



## SELLER'S DISCLOSURE OF REAL PROPERTY CONDITION REPORT

State of Delaware

Approved by the Delaware Real Estate Commission (Effective Date: July 1, 2023)

**Seller(s) Name:** Linda Kisner and Hansel Kisner

**Property Address:** 26 North Purdue Avenue, New Castle, DE 19720

**Approximate Age of Building(s):** built in 1948      **Date Purchased:** 1974

Chapter 25, Title 6 of the Delaware Code, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement. Government websites containing helpful information include: Office of State Planning Coordination <https://www.stateplanning.delaware.gov/>, Delaware Department of Natural Resources and Environmental Control <https://dnrec.alpha.delaware.gov/>, Delaware Division of Public Health [www.dhss.delaware.gov/dhss/dph](http://www.dhss.delaware.gov/dhss/dph), Delaware State Police Sex Offender Registry [www.sexoffender.dsp.delaware.gov](http://www.sexoffender.dsp.delaware.gov), Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on [www.delaware.gov](http://www.delaware.gov).

### Seller shall answer the following questions based on Seller's knowledge of the property.

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			<b>I. OCCUPANCY</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		1. How do you currently use this property? As a: ( <input checked="" type="checkbox"/> Primary Residence ) ( <input type="checkbox"/> Second/Vacation Home ) ( <input type="checkbox"/> Rental Property ) ( <input type="checkbox"/> Inherited Property ) ( <input type="checkbox"/> Other: _____ ). If not your Primary Residence, how long has it been since you occupied the property? _____.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		2. Is the property encumbered by a ( <input type="checkbox"/> rental/lease ), ( <input type="checkbox"/> option to purchase ), or ( <input type="checkbox"/> first right of refusal )? If yes, describe in XVI. Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request.
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	4. If the property is a rental/lease, is the property subject to a rental/lease management agreement?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	5. If #4 is yes, is the agreement binding upon the purchaser? If yes, describe in XVI. Seller agrees to provide a copy of the management agreement to Buyer upon request.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		6. Is the property new construction?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____. If no, <b>STOP USING THIS FORM</b> and complete the Seller's Disclosure of Real Property Condition Report New Construction Only.

Seller's Initials <u>R/L</u>	Seller's Initials <u>          </u>	Buyer's Initials <u>          </u>	Buyer's Initials <u>          </u>
Seller's Initials <u>H/K</u>	Seller's Initials <u>          </u>	Buyer's Initials <u>          </u>	Buyer's Initials <u>          </u>

Yes No \*  
 \* Write in *U* if Unknown or *NA* if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.  
 Seller shall answer the following questions based on Seller's knowledge of the property.

8. If #6 is yes, Seller warrants that the property ( is) or ( is not) exempt from providing the Buyer with a **Public Offering Statement** as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents.

**II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS**

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Is the property subject to any deed restrictions? (e.g., rent al restrictions, pet restrictions, fence requirements, etc.) If yes, describe in XVI.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10. Are you in violation of any deed restrictions at this time? If yes, describe in XVI.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12. Is the property subject to any private, public, or historic architectural review control other than building codes? If yes, describe in XVI.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 13. Is the property part of a condominium or cooperative (Co-op) ownership?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 14. Is there a ( <input type="checkbox"/> Homeowners Association), ( <input type="checkbox"/> Condominium Association), ( <input type="checkbox"/> Cooperative (Co-op)), ( <input checked="" type="checkbox"/> Civic Association), or ( <input type="checkbox"/> Maintenance Corporation)?  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 15. If #14 is yes, are there any ( <input type="checkbox"/> Fees), ( <input checked="" type="checkbox"/> Dues), or ( <input type="checkbox"/> Assessments) involved? If yes, how much? \$10; Frequency of payments: ( <input type="checkbox"/> Monthly), ( <input type="checkbox"/> Quarterly), ( <input checked="" type="checkbox"/> Yearly), ( <input type="checkbox"/> Other: _____); Are they ( <input type="checkbox"/> Mandatory) or ( <input type="checkbox"/> Voluntary)? |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 18. Has there been a special assessment in the past 12 months? If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? If yes, describe in XVI.  |
|                                     |                                     | 20. Management Company Name: _____  |
|                                     |                                     | 21. Representative Name: <u>Carol Schofield</u> Phone # <u>302-328-8448</u>   |
|                                     |                                     | 22. Representative E-mail Address: _____  |

**III. TITLE / ZONING INFORMATION**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement? _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 24. Is your property owned ( <input checked="" type="checkbox"/> In fee simple) or ( <input type="checkbox"/> Leasehold/Ground Lease) or ( <input type="checkbox"/> Cooperative)?  |
|                                     |                                     | 25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____; Frequency of payments: ( <input type="checkbox"/> Weekly), ( <input type="checkbox"/> Monthly), ( <input type="checkbox"/> Quarterly), ( <input type="checkbox"/> Yearly), ( <input type="checkbox"/> Other: _____)<br>Note to Buyer: May be subject to change. |
|                                     |                                     | 26. If a Leasehold/Ground Lease, when does it expire? <u>NA</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 27. Are there any rights-of-way, easements, or similar matters that affect the property? If yes, describe in XVI.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 28. Are there any shared maintenance agreements affecting the property? If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? If yes, describe in XVI. <u>NA</u>   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 31. Is your property currently covered by a title insurance policy? <u>U</u>   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 32. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? If yes, describe in XVI.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 33. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? If yes, describe in XVI.   |

Seller's Initials JK Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials HTK Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Yes No \*  
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**IV. ADDITIONAL INFORMATION**

XIC

- Yes  No 34. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? **If yes, describe in XVI.**
- Yes  No 35. Is there any existing legal action affecting this property? **If yes, describe in XVI.**
- Yes  No 36. Are there any violations of local, state or federal laws or regulations relating to this property? **If yes, describe in XVI.**
- Yes  No 37. Does your current real estate tax amount reflect any non-transferrable exemptions or discounts? **If yes, describe in XVI.**
- Yes  No 38. Have you received formal notice of any changes that may materially or adversely affect the property? e.g., zoning changes, road changes, proposed utility changes, etc. **If yes to any, describe in XVI.**
- Yes  No 39. Are all the exterior door locks in the house in working condition? **If no, describe in XVI.**
- Yes  No 40. Will keys be provided for each lock?
- Yes  No 41. During your ownership, are there now or have there been animals (pets) living in the house? **If yes, what type?**  
dog + 1 cat
- Yes  No 42. Is there now or has there ever been a ( Swimming pool), ( Hot tub), ( Spa), or ( Whirlpool) on the property? **If yes and there are any defects, describe in XVI.**
- Yes  No **NA** 43. If there is a pool, does it conform to all local ordinances? **If no, describe in XVI.**
- Yes  No 44. What is the type of trash disposal? ( Private), ( Municipal), ( County), ( Community) or ( Other \_\_\_\_\_).
- Yes  No 45. The cost of repairing and repaving the streets adjacent to the property is paid for by:  
 The property owner(s), estimated fees: \$ \_\_\_\_\_  
 Delaware Department of Transportation or the State of Delaware  
 Municipal  
 Community/HOA  
 Other  
 Unknown

**Note to Buyer:** Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578)  
**Note to Buyer:** Please check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal.

Yes  No 46. Is off street parking available for this property? **If yes, number of spaces available:** 6

**V. ENVIRONMENTAL CONCERNS**

- Yes  No 47. Are there now or have there been any underground storage tanks on the property? ( Heating fuel), ( Propane), ( Septic), or ( Other: \_\_\_\_\_). **If yes, describe locations in XVI.**
- Yes  No 48. If the tank was abandoned, was it done with all necessary permits and properly abandoned?
- Yes  No 49. Are asbestos-containing materials present? **If yes, describe in XVI.**
- Yes  No 50. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) **If yes, describe in XVI.**
- Yes  No **U** 51. Has the property been tested for toxic or hazardous substances? **If yes, describe in XVI and provide the test results.**
- Yes  No 52. Has the property ever been tested for mold? **If yes, provide the test results.**
- Yes  No 53. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? **If yes, describe in XVI.**
- Yes  No 54. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property?

**VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)**

- Yes  No 55. Is there fill soil or other fill material on the property?
- Yes  No 56. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? **If yes, describe in XVI.**
- Yes  No 57. Is any part of the property located in ( a flood zone) and/or ( a wetlands area)?
- Yes  No 58. Are there drainage or flood problems affecting the property? **If yes, describe in XVI.**
- Yes  No 59. Do you carry flood insurance? Agent: \_\_\_\_\_ Policy # \_\_\_\_\_
- Yes  No 60. If #59 is yes, what is the annual cost of this policy? \_\_\_\_\_

**Note to Buyer:** Public and/or private flood insurance options exist for most properties regardless if property is located in a flood zone. Inquire about options with a qualified insurance agent.

Seller's Initials RK Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials Hdk Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		61. Have you made any insurance claims on the property in the past 5 years? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		62. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		63. Are there encroachments or boundary line disputes affecting the property? If yes, describe in XVI?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		64. Are there any ditches crossing or bordering the property? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		65. Are there any swales crossing the property that are under the control of a Soil and Conservation District? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		66. Have you ever had the property surveyed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		67. Are the boundaries of the property marked in any way? If yes, describe in XVI.
			<b>VII. STRUCTURAL ITEMS</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		68. Have you made any additions or structural changes? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		69. If #68 is yes, was all work done with all necessary permits and approvals in compliance with building codes?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		70. If #69 is yes, are the permits closed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		71. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		72. Has the property, or any improvements thereon, ever been damaged by ( <input type="checkbox"/> Fire), ( <input type="checkbox"/> Smoke), ( <input type="checkbox"/> Wind), or ( <input type="checkbox"/> Flood)? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		73. Was the structure moved to this site? ( <input type="checkbox"/> Double Wide), ( <input type="checkbox"/> Modular), ( <input type="checkbox"/> Other: _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		74. Is there now or has there ever been any non-plumbing water leakage in the house? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		75. Are there any problems with ( <input type="checkbox"/> Exterior walls), ( <input type="checkbox"/> Driveways), ( <input type="checkbox"/> Walkways), ( <input type="checkbox"/> Patios), ( <input type="checkbox"/> Decks), ( <input type="checkbox"/> Porches) or ( <input type="checkbox"/> Retaining walls) on the property? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		76. Are there any problems with ( <input type="checkbox"/> Interior walls), ( <input type="checkbox"/> Ceilings), ( <input type="checkbox"/> Floors), or ( <input type="checkbox"/> Windows) on the property? If yes, describe in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	NA	77. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 74, 75, and 76? If yes, describe in XVI.
			78. Is there insulation in the: ( <input checked="" type="checkbox"/> Ceiling/attic), ( <input checked="" type="checkbox"/> Exterior walls), ( <input type="checkbox"/> Crawlspace/basement), or ( <input type="checkbox"/> Other: _____) What type(s) of insulation does your property have? <u>blown-in</u>
			<b>VIII. TERMITES, INSECTS, AND WILDLIFE</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		79. Is there now or has there ever been any infestation by termites or other wood destroying insects? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		80. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		81. Is there now or has there ever been any damage to the property caused by ( <input checked="" type="checkbox"/> Termites), ( <input type="checkbox"/> Other wood destroying insects), or ( <input type="checkbox"/> Wildlife)? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		82. Have there ever been any termite or wood destroying insect treatments made on the property? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		83. Is there or has there ever been an infestation of insects? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		84. During your ownership, have there been any insect control inspections made on the property. If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		85. Are you aware of any insect control treatments made on the property? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		86. Are there now or have there ever been any bat colonies present on the property? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		87. Is your property currently under warranty, or other coverage, by a professional pest control company? If yes, name of exterminating company: _____
			<b>IX. BASEMENT AND CRAWL SPACES</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		88. Does the property have a sump pump? If yes, where does it drain? <u>to street</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		89. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		90. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		91. Are there any cracks or bulges in the floors or foundation walls? If yes, describe in XVI.

Seller's Initials RL Seller's Initials  Buyer's Initials  Buyer's Initials   
 Seller's Initials K:G Seller's Initials  Buyer's Initials  Buyer's Initials

Yes No \*  
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 Seller shall answer the following questions based on Seller's knowledge of the property.

**X. ROOF**  
 92. Date last roof surface installed: ± 2004. If all roof surfaces not the same age, explain in XVI.  
 93. How many layers of roof material are there (e.g., new shingles over old shingles)? 1  
 94. Are there any problems with the roof, flashing, rain gutters, or skylights? If yes or repaired under your ownership, explain in XVI.  Yes  No  
 95. If under warranty, is warranty transferable? 50 yr warranty (looking for paperwork)  
 96. Where do your gutters drain? ( Surface), ( Drywell), ( Storm Sewers), ( Other: \_\_\_\_\_)

**XI. PLUMBING-RELATED ITEMS**  
 97. What is the drinking water source? ( Municipal), ( County), ( Public Utility), ( Private Well), ( Other: Artesian)  
 98. If drinking water is supplied by public utility, name of utility: \_\_\_\_\_  
 99. Is there a water treatment system? If yes, ( Leased) or ( Owned)?  
 100. If water source is a well, when was it installed? \_\_\_\_\_ Location of well? \_\_\_\_\_  
 Depth of well? \_\_\_\_\_. If more than one well, describe in XVI. NA  
 101. What type of plumbing is used for the Water Supply? ( Copper), ( Lead), ( Cast Iron), ( PVC), ( PEX), ( Polybutylene), ( Galvanized), ( Other/Unknown: \_\_\_\_\_)  
 102. What type of plumbing is used for Drainage? ( Copper), ( Lead), ( Cast Iron), ( PVC), ( Galvanized), ( Other/Unknown: \_\_\_\_\_)  
 103. Age of Water Heater? 4 yrs Water heater type: ( Tank), ( Tankless), ( Other: \_\_\_\_\_)  
 104. Water Heater Fuel: ( Electric), ( Oil), ( Propane Gas), ( Natural Gas) or ( Other: \_\_\_\_\_)  
 105. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If yes, describe in XVI.  Yes  No  
 106. Are there any additions and/or upgrades to the original service? If yes, describe in XVI.  Yes  No  
 107. If #106 is yes, was the work done by a licensed contractor? Len the Plumber  
 108. If #106 is yes, were the required permits obtained?  Yes  No  
 109. If #108 is yes, are the permits closed?  Yes  No  
 110. If your drinking water is from a well, when was your water last tested and what were the results of the test? NA  
 Tested on: \_\_\_\_\_ Results: \_\_\_\_\_  
 111. What is the type of sewage system? ( Public Sewer), ( Community Sewer), ( Septic System), ( Cesspool), ( Other: \_\_\_\_\_)  
 112. If a septic system, type: ( Gravity Fed), ( Capping Fill), ( LPP), ( Mound), ( Holding Tank), ( Other: \_\_\_\_\_) NA  
 113. If a septic system, when was it last pumped? \_\_\_\_\_ NA  
 114. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? If yes, describe in XVI and provide the test results.  Yes  No NA  
 115. If a septic system, how many bedrooms is the septic permitted to service? \_\_\_\_\_ NA  
 116. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? If yes, describe locations in XVI.  Yes  No NA  
 117. If #116 is yes, were they abandoned with all necessary permits and properly abandoned?  Yes  No NA

**XII. HEATING AND AIR CONDITIONING**  
 118. How many heating and/or air conditioning systems are on the property? 1. If more than 2, explain in XVI.  
 119. Type of heating system for system #1 ( Forced air), ( Heat pump), ( Mini-Split), ( Baseboard), ( Radiator), ( Other: \_\_\_\_\_)  
 Type of heating system for system #2 ( Forced air), ( Heat pump), ( Mini-Split), ( Baseboard), ( Radiator), ( Other: \_\_\_\_\_)  
 120. Type of heating fuel for system #1 ( Oil), ( Propane Gas), ( Natural Gas), ( Electric), ( Solar), ( Other: \_\_\_\_\_)  
 Type of heating fuel for system #2 ( Oil), ( Propane Gas), ( Natural Gas), ( Electric), ( Solar), ( Other: \_\_\_\_\_)

Seller's Initials AK Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials HTL Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Yes	No	*	
			* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			121. Fuel provider for: Heating system #1 <u>Delmarva Power</u> Heating System #2: _____
			122. Age of furnace #1: <u>5 yrs (4/2019)</u> Date of last service: <u>10 yr warranty with maintenance agreement</u> Age of furnace #2: _____ Date of last service: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>		123. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? If yes, describe in XVI.
			124. Type of air conditioning for system #1 ( <input checked="" type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____) Type of air conditioning for system #2 ( <input type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		125. Are there any contractual obligations affecting the heating/air conditioning system(s)? If yes, describe in XVI.
			126. Age of air conditioning system #1: <u>5 yrs (4/2019)</u> Date of last service: <u>10 yr warranty with maintenance agreement</u> Age of air conditioning system #2: _____ Date of last service: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>		127. Have there been any additions and/or upgrades to the original heating or air conditioning? If yes, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		128. If #127 is yes, was the work done by a licensed contractor?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		129. If #127 is yes, were the required permits obtained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		130. If #129 is yes, are the permits closed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>		131. Are there any problems with the heating or air conditioning systems? If yes, describe in XVI.
			<b>XIII. ELECTRICAL SYSTEM</b>
			132. Who is the electric provider for the property? <u>Delmarva Power</u>
			133. What type of wiring is in the house? (copper, aluminum, other, etc.) <u>Copper</u>
			134. What is the amp service? ( <input type="checkbox"/> 60), ( <input type="checkbox"/> 100), ( <input checked="" type="checkbox"/> 150), ( <input type="checkbox"/> 200), ( <input type="checkbox"/> Other: _____)
			135. Does the property have ( <input checked="" type="checkbox"/> Circuit Breakers) or ( <input type="checkbox"/> Fuses)? If more than one electrical panel, describe in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		136. Are there any 220/240 volt circuits? (Other: _____)
<input type="checkbox"/>	<input checked="" type="checkbox"/>		137. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? If yes, describe in XVI.
<input type="checkbox"/>	<input checked="" type="checkbox"/>		138. Are there wall switches, light fixtures, or electrical outlets in need of repair? If yes, explain in XVI.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		139. Is there a permanently affixed generator on the property? What is the fuel source? <u>gas</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		140. Have there been any additions to the original service?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		141. Have any ( <input checked="" type="checkbox"/> solar) and/or ( <input type="checkbox"/> wind powered) enhancements been made to supplement service? If yes, describe in XVI. Name of solar company? <u>Advanced Solar</u> ; if leased, what is the term? <u>Owned</u> Note to Buyer: Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		142. If #139, #140, or #141 is yes, was work done by a licensed electrician?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		143. If #139, #140, or #141 is yes, were the required permits obtained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>		144. If #143 is yes, is the permit closed?
			<b>XIV. FIREPLACE OR HEATING STOVE</b>
			145. How many fireplaces and/or heating stoves are on the property? <u>0</u> . If more than 2, explain in XVI.
		<i>NA</i>	146. Type of fuel for fireplace 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)? Type of fuel for fireplace 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)?
		<i>NA</i>	147. Type of fuel for heating stove 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)? Type of fuel for heating stove 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	148. Was the fireplace or heating stove part of the original house design?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	149. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	150. Are there any problems? If yes, explain in XVI.
<input type="checkbox"/>	<input type="checkbox"/>	<i>NA</i>	151. When were the flues/chimneys last cleaned, serviced, or repaired? _____. Explain nature of service or repair in XVI.

Seller's Initials XL Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials KATC Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_



**XVI. ADDITIONAL INFORMATION**

If you were directed to this section to clarify an answer, or if you indicated there is a problem with any of the items in sections I through XV, provide an explanation of your recollection using common language. Attach additional sheets if needed.

Question Number	Additional Information
27	Utility easement at rear property line
47	empty oil tank there when purchased property
61	11/20/20 sewer line from public to house replaced by Len The Plumber (10 yr transferable warranty)
	6/22 Sewer from house to Kitchen drain
	4/23 awning on back deck replaced by Gainor
67	concrete marker(s) under grass, we believe
68	extended the front and left side, added porch on front with patio on top
79+81+82	treated in 1974 by previous owners, no problems since, <sup>damage</sup> fixed
89+90	sump pump installed to prevent water accumulation
99	under Kitchen sink
103	replaced 3/18/20 by Schagrins - 5 yrs maintenance to pay on yearly
105+106	refer to # 61 about sewer items
122, 125	serviced every year with maintenance agreement (Michael's Heating & Air)
136	dryer
141	Advanced Solar Heating & Cooling Specialists 302-731-1000

Are there additional problem, clarification, or document sheets attached?  No  Yes.  
 Number of Sheets Attached 0.

Seller's Initials JK    Seller's Initials       Buyer's Initials       Buyer's Initials     
 Seller's Initials HTC    Seller's Initials       Buyer's Initials       Buyer's Initials

**ACKNOWLEDGMENT OF SELLER**

Seller has provided the information contained in this report. This information is, to the best of Seller's knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

SELLER  SELLER

SELLER  SELLER

Date the contents of this Report were last updated: May 15, 2024

**ACKNOWLEDGMENT OF BUYER**

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER  BUYER

BUYER  BUYER

**Disclosure Of Information on Lead-Based Paint and Lead-Based Paint Hazards  
(For Sale of Residential Property)**

Property: 26 North Purdue Avenue, New Castle, DE 19720

Seller's Name: Linda Kisner  
Hansel Kisner

**Seller Instructions:** Check the box indicating the age of your property and initial. If you checked either box 1 or 3, continue to complete the *Seller's Disclosure* section below and sign this form at the bottom. If you checked box 2, sign below to complete this form.

R/L	H/K
-----	-----

(Check one of the boxes to the right and initial here)

Year Dwelling Was Constructed:

- 1. was constructed prior to January 1, 1978
- 2. was constructed after January 1, 1978
- 3. uncertain as to when constructed

**Lead Warning Statement** - Every Purchaser of any interest in residential property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in very young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Purchaser with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Purchaser of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure** - Unless box 2 is checked above, each Seller is required to complete sections (a and b) by selecting an answer and then by initialing in each of these two sections (if more than one owner, all owners must select and initial)

(a) Presence of lead-based paint and/or lead-based paint hazards (CHECK ONE BOX BELOW AND INITIAL):

R/K	H/K
-----	-----

Select answer and initial

Known lead-based paint and/or lead-based paint hazards are present in the housing. (explain)

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Seller. (CHECK ONE BOX AND INITIAL):

R/L	H/K
-----	-----

Select answer and initial

Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (list documents below):

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgement** - Unless box 2 is checked above, all purchaser(s) must initial c, d, e and f

(c)		
(d)		
(e)		
(f)		

Purchaser(s) has read the Lead Warning Statement above.

Purchaser(s) has received copies of all information listed above.

Purchaser(s) has received the pamphlet *Protect Your Family From Lead In Your Home*.

Purchaser(s) has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgement** - Initial below

(g) 

A
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The Listing Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852(d), and the Seller is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy** - The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

<u>Linda Kisner</u>	<u>5/15/24</u>
Seller	Date

<u>Hansel Kisner</u>	<u>5/15/24</u>
Seller	Date

Purchaser	Date

Purchaser	Date

<u>ASMA</u>	<u>5/15/2024</u>
Agent	Date

Agent	Date

