



Owner's Property Disclosure Statement

OWNER(S) NAME(S): Robert A. Lake Viola W. Lake
 PROPERTY ADDRESS: 5845 SW 99 TER, PINECREST, FL 33156
 DATE HOME BUILT: 1956
 DATE OWNER PURCHASED PROPERTY: 6-1-2004
 PROPERTY IS PRESENTLY: Occupied by Owner Rented Vacant.
 IF LEASED, is the lease Written Oral. Termination date of lease is: _____

The information Disclosed Is Given To The Best Of Owner's Knowledge

NOTICE TO THE BUYER/TENANT AND OWNER: In Florida, an Owner is obligated to disclose to a Buyer/Tenant all known facts that materially affect the value of the property being sold and that are not readily observable. This disclosure statement is designed to assist Owner in complying with the disclosure requirements under Florida Law and to assist the Buyer/Tenant in evaluating the property being considered. This disclosure statement concerns the condition of the real property located at the above-referenced address. It is not a warranty of any kind by the Owner or any Licensee in this transaction. It is not a substitute for any inspections or warranties the parties may wish to obtain. It is based only upon Owner's knowledge of property condition. This disclosure is not intended to be a part of any contract for sale and purchase or lease agreement. Real estate agents and other parties involved in the transaction rely upon and may refer to this information when they evaluate, market, or present Owner's property to prospective Buyer/Tenants.

INSTRUCTIONS TO THE OWNER: (1) Complete this form yourself; (2) review prior disclosure statement(s) and/or inspection report(s) when completing this form; (3) describe conditions affecting property to the best of your knowledge; (4) attach additional pages with your signature if additional space is required; (5) answer all questions; (6) if you have no knowledge regarding the specific matter, then "UNKNOWN" should be indicated, and (7) if any items do not apply, write "N/A" (Not Applicable).

The following representations are made by the Owner(s) and are not representations of any real estate licensees:

1. CLAIMS & ASSESSMENTS:

a. Are you aware of existing, pending, or proposed legal actions, claims, special assessments, tax liens, charges, or unpaid assessments (including homeowner's association, condo maintenance fees, proposed increases in assessments and/or maintenance fees) affecting the property? NO YES If "Yes", please explain: _____

b. Have any local, state or federal authorities notified you that repairs, alterations or corrections of the property are required? NO YES If "Yes", please explain: _____

2. PROPERTY USE/DEED RESTRICTIONS AND HOMEOWNER/CONDO ASSOCIATION:

a. Are you aware of any Homeowner Association, Condo Association, deed restrictions, covenants, or reservations that may affect the use, future resale or value of the property? NO YES If "Yes", please explain: _____

b. Are you aware of any proposed changes that affect or may affect the use, future resale or value of the property?
 NO YES If "Yes", please explain: _____

3. STRUCTURE-RELATED ITEMS:

- a. Are you aware of any structural damage which may have resulted from events including, but not limited to: fire, wind, hurricanes, flood, hail, lightening, landslide, blasting, shifting in the foundation, and/or spalling? NO YES
- b. Are you aware of any past or present cracks or flaws in the walls, floors or foundations? NO YES
- c. Are you aware of any past or present problems with driveways, walkways, patios, porches, seawalls, pools, or retaining walls on the property? NO YES
- d. Are you aware of any past or present water leaks, water accumulation or dampness within the house, basement, crawl space or attic? NO YES

If any of your answers in this section are "Yes", please explain: some stress cracks on patio

4. PROPERTY-RELATED ITEMS:

- a. Have you ever had the property surveyed? NO YES
- b. Is there an existing elevation certificate? NO YES
- c. The Flood Zone is: X. The Base Flood Elevation (BFE) is: 11.44.
- d. Are you aware of any walls, driveways, fences, structures or other features shared in common with adjoining landowners, or any encroachments, boundary line disputes, setback violations or easements (other than utility or drainage easements) affecting the property? NO YES If "Yes". Please explain: _____
- e. Do you have an existing flood insurance policy? NO YES

5. TERMITES, DRY ROT, PESTS, WOOD DESTROYING ORGANISMS:

- a. Do you have any knowledge of termites, dry rot, pests or wood destroying organisms on or affecting property? NO YES
 - b. Do you have any knowledge of any damage to the property caused by termites, dry rot, pests or wood destroying organisms? NO YES
 - c. Have you ever had the property inspected for termites, dry rot, pests or wood destroying organisms? NO YES If "Yes", Date of Inspection: _____
 - d. Has the property been treated for termites, dry rot, pests or wood destroying organisms? NO YES
If "Yes", please indicate Date of Treatment July 2011 Type of Treatment Tenting
Company Name: Dolphin Termite
 - e. Is your property currently under warranty or other coverage by a licensed pest control company? NO YES
If "Yes", Company Name: _____
- If any of your answers in this section are "Yes", please explain: _____

6. PERMITS:

- a. Are you aware of any improvements, modifications or additions to the property, whether by you or by others, that have been constructed in violation of applicable building codes or without necessary permits? NO YES
 - b. Are you aware of any open permits, (i.e., active or expired permits) on the property which have not been closed by a final inspection? NO YES
- If any of your answers in this section are "Yes", please explain: Master and children's bathroom renovations done without permit

7. ROOF-RELATED ITEMS:

- a. Approximate age of roof: 15 years
- b. Have you replaced the roof? NO YES If "Yes", when?: _____
- c. Is there a warranty on the roof? NO YES If "Yes" is the warranty transferable? NO YES
Name of Company: _____
- d. Has the roof ever leaked since you've owned the property? NO YES If "Yes", what has been done to correct the leaks? _____ Date of repair(s): _____
- e. Has the roof been inspected within the last 12 months? NO YES If "Yes", please explain: Roof maintenance performed 2/16

8. PLUMBING-RELATED ITEMS:

- a. What is your drinking water source? Public Private Well Other _____
- b. If your drinking water is from a well or other source, when was your water last checked for safety and what were the results of the tests? _____
- c. What is the water source for your sprinkler system? well
- d. Do you have a water conditioning system? NO YES If "Yes" is it LEASED? or OWNED?
- e. What is the type of sewage system? Public Sewer Private Sewer Septic Tank Cesspool
When was the septic tank/cesspool last serviced? two tanks - May 2013 & other May 2017
- f. Are any storage tanks stored or buried on the property? NO YES If "Yes", where? _____

g. Do you know of any leaks, backups, breaks, or other problems relating to any of the plumbing, water, sewage/septic system or sprinkler system? NO YES If "Yes", please explain: _____

9. ELECTRICAL SYSTEMS:

a. Does Property have: Circuit breakers? NO YES Fuses? NO YES
b. Are you aware of any damaged, dangerous, malfunctioning or un-permitted switches, receptacles, circuits, fans, lights, fuses or wiring? NO YES
c. Are you aware of any conditions that materially affect the value or operating capacity of the electrical system? NO YES If any of your answers to the section are "Yes", please explain: _____

10. POOL/HOT TUBS/SPAS:

a. Does the property have a swimming pool? NO YES Hot Tub? NO YES Spa? NO YES
If "Yes", was the certificate of completion received after October 1, 2000 for the pool/hot tub/spa? NO YES *uncertain but believe so*
b. Are there any problems in need of repair to the pool, pool lines, pool-related equipment, hot tub, and/or spa? NO YES *pool heater may not be functional*
c. Are there any electrical problems with the pool, pool related equipment, hot tub and/or spa? NO YES
d. Do the following Pool Safety features (as defined by Chapter 515, Florida Statutes.) comply with the law: Enclosure meeting barrier requirements? NO YES Approved Safety Pool Cover? NO YES
Required door and window exit alarms? NO YES Required door/gate locks? NO YES If any of your answers in this section are "No", please explain: _____

11. MAJOR APPLIANCES AND EQUIPMENT:

a. Are there existing problems with the appliances and/or equipment in the home, including the sprinkler system and security system? NO YES If "Yes", please explain: _____
b. Are there service contracts or warranties on appliances and/or equipment? NO YES If "Yes", please explain: *to be provided upon request*
Are any of these gas appliances? NO YES Lawn Sprinkler System? NO YES Is there a timer? NO YES
Garage door openers? NO YES Hurricane Shutters? NO YES
Other items included in this sale: *speakers in living and dining rooms*

12. HEATING AND AIR CONDITIONING:

a. Is the air conditioning Central? or Window? Number of units? *2*
b. How old is the air conditioner? *2012 and 2011*
c. Are you aware of any defects and/or any malfunctioning, circulation, electrical, cooling, leakage, overheating, or condensation problems pertaining to the air conditioning/heating since you have owned the property? NO YES
If "Yes", please explain: _____

13. DOCKS/DAVITS/PIERS AND SEAWALLS: *N/A*

a. Are you aware of any conditions that may affect the desirability, use or function of the dock, davits or pier or seawall? NO YES If "Yes", please explain: _____
b. Was a federal, state or local government permit required for the construction or maintenance of the dock, davits, pier, or seawall? NO YES UNKNOWN If "Yes", were all appropriate permits and approvals issued for the construction and maintenance of such structures? NO YES UNKNOWN If "No", please explain: _____

14. MOLD AND TOXIC SUBSTANCES:

a. Are you aware of any past or present instances of mold or water/moisture intrusion in the structure(s) on the property? NO YES If "Yes", please explain: _____
b. Are you aware of any past or present damage to the structure(s) on the property that resulted from water/moisture intrusion, including, but not limited to, the presence of mold? NO YES If "yes", please explain: _____

Owner's Property Disclosure Statement

c. Are you aware of any underground tanks or toxic substances present on the property (structure or spill) such as asbestos, PCB's, accumulated radon, lead paint, chinese/defective drywall, above ground or buried oil or gas tanks, or others?

[X] NO [] YES

If "Yes", please explain: _____

d. Are you aware of any repairs or other corrective or remedial procedures that were undertaken as a result of the matters identified in this section? [X] NO [] YES If "Yes", please explain: _____

15. NEIGHBORHOOD/ENVIRONMENT:

a. Are you aware of any existing condition or proposed change in your neighborhood that could adversely affect the value or desirability of the property, such as noise or other nuisances, electric or magnetic field levels, threat of condemnation or street changes, proposed developments or roadways, or blasting? [X] NO [] YES If "Yes", please explain: _____

b. Are you aware of wetlands, mangroves, archeological sites, historical preservation property, or other environmentally sensitive matters on, or affecting the property? [X] NO [] YES If "Yes", please explain: _____

16. OTHER MATTERS:

a. Are there any other matters affecting or which may affect the value of the property? [X] NO [] YES If "Yes", please explain: _____

ACKNOWLEDGEMENT OF OWNER

The undersigned Owner represents that the information set forth in the above disclosure statement is accurate and completed to the best of the Owner's knowledge on the date signed below. Owner does not intend for this disclosure statement to be a warranty or a guarantee of any kind. Owner hereby authorizes disclosure of the information contained in this disclosure statement to prospective Buyer/Tenant of the property. Owner understands and agrees that Owner will notify the Buyer/Tenant in writing within five (5) business days after Owner becomes aware that any information set forth in this disclosure statement has become inaccurate or incorrect in any way during the term of the pending purchase by the Buyer/Tenant.

Owner: [Signature] / Robert A. Lake Date: May 2017

Owner: [Signature] / Viola W. Lake Date: May 2017

INSTRUCTIONS TO THE BUYER/TENANT: Buyer/Tenant is encouraged to thoroughly inspect the property personally and/or have it inspected by a third party, and to inquire about any specific areas of concern. NOTE: If Owner answers "NO" to any of the pervious questions listed above, Owner does not necessarily mean that the matter in question does not exist on the property. "NO" may mean that the Owner is unaware that the matter in question exists on the property.

RECEIPT AND ACKNOWLEDGEMENT OF BUYER/TENANT: Owner is using this form to disclose Owner's knowledge of the condition of the property and improvements located on the property as of the date signed by Owner. This disclosure form is not a warranty of any kind. The information contained in the disclosure is limited to information which the Owner has knowledge. It is not intended to be a substitute for any inspection or professional advice the Buyer/Tenant may wish to obtain. An independent professional inspection is encouraged and may be helpful to verify the condition of the property and to determine the cost of repairs, if any. Buyer/Tenant understands these representations are not made by any real estate licensee. Buyer/Tenant hereby acknowledges having received a copy of this disclosure statement.

Buyer/Tenant: _____ / _____ Date: _____

Buyer/Tenant: _____ / _____ Date: _____

INCLUSIONS FOR THE SALE OF YOUR HOME

Address: 5845 SW 99 TERRACE

INCLUDES:		REMARKS:
<input checked="" type="checkbox"/> RANGE	<input checked="" type="checkbox"/> ELECTRIC () GAS	
<input checked="" type="checkbox"/> OVEN	<input checked="" type="checkbox"/> ELECTRIC () GAS	
<input checked="" type="checkbox"/> MICROWAVE		
<input checked="" type="checkbox"/> DISHWASHER		
<input checked="" type="checkbox"/> GARBAGE DISPOSAL		
<input checked="" type="checkbox"/> REFRIGERATOR		
<input checked="" type="checkbox"/> ICEMAKER		
<input type="checkbox"/> WINE REFRIGERATOR		
<input type="checkbox"/> TRASH COMPACTOR		
<input checked="" type="checkbox"/> HEATING SYSTEM	<input checked="" type="checkbox"/> ELECTRIC () GAS	
<input checked="" type="checkbox"/> WATER HEATER	<input checked="" type="checkbox"/> ELECTRIC () GAS	
<input type="checkbox"/> SOLAR WATER HEATER	() OWNED () LEASED	
<input checked="" type="checkbox"/> CENTRAL A/C (# OF UNITS: <u>2</u>)		
<input type="checkbox"/> WALL AIR CONDITIONING (# OF UNITS: _____)		
<input type="checkbox"/> FIREPLACE	() WOOD () GAS	
<input type="checkbox"/> CENTRAL VACUUM		
<input checked="" type="checkbox"/> SEPTIC TANK/DRAIN FIELD	DATE LAST DRAINED: _____	LOCATION OF TANK? <u>Front of house</u>
<input type="checkbox"/> SEWER SYSTEM	() PUBLIC () PRIVATE	
<input type="checkbox"/> WATER SYSTEM	() PUBLIC () PRIVATE	
<input checked="" type="checkbox"/> SPRINKLER SYSTEM AND PUMP		
<input type="checkbox"/> WATER SOFTENER		
<input checked="" type="checkbox"/> HURRICANE SHUTTERS	<input checked="" type="checkbox"/> PARTIAL () FULL	<u>Front door only</u>
<input checked="" type="checkbox"/> POOL EQUIPMENT		
<input checked="" type="checkbox"/> POOL HEATER	<input checked="" type="checkbox"/> ELECTRIC () GAS	<u>Not functional</u>
<input checked="" type="checkbox"/> CHILDREN POOL FENCE		
<input type="checkbox"/> EMERGENCY GENERATOR		
<input type="checkbox"/> OTHER PLUMBING ITEMS		
<input type="checkbox"/> OTHER ELECTRICAL ITEMS		
<input checked="" type="checkbox"/> CLOTHES WASHER	() ELECTRIC () GAS	
<input checked="" type="checkbox"/> CLOTHES DRYER	() ELECTRIC () GAS	
<input checked="" type="checkbox"/> BURGLAR ALARM SYSTEM	() OWNED () LEASED	
<input type="checkbox"/> PHONE SYSTEM		
<input checked="" type="checkbox"/> SPEAKERS		<u>Living and dining rooms</u>
<input type="checkbox"/> TELEVISIONS ATTACH TO WALL		
<input checked="" type="checkbox"/> PADDLE FANS (#?: <u>5</u>)		
<input type="checkbox"/> INTERCOM		
<input type="checkbox"/> GARAGE DOOR OPENER (#?: _____)		
<input checked="" type="checkbox"/> LIGHT FIXTURES AS ATTACHED		<u>Fixtures in foyer & dining room excluded</u>
<input checked="" type="checkbox"/> ATTACHED WINDOW TREATMENTS		

OTHER ITEMS: _____

EXCLUDED ITEMS: Light fixtures in foyer and dining room, all TVs, sound bar in L. Room

SELLER: *[Signature]* DATE: 6/12/2017

SELLER: *[Signature]* DATE: 6/12/2017

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____