWIMMING POOL/SPA** Not Applicable
- | | YES | NO |
|---|--------------------------|--------------------------|
| a) Are you aware of any water leakages from the pool and/or spa? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are you aware of any past or present defects or malfunctions regarding such pool and/or spa equipment as heating, filtration or cleaning systems; pool and/or spa surfaces, decking or coping; lighting, ladders, slides or diving boards; pool enclosures, safety covers or alarms? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are you aware of any repairs having been done to the pool and/or spa? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Does the pool have a heating system? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| e) When was the pool heater last utilized? | | |
| f) Does the spa have a separate heating system? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other (explain below) | <input type="checkbox"/> | <input type="checkbox"/> |
| g) When was the spa heater last utilized? | | |
| h) If the pool and/or spa has had regular maintenance, please identify the service provider, frequency, and last date serviced: | | |

Explanations (If "yes" is checked on any of the above, please explain below):

Association Pool & Spa

17. **PETS/ANIMALS**
- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a) Are you aware of the prior or present existence of pets at the Property? If yes, indicate type, number, and when they were present at the Property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware as to whether at any time any animal urine or feces has come into contact with carpeting or any other interior surface of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Are you aware of any staining, spotting, discoloration, warping or any other damage to carpets, hardwood or other flooring, or any other surface, relating to animal urine or feces? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of any present, past or seasonal (e.g., during warm temperatures) odors at the Property relating to animals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) To your knowledge, have there ever been any ticks, fleas or other pet-related insect problems at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Are you aware of any treatment or process employed to eradicate pet-related odors, stains or other problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

Last 15 years home was a rental - no pets allowed.

18. **NEIGHBORHOOD CONDITIONS**
- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| a) Is the Property situated on or near a bus route? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Is noise related to vehicular traffic, including bus traffic, noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Do problems with any traffic congestion, excess speed, hampered driveway ingress or egress, limited or congested on-street parking, or other road-related difficulties exist at or near, or do they otherwise affect, the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Is railroad, train, light rail, BART, or other rail traffic noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Is aircraft-related noise noticeable at the Property? (Note: a city mandated disclosure(s) may be required) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Is noise from schools or parks noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Do any local business, recreational, commercial or institutional (e.g., day care, religious, residential care or "group") facilities create noise, litter, traffic/parking congestion, night activities or other annoyances noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Do any local entertainment complexes, amphitheatres or other venues create noise, litter, traffic/parking congestion, night activities or other annoyances noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Do local events, gatherings or traditions (e.g., parades, block parties, holiday decorations, sporting events) create noise, litter, traffic/parking congestion, night activities or other annoyances noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Is barking and/or are other noises from dogs, cats or other animals noticeable at the Property? <u>Unknown</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Has the presence in your neighborhood of birds (e.g., pigeons, seagulls), rodents or other animals, including both feral and domesticated animals, caused or constituted an annoyance or nuisance at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l) Are other neighborhood noises (e.g., loud music, construction equipment, shouting, air condensers and other noisy appliances, generators, pool equipment, late-night parties, sporting or other events) noticeable at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

NEIGHBORHOOD CONDITIONS (continued)

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| m) Are you aware of any ongoing, planned or otherwise anticipated construction at, on or within any neighboring property or public facility or right of way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n) Are there odors from or in the neighborhood that have been noticeable at the Property? <u>unknown</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) Is there a neighborhood litter or debris problem that reflects on, or otherwise affects, the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p) Are you aware of any burglaries, assaults or other crimes in the neighborhood within the last three years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q) Are you aware of any Property or neighborhood conditions or circumstances beyond those referred to above that might reasonably affect the value or desirability of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Have you, or to your knowledge has anyone in your neighborhood or household, ever complained to police or other governmental authorities regarding any neighborhood condition, including those listed in this Paragraph 18? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

19. ENVIRONMENTAL ISSUES

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a) Are you aware of the presence of any asbestos (e.g., in sprayed ceiling materials, furnace ducting, etc.) at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of the past or present disposal, leakage or spills on or near the Property of motor oil, heating oil, solvents or other hazardous chemicals or substances, or the existence (and any known leakage or other failure) of any above-ground or underground storage tank ("UST") located on or near the Property? If yes, describe present status and details regarding any remediation or clean-up. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Are you aware of the presence on the Property of any UST ever containing heating oil, gasoline/diesel or any other fluid? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of the removal from the Property of any previously buried or unburied storage tank? If yes, please provide details, including date, regarding circumstances and public agency involvement. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Are you aware of any toxic or hazardous material leakages or spills within a half-mile of the Property? ... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Are you aware at the Property of lead-based paint, any lead paint residue or any other lead material? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Are you aware of the past or present existence at the Property of any mold, fungus or spores? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Are you aware of any environmental inspections or tests undertaken relative to any exterior or interior part of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Are you aware of any odors at the Property whether persistent, recurrent, occasional or seasonal? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Are you aware of any present or prior use of the Property as a site or facility (e.g., "lab") used for the manufacture, storage, disposal, release, use or sale of illegal controlled substances, and/or any chemicals or substances used in the manufacture or preparation thereof? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

20. GOVERNMENTAL ISSUES/HOMEOWNER ASSOCIATION ISSUES

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a) Are you aware of the existence of any special (e.g., seismic, flood, coastal) zone that covers the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of the existence or pendency of any applicable rent control ordinance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Are you aware of any current bonds, fees or assessments that do not appear on the Property's tax bill? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of any proposed or contemplated bonds, fees or assessments that would, if enacted, apply to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Are you aware of any restrictions on use of the Property other than those imposed by zoning laws or CC&Rs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Are you aware of any existing or contemplated building (or other) moratoria that would apply to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) To your knowledge, is any Property-related application, certification, inspection or investigation (e.g., for building permit violations) by any governmental authority currently pending or contemplated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Are you aware of the existence or pendency of any stop work order, order to abate or notice of code or other violation or dangerous condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Are you aware of any government-imposed requirement or order that brush, trees, grass or other vegetation at the Property be cleared, or that flammable materials be removed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Are you aware of any government-mandated tree (or other landscaping) planting, tree removal or cutting restrictions, removal or replacement program that would affect the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| k) Are you aware as to whether any part of the Property falls under provisions of the Williamson Act (tax-benefited covenant to hold and maintain certain properties as agricultural lands)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Seller's Initials AKH (AKH)

Buyer's Initials () ()

Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

GOVERNMENTAL ISSUES/HOMEOWNER ASSOCIATION ISSUES (continued)

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| l) Are you aware as to any ongoing or contemplated eminent domain, condemnation or annexation process or proceedings relating to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| m) Are you aware as to whether or not the Property's school district mandates the busing of students? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| n) Are you aware of any current or contemplated construction, reconfiguration, conversion or closure of any nearby schools? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| o) Are you aware of any ongoing or contemplated construction, reconfiguration or closure relating to nearby roadways? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p) Are you aware of any ongoing or contemplated removal or emplacement of any nearby traffic signals or signs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| q) Are you aware of any ongoing or contemplated construction, reconfiguration or closure of nearby parks/recreational facilities? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| r) Is the Property situated in an unincorporated area of the County? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

21. TITLE/OWNERSHIP/LITIGATION

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| a) Are you aware of any person who, though not currently an owner of record, nevertheless claims an ownership interest in, or right to possess, the Property or any part of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of any ongoing or contemplated legal proceedings (e.g., probate, trust, guardianship, quiet title, specific performance) relating to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Do you have or intend to utilize a power of attorney in conjunction with the sale of the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Is the access road to the Property a private road? <u>If yes</u> , indicate whether there is a written road maintenance agreement recorded for the Property, and explain how the road is maintained. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Are you aware of any use (e.g., as a pathway, driveway, landscaping, etc.), continuous or otherwise, permitted or not, made on, at or of the Property by any other person? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) Are you aware of any fences, walls or other constructed or natural borders relating to the Property that may be situated off the true Property line? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Are you aware of any fence, wall, structure or other improvement that encroaches from a neighboring property onto the subject Property or from the subject Property onto a neighboring property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Are you aware of any claims made by others of any license, easement (including prescriptive easement) or other right or entitlement relating to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Are you aware of the existence of any unrecorded deed, road maintenance agreement, water usage agreement or other agreement or instrument relating to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| j) Are you aware of any lease or rental agreement that is, or is claimed to be, currently in effect as to the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

22. HOMEOWNER'S INSURANCE COVERAGE AND CLAIMS HISTORY

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| a) Within the past five years have you or, to your knowledge, has any prior owner, made any claim relating to a plumbing leak or other water release, water intrusion, property damage, personal injury, or any other matter, against a Homeowner's Insurance policy (i.e., fire and/or other property and personal casualty policy) covering the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If yes*, please identify the following *as to each claim* (use additional pages, if necessary):
- 1) name of claimant _____
 - 2) insurance company and policy number _____
 - 3) approximate date of the claim _____
 - 4) nature of the claim, and how resolved, if known _____

Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

HOMEOWNER'S INSURANCE COVERAGE AND CLAIMS HISTORY (continued)

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| b) Has, to your knowledge, any insurance company, within the past five years, refused to issue to you or renew for you a Homeowner's Insurance policy covering the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>If yes, please indicate the following (use additional pages, if necessary):</i> | | |
| 1) approximate date of such refusal | | |
| 2) the insurance company involved | | |
| 3) the basis of the refusal, if known | | |
| c) Apart from any other insurance requirements, has your lender required you to carry flood or earthquake insurance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

23. GENERAL

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| a) Are you aware of any death, natural or otherwise, having occurred on the Property within the past three years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of the existence of any current or prior inspection reports, termite/structural pest control reports, contractor estimates/bids or other documents (not otherwise accounted for above) relating to the structure, condition, repair or contemplated repair, or contemplated improvement of the Property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) Are you aware of any problem, defect, deficiency, malfunction or other negative condition or attribute of the Property other than what you have disclosed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware as to whether a pool at the Property has been filled in, removed or otherwise abandoned or eliminated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Are you aware of any fire, interior or exterior (including chimney flue fire) having ever occurred at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f) As regards any loan secured by the Property, has to your knowledge any notice of default been recorded against the Property, or do you anticipate receiving a notice of default? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Is it to your knowledge the Property is presently subject or soon to be made subject to the jurisdiction of the federal bankruptcy court? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Are there any electrical, plumbing or other systems (e.g., air conditioning, guest bathrooms, etc.) or any appliances that are being sold as part of the Property that you have not used or operated within the past twelve months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) To your knowledge, has any governmental entity or agency designated the Property as "historic"? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

b. Termite Report (Antique Termite) and Property Report

24. ADDITIONAL INFORMATION (Use additional sheet, if necessary)

Seller certifies that the information set forth in this document is true and correct to the best of Seller's knowledge as of the date signed below:

Date: 9/28/09 Seller: [Signature] Seller: Rebecca Hund

Buyer hereby acknowledges receipt of a copy of this document:

Date: _____ Buyer: _____ Buyer: _____