



**R.I. REAL ESTATE SALES DISCLOSURE FORM
RHODE ISLAND ASSOCIATION OF REALTORS®**



SELLER

DATE 4/25/08 PROPERTY ADDRESS 325 Ocean Avenue

Seller David + Candace Reeke Current Address Newport RI 02840
Tampa FL 33629

Seller has occupied subject property? Yes No If yes, number of years and when: _____

"Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. It is recommended that a separate sales disclosure form be completed for each unit of a multi-unit property.

STRUCTURE

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built 1892 Addition(s): Complete Restoration 2003-2008 Year(s): _____
2. Roof (Shingles) Age: 3 1/2 yrs # of Layers: 1 Previous Repairs: _____ Known Defects: _____
3. Fireplaces # 15 # Working: 15 Maintenance History: _____
4. Wood/Coal/Gas Stove(s) Yes No If yes, Type _____ When installed? _____ Permit received? Yes No If yes, attach copy _____
5. Insulation Wall/Type: Fiberglass Ceiling/Type: Fiberglass Floor/Type: Gypcrete Unknown _____ Ureaformaldehyde Insulation: Yes No Unknown _____
6. Electrical Service Fuses _____ Circuit Breakers Amps 400 Unknown _____ Type: Aluminum Wiring _____ Knob & Tube _____ BX Cable _____ Romex _____ Other Copper wiring Unknown _____
7. Heating System Type: oil Age: 2yrs If oil fuel, size of tank: 600 gal. Number of zones: 9 Underground tanks on property? Yes (Size?) _____ No Unknown _____ Supplemental heating? Yes No If yes, type? _____
8. Domestic Hot Water Heating Source: oil-hydro air If a separate tank, capacity: 160 gal. Age 2yrs. Rented? Yes No If yes, Company rented from: _____
9. Air Conditioning Central Air Number of zones 9 Window Units _____ Number of units _____ Age _____ Location _____ Maintenance History _____

Additional Structural Information (Attach additional sheets if necessary.) _____

UTILITIES

10. Sewage System Type (private, public or both): private If public system available, is it connected? Yes No If public, Outstanding Assessment? Yes No Minimum Annual Fee: \$ _____ Balance \$ _____ If private, Cesspool _____ Septic Leach field Galleys _____ Unknown _____ Other _____ #Bedrooms/per ISDS Design: 8 Copy Available? Yes No Location: west side of house Date installed: 2005 Maintenance History (Any Failure): _____ Sanitation Company used: Atlantic Solution Last pumped: _____ Other Connections (Drywell, etc.): _____
11. Water System Public Filtration System? Yes No Private _____ If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health. If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3. The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)." Dug well or drilled well? _____ Depth: _____ Location: _____ Well water inspection certificate available? Yes No If yes, attach copy _____ Water Quality Problems? Yes (Explain) Water tank at house No Filtration System? Yes No Treatment System? Yes No

Additional Utilities Information (Attach additional sheets if necessary.) _____

MUNICIPAL INFORMATION

12. Property Tax \$ 20,000 -for fiscal/calendar year ending '07 Tax Rate: 8.04 Current Exemptions: _____
13. Easements/
Encroachments Seller is legally required to provide the Buyer with a copy of any previous surveys of the property that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.
Does Seller have a copy of any surveys in his/her possession? Yes No _____ If yes, attach copy
Does Seller have any knowledge of Easement(s) or Right(s) of Way on property? Yes No _____
If yes, describe _____
Does Seller have any knowledge of Encroachments? Yes _____ No _____
If yes, describe electric & water lines to carriage house
14. Deed Type of deed to be conveyed: warranty Number of parcels conveying: 1
15. Zoning "Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."
Classification: R-160 Is the current use a permitted use under the current zoning regulations? Yes No _____
Unknown _____ If no, explain: _____
Is the current use non-conforming in any other way? Yes _____ No _____ Unknown _____
If yes, explain: _____
16. Restrictions Plat or other? Yes (Explain) Historic District No _____ Copy available to Buyer: _____
17. Building Permits Have you applied for or been granted a special permit for this property? Yes No _____
If yes, explain: Building
Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes No _____ If no, explain: _____
18. Building Code/or
Minimum Housing Violations: _____
19. Flood Plain Is the property located in a flood plain? Yes _____ No Unknown _____
Is there flood insurance on the property? Yes _____ No If yes, \$ _____ per year.
20. Wetlands The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in RI GL 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.
Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp? Yes (Explain) small brook to left of entrance
No Unknown _____
21. Megan's Law If the Buyer is concerned about convicted felons in the neighborhood, he/she should contact the local police authority.

Additional Municipal Information (Attach additional sheets if necessary.) _____

CONDO / MULTI UNIT

22. Condo/Assoc.
Fees Monthly Condo/Association Fee: \$ 0 Heat/Electric/Water Included in Fee? _____
Working Capital Deposit? Yes _____ No _____ If yes, Amount: \$ _____ Buyer to pay? Yes _____ No _____
Current Outstanding Assessments: \$ _____
Fire Alarm System up to date? Yes No _____ Unknown _____
Anticipated Future Assessments: Yes _____ If yes, describe _____ No _____ Unknown _____
23. Multi-family or
Other Rental
Property Are income and expense figures available? Yes _____ No _____ If yes, attach copies
Lease(s) period: _____ Copies available? Yes _____ No _____ Number of Units: _____
Are the existing rents current? Yes _____ No _____ Security Deposits _____
Are all units legal for the current zoning and use? Yes _____ No _____
Appliances Offered: _____

Additional Condo/Multi Unit Information (Attach additional sheets if necessary.) _____

NOTICES / DISCLOSURES

24. Pools & Equipment Age of pool: _____ Maintenance history: _____
 Was a permit obtained for the pool? Yes _____ No _____ Unknown _____
25. Lead Contamination "Every Purchaser of any interest in residential property is notified that such property may present exposure to lead from lead-based hazards that may place young children at risk of developing lead poisoning. Lead poisoning in 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 property is required to provide the Buyer with any information on lead or lead hazards in paint, interior dust, soil, or water from risk assessments or inspections in the Seller's possession and notify the Buyer of any known or potential lead or lead-based hazards, and must receive a lead disclosure and educational brochure. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase." Have you ever had a lead paint inspection conducted? Yes _____ No _____
 If yes, copy of report available? Yes _____ No _____
 Lead compliance certificate(s) available? Yes _____ No _____ *Total removal of all lead in house*
26. Smoke/Carbon Monoxide Detectors Installed and functioning? Yes No _____ Seller of a 1 to 3 unit property is required to provide certificate from the local fire official within 60 days prior to closing in Rhode Island attesting that smoke and carbon monoxide detectors have been properly installed.
27. Radon "Radon has been determined to exist in the State of Rhode Island. Testing for the presence of Radon in residential real estate prior to purchase is advisable."
 Has building been tested for Radon? Yes _____ No If yes, # of Pico curies/liter: _____
 Copy of test available? Yes _____ No _____ Any action taken? _____

Additional Notices/Disclosures Information (Attach additional sheets if necessary.) _____

STRUCTURE

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y | N | UK | NA | Y | N | UK | NA | Y | N | UK | NA |
|----|-------------------------------------|--------------------------|--|----|-------------------------------------|--------------------------|--------------------------|----|-------------------------------------|--------------------------|--------------------------|
| 28 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Basement | | | | Driveway(s) | | | | Plumbing |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Bulkhead/Hatchway | | | | Exterior Walls | | | | Sidewalks |
| 30 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Ceilings | | | | Floors | | | | Walls/Fences |
| 31 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Chimney(s) | | | | Foundation/Slab(s) | | | | Windows |
| 32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | Doors | | | | Interior Walls | | | | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| | | | Other Structural Components (Describe) <i>all plumbing runs are new cast iron to avoid hearing flushing throughout the house</i> | | | | | | | | |

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.) _____

EQUIPMENT / SYSTEMS

Does any item, equipment or system in or on the property and conveying with the sale need repair or replacement? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y | N | UK | NA | Y | N | UK | NA | Y | N | UK | NA |
|----|-------------------------------------|--------------------------|-------------------------------------|----|-------------------------------------|--------------------------|-------------------------------------|----|-------------------------------------|--------------------------|-------------------------------------|
| 43 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | Alarm/Security System | | | | Generator | | | | Satellite Dish |
| 44 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 60 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | Ceiling/Whole House Fan | | | | Hot Tub/Sauna | | | | Sump Pump |
| 45 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Central Vac/Equipment | | | | Intercom System | | | | Trash Compactor |
| 46 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | Dishwasher | | | | Jacuzzi/Whirlpool | | | | Washer |
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 55 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 63 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Dryer | | | | Kitchen Stove/Oven | | | | |
| 48 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 64 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Freezer | | | | Lawn Sprinkler System | | | | |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 57 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 65 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Garage Door Opener(s) | | | | Lighting Fixtures | | | | |
| 50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 66 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Garbage Disposal | | | | Refrigerator | | | | |

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.) _____

CONDITIONS

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | | <u>Y</u> <u>N</u> <u>UK</u> <u>NA</u> | |
|---|--|---|--|
| 67 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Asbestos | 81 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Water Penetration |
| 68 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cemetery or Burial Ground on Property | 82 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Wood Rot |
| 69 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | | Previous Flooding: |
| 70 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Endangered Species/Habitat on Property | 83 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Into the Improvements |
| 71 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hazardous or Toxic Waste | 84 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Onto the Property |
| 72 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile | | Structural Repairs: |
| 73 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Improper Drainage | 85 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Previous Foundation Repairs <i>all new</i> |
| 74 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Landfill | 86 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other Structural Repairs |
| 75 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Mold | | Termites or Other Wood-Destroying Insects: |
| 76 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Previous Fire/Smoke Damage | 87 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Active Infestation |
| 77 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Settling | 88 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Previous Treatment |
| 78 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Soil Movement | 89 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Previous Damage Repaired |
| 79 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) <i>Cisterns under courtyards</i> | 90 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Damage Needing Repair |
| 80 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Synthetic Stucco / EIFS | 91 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Current Service Contract |

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

COMMENTS

Additional Comments:

Changes since property was first listed:

Date _____ Seller's Initials _____ Date _____ Buyer's Initials _____

STATEMENT

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the above property information is accurate, true and complete to the best of his knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all transactions related thereto may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Real Estate Broker or Agent for such advice. Seller is obligated to report to the Broker or Agent any known changes prior to sales agreement and prior to closing.

ACKNOWLEDGMENT

Seller hereby acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Real Estate Broker and any subagents for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Date 4/25/08 Seller [Signature] Date 4/25/08 Seller [Signature]

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Date _____ Buyer _____ Date _____ Buyer _____