

**SELLER DISCLOSURE STATEMENT  
IMPROVED PROPERTY**

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**SELLER:** Holy Ghost Catholic Church

Seller

Seller

To be used in transfers of improved residential real property, including residential dwellings up to four units, new construction, dwellings in a residential common interest community not subject to a public offering statement, condominiums not subject to a public offering statement, certain timeshares, and manufactured and mobile homes. See RCW Chapter 64.06 for further information.

**INSTRUCTIONS TO THE SELLER**

Please complete the following form. Do not leave any spaces blank. If the question clearly does not apply to the property check "NA." If the answer is "yes" to any asterisked (\*) item(s), please explain on attached sheets. Please refer to the line number(s) of the question(s) when you provide your explanation(s). For your protection you must date and initial each page of this disclosure statement and each attachment. Delivery of the disclosure statement must occur not later than five (5) business days, unless otherwise agreed, after mutual acceptance of a written purchase and sale agreement between Buyer and Seller.

**NOTICE TO THE BUYER**

THE FOLLOWING DISCLOSURES ARE MADE BY THE SELLER ABOUT THE CONDITION OF THE PROPERTY LOCATED AT  
3083 Hemlock St, CITY Valley

STATE WA, ZIP 99181, COUNTY Stevens ("THE PROPERTY") OR AS LEGALLY DESCRIBED ON THE ATTACHED EXHIBIT A.

SELLER MAKES THE FOLLOWING DISCLOSURES OF EXISTING MATERIAL FACTS OR MATERIAL DEFECTS TO BUYER BASED ON SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME SELLER COMPLETES THIS DISCLOSURE STATEMENT. UNLESS YOU AND SELLER OTHERWISE AGREE IN WRITING, YOU HAVE THREE (3) BUSINESS DAYS FROM THE DAY SELLER OR SELLER'S AGENT DELIVERS THIS DISCLOSURE STATEMENT TO YOU TO RESCIND THE AGREEMENT BY DELIVERING A SEPARATELY SIGNED WRITTEN STATEMENT OF RESCISSION TO SELLER OR SELLER'S AGENT. IF THE SELLER DOES NOT GIVE YOU A COMPLETED DISCLOSURE STATEMENT, THEN YOU MAY WAIVE THE RIGHT TO RESCIND PRIOR TO OR AFTER THE TIME YOU ENTER INTO A PURCHASE AND SALE AGREEMENT.

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

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

Seller ☐ is / ☒ is not occupying the Property.

**I. SELLER'S DISCLOSURES:**

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

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

SELLER'S INITIALS

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YES NO DON'T KNOW N/A

- \*J. Is there a boundary survey for the property? .....☐ ☐ ☒ ☐ 54  
55  
\*K. Are there any covenants, conditions, or restrictions recorded against the property? .....☐ ☒ ☐ ☐ 56  
57

**NOTICE TO BUYER:** Covenants or deed restrictions based on race, creed, sexual orientation, or other protected class were voided by RCW 49.60.224 and are unenforceable. Washington law allows for the illegal language to be struck by bringing an action in superior court or by the free recording of a restrictive covenant modification document. Many county auditor websites provide a short form with instructions on this process.

2. WATER

A. Household Water

- (1) The source of water for the property is: ☐ Private or publicly owned water system  
☐ Private well serving only the subject property ☒ Other water system  
\*If shared, are there any written agreements? .....☐ ☐ ☐ ☒ 63  
64  
\*(2) Is there an easement (recorded or unrecorded) for access to and/or maintenance of the water source? .....☐ ☒ ☐ ☐ 65  
66  
\*(3) Are there any problems or repairs needed? .....☐ ☒ ☐ ☐ 67  
70  
(4) During your ownership, has the source provided an adequate year-round supply of potable water? ..☐ ☒ ☐ ☒ 68  
71  
If no, please explain: ..... 72  
\*(5) Are there any water treatment systems for the property? .....☐ ☒ ☐ ☐ 69  
73  
If yes, are they: ☐ Leased ☐ Owned 74  
\*(6) Are there any water rights for the property associated with its domestic water supply, such as a water right permit, certificate, or claim? .....☐ ☐ ☐ ☒ 75  
76  
(a) If yes, has the water right permit, certificate, or claim been assigned, transferred, or changed? ☐ ☐ ☐ ☒ 77  
\*(b) If yes, has all or any portion of the water right not been used for five or more successive years? ☐ ☐ ☐ ☒ 78  
\*(7) Are there any defects in the operation of the water system (e.g. pipes, tank, pump, etc.)? .....☐ ☒ ☐ ☐ 79

B. Irrigation Water

- (1) Are there any irrigation water rights for the property, such as a water right permit, certificate, or claim? .....☐ ☐ ☒ ☐ 80  
81  
\*(a) If yes, has all or any portion of the water right not been used for five or more successive years? .....☐ ☐ ☐ ☒ 82  
83  
\*(b) If so, is the certificate available? (If yes, please attach a copy.) .....☐ ☐ ☐ ☒ 84  
85  
\*(c) If so, has the water right permit, certificate, or claim been assigned, transferred, or changed? ...☐ ☐ ☐ ☒ 86  
\*(2) Does the property receive irrigation water from a ditch company, irrigation district, or other entity? .....☐ ☐ ☐ ☒ 87  
If so, please identify the entity that supplies water to the property: ..... 88  
89

C. Outdoor Sprinkler System

- (1) Is there an outdoor sprinkler system for the property? .....☐ ☒ ☐ ☐ 90  
91  
\*(2) If yes, are there any defects in the system? .....☐ ☐ ☐ ☒ 92  
\*(3) If yes, is the sprinkler system connected to irrigation water? .....☐ ☐ ☐ ☒ 93

3. SEWER/ON-SITE SEWAGE SYSTEM

A. The property is served by:

- ☒ Public sewer system ☐ On-site sewage system (including pipes, tanks, drainfields, and all other component parts)  
☐ Other disposal system

Please describe: .....

B. If public sewer system service is available to the property, is the house connected to the sewer main? .....☒ ☐ ☐ ☐ 94  
95

If no, please explain: .....

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|                                                                                                                                                                                  | YES                      | NO                       | DON'T<br>KNOW            | N/A                                 |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------|
| *C. Is the property subject to any sewage system fees or charges in addition to those covered in your regularly billed sewer or on-site sewage system maintenance service? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 102<br>103<br>104 |
| D. If the property is connected to an on-site sewage system:                                                                                                                     |                          |                          |                          |                                     | 105               |
| *(1) Was a permit issued for its construction, and was it approved by the local health department or district following its construction? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 106<br>107        |
| (2) When was it last pumped? .....                                                                                                                                               |                          |                          |                          |                                     | 108               |
| *(3) Are there any defects in the operation of the on-site sewage system? .....                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 109               |
| (4) When was it last inspected? .....                                                                                                                                            |                          |                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 110               |
| By whom: .....                                                                                                                                                                   |                          |                          |                          |                                     | 111               |
| (5) For how many bedrooms was the on-site sewage system approved? _____ bedrooms                                                                                                 |                          |                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 112               |
| E. Are all plumbing fixtures, including laundry drain, connected to the sewer/on-site sewage system? .....                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 113<br>114        |
| If no, please explain: .....                                                                                                                                                     |                          |                          |                          |                                     | 115               |
| *F. Have there been any changes or repairs to the on-site sewage system? .....                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 116               |
| G. Is the on-site sewage system, including the drainfield, located entirely within the boundaries of the property? .....                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 117<br>118        |
| If no, please explain: .....                                                                                                                                                     |                          |                          |                          |                                     | 119               |
| *H. Does the on-site sewage system require monitoring and maintenance services more frequently than once a year? .....                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 120<br>121        |

NOTICE: IF THIS RESIDENTIAL REAL PROPERTY DISCLOSURE IS BEING COMPLETED FOR NEW CONSTRUCTION WHICH HAS NEVER BEEN OCCUPIED, SELLER IS NOT REQUIRED TO COMPLETE THE QUESTIONS LISTED IN ITEM 4 (STRUCTURAL) OR ITEM 5 (SYSTEMS AND FIXTURES). 122  
123  
124

**4. STRUCTURAL**

|                                                                                                         |                                           |                                            |                          |                                     |            |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------|-------------------------------------|------------|
| *A. Has the roof leaked within the last 5 years? .....                                                  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 125<br>126 |
| *B. Has the basement flooded or leaked? .....                                                           | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 127        |
| *C. Have there been any conversions, additions or remodeling? .....                                     | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 128        |
| *(1) If yes, were all building permits obtained? .....                                                  | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 129        |
| *(2) If yes, were all final inspections obtained? .....                                                 | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 130        |
| D. Do you know the age of the house? .....                                                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>                   | <input type="checkbox"/> | <input type="checkbox"/>            | 131        |
| If yes, year of original construction: <u>1954/55</u>                                                   |                                           |                                            |                          |                                     | 132        |
| *E. Has there been any settling, slippage, or sliding of the property or its improvements? .....        | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 133        |
| *F. Are there any defects with the following: (If yes, please check applicable items and explain) ..... | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 134        |
| <input type="checkbox"/> Foundations                                                                    | <input type="checkbox"/> Decks            | <input type="checkbox"/> Exterior Walls    |                          |                                     | 135        |
| <input type="checkbox"/> Chimneys                                                                       | <input type="checkbox"/> Interior Walls   | <input type="checkbox"/> Fire Alarms       |                          |                                     | 136        |
| <input type="checkbox"/> Doors                                                                          | <input type="checkbox"/> Windows          | <input type="checkbox"/> Patio             |                          |                                     | 137        |
| <input type="checkbox"/> Ceilings                                                                       | <input type="checkbox"/> Slab Floors      | <input type="checkbox"/> Driveways         |                          |                                     | 138        |
| <input type="checkbox"/> Pools                                                                          | <input type="checkbox"/> Hot Tub          | <input type="checkbox"/> Sauna             |                          |                                     | 139        |
| <input type="checkbox"/> Sidewalks                                                                      | <input type="checkbox"/> Outbuildings     | <input type="checkbox"/> Fireplaces        |                          |                                     | 140        |
| <input type="checkbox"/> Garage Floors                                                                  | <input type="checkbox"/> Walkways         | <input type="checkbox"/> Siding            |                          |                                     | 141        |
| <input type="checkbox"/> Wood Stoves                                                                    | <input type="checkbox"/> Elevators        | <input type="checkbox"/> Incline Elevators |                          |                                     | 142        |
| <input type="checkbox"/> Stairway Chair Lifts                                                           | <input type="checkbox"/> Wheelchair Lifts | <input type="checkbox"/> Other _____       |                          |                                     | 143        |
| *G. Was a structural pest or "whole house" inspection done? .....                                       | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 144<br>145 |
| If yes, when and by whom was the inspection completed? .....                                            |                                           |                                            |                          |                                     | 146        |
| H. During your ownership, has the property had any wood destroying organism or pest infestation? .....  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 147        |
| I. Is the attic insulated? .....                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 148        |
| J. Is the basement insulated? .....                                                                     | <input type="checkbox"/>                  | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/>            | 149        |

MS 9/29/26  
SELLER'S INITIALS Date

\_\_\_\_\_  
SELLER'S INITIALS Date

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|                                                                                                                                                                                                                                                                              | YES                                 | NO                                  | DON'T<br>KNOW            | N/A                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-----|
| <b>5. SYSTEMS AND FIXTURES</b>                                                                                                                                                                                                                                               |                                     |                                     |                          |                                     | 150 |
| *A. If any of the following systems or fixtures are included with the transfer, are there any defects?                                                                                                                                                                       |                                     |                                     |                          |                                     | 151 |
| If yes, please explain: _____                                                                                                                                                                                                                                                |                                     |                                     |                          |                                     | 152 |
| Electrical system, including wiring, switches, outlets, and service .....                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 153 |
| Plumbing system, including pipes, faucets, fixtures, and toilets .....                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 154 |
| Hot water tank .....                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 155 |
| Garbage disposal .....                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 156 |
| Appliances .....                                                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 157 |
| Sump pump .....                                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 158 |
| Heating and cooling systems .....                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 159 |
| Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased .....                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 160 |
| Other .....                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 161 |
| *B. If any of the following fixtures or property is included with the transfer, are they leased?                                                                                                                                                                             |                                     |                                     |                          |                                     | 162 |
| (If yes, please attach copy of lease.)                                                                                                                                                                                                                                       |                                     |                                     |                          |                                     | 163 |
| Security System: .....                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 164 |
| Tanks (type): .....                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 165 |
| Satellite dish: .....                                                                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 166 |
| Other: .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 167 |
| *C. Are any of the following kinds of wood burning appliances present at the property?                                                                                                                                                                                       |                                     |                                     |                          |                                     | 168 |
| (1) Woodstove? .....                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 169 |
| (2) Fireplace insert? .....                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 170 |
| (3) Pellet stove? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 171 |
| (4) Fireplace? .....                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 172 |
| If yes, are all of the (1) woodstoves or (2) fireplace inserts certified by the U.S. Environmental<br>Protection Agency as clean burning appliances to improve air quality and public health? .....                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 173 |
| D. Is the property located within a city, county, or district or within a department of natural<br>resources fire protection zone that provides fire protection services? .....                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 174 |
| E. Is the property equipped with carbon monoxide alarms? (Note: Pursuant to RCW 19.27.530, Seller<br>must equip the residence with carbon monoxide alarms as required by the state building code.) .....                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 175 |
| F. Is the property equipped with smoke detection devices? .....                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | 176 |
| (Note: Pursuant to RCW 43.44.110, if the property is not equipped with at least one smoke<br>detection device, at least one must be provided by the seller.)                                                                                                                 |                                     |                                     |                          |                                     | 177 |
| G. Does the property currently have internet service? .....                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 178 |
| Provider: .....                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     | 179 |
| <b>6. HOMEOWNERS' ASSOCIATION/COMMON INTERESTS</b>                                                                                                                                                                                                                           |                                     |                                     |                          |                                     | 180 |
| A. Is there a Homeowners' Association? .....                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 181 |
| Name of Association and contact information for an officer, director, employee, or other authorized<br>agent, if any, who may provide the association's financial statements, minutes, bylaws, fining policy,<br>and other information that is not publicly available: _____ |                                     |                                     |                          |                                     | 182 |
| B. Are there regular periodic assessments? .....                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 183 |
| \$ _____ per <input type="checkbox"/> month <input type="checkbox"/> year                                                                                                                                                                                                    |                                     |                                     |                          |                                     | 184 |
| <input type="checkbox"/> Other: .....                                                                                                                                                                                                                                        |                                     |                                     |                          |                                     | 185 |
| *C. Are there any pending special assessments? .....                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 186 |
| *D. Are there any shared "common areas" or any joint maintenance agreements (facilities<br>such as walls, fences, landscaping, pools, tennis courts, walkways, or other areas<br>co-owned in undivided interest with others)? .....                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 187 |
| *E. Have there been any modifications or remodeling? .....                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 188 |
| If yes, were all necessary homeowners' association approvals obtained? .....                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 189 |
| <b>7. ENVIRONMENTAL</b>                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     | 190 |
| *A. Have there been any flooding, standing water, or drainage problems on the property<br>that affect the property or access to the property? .....                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 191 |
| *B. Does any part of the property contain fill dirt, waste, or other fill material? .....                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 192 |
| *C. Is there any material damage to the property from fire, wind, floods, beach movements,<br>earthquake, expansive soils, or landslides? .....                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 193 |
| D. Are there any shorelines, wetlands, floodplains, or critical areas on the property? .....                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 194 |

SELLER'S INITIALS MJ Date 7/29/26

SELLER'S INITIALS \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES                      | NO                                  | DON'T<br>KNOW            | N/A                                 | 206 |
| *E. Are there any substances, materials, or products in or on the property that may be environmental concerns, such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, or contaminated soil or water? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 207 |
| *F. Has the property been used for commercial or industrial purposes?.....                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 208 |
| *G. Is there any soil or groundwater contamination? .....                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 209 |
| *H. Are there transmission poles or other electrical utility equipment installed, maintained, or buried on the property that do not provide utility service to the structures on the property?.....                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 210 |
| *I. Has the property been used as a legal or illegal dumping site? .....                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 211 |
| *J. Has the property been used as an illegal drug manufacturing site? .....                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 212 |
| *K. Are there any radio towers in the area that cause interference with cellular telephone reception? .....                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 213 |
| L. Does the property include a family burial ground, mausoleum, or columbarium? .....                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 214 |
| <b>8. LEAD BASED PAINT</b> (Applicable if the house was built before 1978). .....                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          | <input checked="" type="checkbox"/> | 215 |
| A. Presence of lead-based paint and/or lead-based paint hazards (check one below):                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     | 220 |
| <input type="checkbox"/> Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). .....                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     | 221 |
| <input type="checkbox"/> Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.                                                                                                                                                                                                                                                                                                                                                                           |                          |                                     |                          |                                     | 222 |
| B. Records and reports available to the Seller (check one below):                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     | 223 |
| <input type="checkbox"/> 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). .....                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     | 224 |
| <input checked="" type="checkbox"/> Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.                                                                                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     | 225 |
| <b>9. MANUFACTURED AND MOBILE HOMES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                     |                          |                                     | 226 |
| If the property includes a manufactured or mobile home,                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                     |                          |                                     | 227 |
| *A. Did you make any alterations to the home? .....                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 228 |
| If yes, please describe the alterations: .....                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                     | 229 |
| *B. Did any previous owner make any alterations to the home? .....                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 230 |
| *C. If alterations were made, were permits or variances for these alterations obtained? .....                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 231 |
| <b>10. FULL DISCLOSURE BY SELLERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     | 232 |
| A. Other conditions or defects:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     | 233 |
| *Are there any other existing material defects affecting the property that a prospective buyer should know about?.....                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 234 |
| B. Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                     | 235 |
| The foregoing answers and attached explanations (if any) are complete and correct to the best of Seller's knowledge and Seller has received a copy hereof. Seller agrees to defend, indemnify and hold real estate licensees harmless from and against any and all claims that the above information is inaccurate. Seller authorizes real estate licensees, if any, to deliver a copy of this disclosure statement to other real estate licensees and all prospective buyers of the property. |                          |                                     |                          |                                     | 236 |
| <u>M. D. H.</u> <u>9/29/26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Seller                   | Date                                | Seller                   | Date                                | 237 |
| If the answer is "Yes" to any asterisked (*) items, please explain below (use additional sheets if necessary). Please refer to the line number(s) of the question(s).                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     | 238 |
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**SELLER DISCLOSURE STATEMENT  
IMPROVED PROPERTY**

**II. NOTICES TO THE BUYER**

**1. SEX OFFENDER REGISTRATION**

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

**2. PROXIMITY TO FARMING/WORKING FOREST**

THIS NOTICE IS TO INFORM YOU THAT THE REAL PROPERTY YOU ARE CONSIDERING FOR PURCHASE MAY LIE IN CLOSE PROXIMITY TO A FARM OR WORKING FOREST. THE OPERATION OF A FARM OR WORKING FOREST INVOLVES USUAL AND CUSTOMARY AGRICULTURAL PRACTICES OR FOREST PRACTICES, WHICH ARE PROTECTED UNDER RCW 7.48.305, THE WASHINGTON RIGHT TO FARM ACT.

**3. OIL TANK INSURANCE**

THIS NOTICE IS TO INFORM YOU THAT IF THE REAL PROPERTY YOU ARE CONSIDERING FOR PURCHASE UTILIZES AN OIL TANK FOR HEATING PURPOSES, NO COST INSURANCE MAY BE AVAILABLE FROM THE POLLUTION LIABILITY INSURANCE AGENCY.

**III. BUYER'S ACKNOWLEDGEMENT**

**1. BUYER HEREBY ACKNOWLEDGES THAT:**

- A. Buyer has a duty to pay diligent attention to any material defects that are known to Buyer or can be known to Buyer by utilizing diligent attention and observation.
- B. The disclosures set forth in this statement and in any amendments to this statement are made only by the Seller and not by any real estate licensee or other party.
- C. Buyer acknowledges that, pursuant to RCW 64.06.050(2), real estate licensees are not liable for inaccurate information provided by Seller, except to the extent that real estate licensees know of such inaccurate information.
- D. This information is for disclosure only and is not intended to be a part of the written agreement between the Buyer and Seller.
- E. Buyer (which term includes all persons signing the "Buyer's acceptance" portion of this disclosure statement below) has received a copy of this Disclosure Statement (including attachments, if any) bearing Seller's signature(s).
- F. If the house was built prior to 1978, Buyer acknowledges receipt of the pamphlet *Protect Your Family From Lead in Your Home*.

DISCLOSURES CONTAINED IN THIS DISCLOSURE STATEMENT ARE PROVIDED BY SELLER BASED ON SELLER'S ACTUAL KNOWLEDGE OF THE PROPERTY AT THE TIME SELLER COMPLETES THIS DISCLOSURE. UNLESS BUYER AND SELLER OTHERWISE AGREE IN WRITING, BUYER SHALL HAVE THREE (3) BUSINESS DAYS FROM THE DAY SELLER OR SELLER'S AGENT DELIVERS THIS DISCLOSURE STATEMENT TO RESCIND THE AGREEMENT BY DELIVERING A SEPARATELY SIGNED WRITTEN STATEMENT OF RESCISSION TO SELLER OR SELLER'S AGENT. YOU MAY WAIVE THE RIGHT TO RESCIND PRIOR TO OR AFTER THE TIME YOU ENTER INTO A SALE AGREEMENT.

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

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

**2. BUYER'S WAIVER OF RIGHT TO REVOKE OFFER**

Buyer has read and reviewed the Seller's responses to this Seller Disclosure Statement. Buyer approves this statement and waives Buyer's right to revoke Buyer's offer based on this disclosure.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

**3. BUYER'S WAIVER OF RIGHT TO RECEIVE COMPLETED SELLER DISCLOSURE STATEMENT**

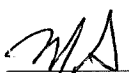
Buyer has been advised of Buyer's right to receive a completed Seller Disclosure Statement. Buyer waives that right. However, if the answer to any of the questions in the section entitled "Environmental" would be "yes," Buyer may not waive the receipt of the "Environmental" section of the Seller Disclosure Statement.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

 9/29/26  
SELLER'S INITIALS Date

\_\_\_\_\_  
SELLER'S INITIALS Date