

**SELLER DISCLOSURE STATEMENT †**

SELLER: \_\_\_\_\_ 1

† To be used in transfers of residential real property, including multi-family dwellings up to four units; new construction; condominiums not subject to a public offering statement, certain timeshares, and manufactured and mobile homes. See RCW Chapter 64.06 and Section 43.22.432 for further explanations. 2-4

**INSTRUCTIONS TO THE SELLER** 5

Please complete the following form. Do not leave any spaces blank. If the question clearly does not apply to the property write "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. 6-10

**NOTICE TO THE BUYER** 11

THE FOLLOWING DISCLOSURES ARE MADE BY THE SELLER ABOUT THE CONDITION OF THE PROPERTY LOCATED AT \_\_\_\_\_ 12-13

CITY \_\_\_\_\_, COUNTY \_\_\_\_\_ ("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. 14-21

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. 22-24

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. 25-31

Seller  is/  is not occupying the property. 32

**I. SELLER'S DISCLOSURES:** 33

\* 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. 34-35

**1. TITLE** 36

|   | YES                      | NO                       | DON'T KNOW               |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| A. Do you have legal authority to sell the property? If not, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37    |
| *B. Is title to the property subject to any of the following?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38    |
| (1) First right of refusal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39    |
| (2) Option  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40    |
| (3) Lease or rental agreement   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41    |
| (4) Life estate   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42    |
| *C. Are there any encroachments, boundary agreements, or boundary disputes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43    |
| *D. Are there any rights of way, easements, or access limitations that may affect Buyer's use of the property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44-45 |
| *E. Are there any written agreements for joint maintenance of an easement or right of way?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46    |
| *F. Is there any study, survey project, or notice that would adversely affect the property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47    |
| *G. Are there any pending or existing assessments against the property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48    |
| *H. 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 type="checkbox"/> | <input type="checkbox"/> | 49-50 |
| *I. Is there a boundary survey for the property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51    |
| *J. Are there any covenants, conditions, or restrictions which affect the property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52    |

**PLEASE NOTE:** Covenants, conditions, and restrictions which purport to forbid or restrict the conveyance, encumbrance, occupancy, or lease of real property to individuals based on race, creed, color, sex, national origin, familial status, or disability are void, unenforceable, and illegal. RCW 49.60.224. 53-55

SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ 56

**SELLER DISCLOSURE STATEMENT**

**2. WATER**

**YES NO DON'T KNOW** 57  
58

A. Household Water 59

- (1) The source of water for the property is:  Private or publicly owned water system 60
  - Private well serving only the subject property \*  Other water system 61
  - \*If shared, are there any written agreements?  YES  NO  DON'T KNOW 62
- \*(2) Is there an easement (recorded or unrecorded) for access to and/or maintenance of the water source?  YES  NO  DON'T KNOW 63  
64
- \*(3) Are there any known problems or repairs needed?  YES  NO  DON'T KNOW 65
- (4) During your ownership, has the source provided an adequate year round supply of potable water?  YES  NO  DON'T KNOW 66  
If no, please explain: \_\_\_\_\_ 67  
68
- \*(5) Are there any water treatment systems for the property?  YES  NO  DON'T KNOW 69  
If yes, are they:  Leased  Owned 70

B. Irrigation 71

- (1) Are there any water rights for the property, such as a water right, permit, certificate, or claim?  YES  NO  DON'T KNOW 72  
73
- \*(a) If yes, have the water rights been used during the last five-years?  YES  NO  DON'T KNOW 74
- \*(b) If so, is the certificate available?  YES  NO  DON'T KNOW 75

C. Outdoor Sprinkler System 76

- (1) Is there an outdoor sprinkler system for the property?  YES  NO  DON'T KNOW 77
- \*(2) If yes, are there any defects in the system?  YES  NO  DON'T KNOW 78
- \*(3) If yes, is the sprinkler system connected to irrigation water?  YES  NO  DON'T KNOW 79

**3. SEWER/ON-SITE SEWAGE SYSTEM** 80

A. The property is served by: 81

- Public sewer system  On-site sewage system (including pipes, tanks, drainfields, and all other component parts) 82
- Other disposal system 83
- Please describe: \_\_\_\_\_ 84

- B. If public sewer system service is available to the property, is the house connected to the sewer main?  YES  NO  DON'T KNOW 85  
If no, please explain: \_\_\_\_\_ 86  
87

- 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?  YES  NO  DON'T KNOW 88  
89

D. If the property is connected to an on-site sewage system: 90

- \*(1) Was a permit issued for its construction, and was it approved by the local health department or district following its construction?  YES  NO  DON'T KNOW 91  
92
- (2) When was it last pumped? \_\_\_\_\_  YES  NO  DON'T KNOW 93
- \*(3) Are there any defects in the operation of the on-site sewage system?  YES  NO  DON'T KNOW 94
- (4) When was it last inspected? \_\_\_\_\_  YES  NO  DON'T KNOW 95  
By whom: \_\_\_\_\_ 96
- (5) For how many bedrooms was the on-site sewage system approved? \_\_\_\_\_ bedrooms  YES  NO  DON'T KNOW 97

- E. Are all plumbing fixtures, including laundry drain, connected to the sewer/on-site sewage system?  YES  NO  DON'T KNOW 98  
If no, please explain: \_\_\_\_\_ 99  
100

- \*F. Have there been any changes or repairs to the on-site sewage system?  YES  NO  DON'T KNOW 101

- G. Is the on-site sewage system, including the drainfield, located entirely within the boundaries of the property?  YES  NO  DON'T KNOW 102  
If no, please explain: \_\_\_\_\_ 103  
104

- H. Does the on-site sewage system require monitoring and maintenance services more frequently than once a year?  YES  NO  DON'T KNOW 105  
If yes, please explain: \_\_\_\_\_ 106  
107

SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ 108

**SELLER DISCLOSURE STATEMENT**

**NOTICE: IF THIS SELLER DISCLOSURE STATEMENT 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).**

**4. STRUCTURAL**

- |  | YES                      | NO                       | DON'T KNOW               |     |
|--|--------------------------|--------------------------|--------------------------|-----|
| *A. Has the roof leaked?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 114 |
| *B. Has the basement flooded or leaked?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 115 |
| *C. Have there been any conversions, additions or remodeling?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 116 |
| *(1) If yes, were all building permits obtained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 117 |
| *(2) If yes, were all final inspections obtained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 118 |
| *D. Do you know the age of the house?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 119 |
| If yes, year of original construction: _____   |                          |                          |                          | 120 |
| *E. Has there been any settling, slippage, or sliding of the property or its improvements?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 121 |
| *F. Are there any defects with the following: (If yes, please check applicable items and explain.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 122 |
| <input type="checkbox"/> Foundations   |                          |                          |                          | 123 |
| <input type="checkbox"/> Decks   |                          |                          |                          | 123 |
| <input type="checkbox"/> Exterior Walls  |                          |                          |                          | 123 |
| <input type="checkbox"/> Chimneys  |                          |                          |                          | 124 |
| <input type="checkbox"/> Interior Walls  |                          |                          |                          | 124 |
| <input type="checkbox"/> Fire Alarms   |                          |                          |                          | 124 |
| <input type="checkbox"/> Doors   |                          |                          |                          | 125 |
| <input type="checkbox"/> Windows   |                          |                          |                          | 125 |
| <input type="checkbox"/> Patios  |                          |                          |                          | 125 |
| <input type="checkbox"/> Ceilings  |                          |                          |                          | 126 |
| <input type="checkbox"/> Slab Floors   |                          |                          |                          | 126 |
| <input type="checkbox"/> Driveways   |                          |                          |                          | 126 |
| <input type="checkbox"/> Pools   |                          |                          |                          | 127 |
| <input type="checkbox"/> Hot Tub   |                          |                          |                          | 127 |
| <input type="checkbox"/> Sauna   |                          |                          |                          | 127 |
| <input type="checkbox"/> Sidewalks   |                          |                          |                          | 128 |
| <input type="checkbox"/> Outbuildings  |                          |                          |                          | 128 |
| <input type="checkbox"/> Fireplaces  |                          |                          |                          | 128 |
| <input type="checkbox"/> Garage Floors   |                          |                          |                          | 129 |
| <input type="checkbox"/> Walkways  |                          |                          |                          | 129 |
| <input type="checkbox"/> Wood Stoves   |                          |                          |                          | 129 |
| <input type="checkbox"/> Siding  |                          |                          |                          | 130 |
| <input type="checkbox"/> Other _____   |                          |                          |                          | 130 |
| *G. Was a structural pest or "whole house" inspection done?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 131 |
| If yes, when and by whom was the inspection completed?   |                          |                          |                          | 132 |
| _____  |                          |                          |                          | 133 |
| H. During your ownership, has the property had any wood destroying organisms or pest infestations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 134 |
| I. Is the attic insulated?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 135 |
| J. Is the basement insulated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 136 |

**5. SYSTEMS AND FIXTURES**

- |   |                          |                          |                          |     |
|---|--------------------------|--------------------------|--------------------------|-----|
| *A. If any of the following systems or fixtures are included with the transfer, are there any defects?                                  |                          |                          |                          | 137 |
| If yes, please explain: _____   |                          |                          |                          | 139 |
| Electrical system, including wiring, switches, outlets, and service   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 140 |
| Plumbing system, including pipes, faucets, fixtures, and toilets  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 141 |
| Hot water tank  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 142 |
| Garbage disposal  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 143 |
| Appliances  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 144 |
| Sump pump   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 145 |
| Heating and cooling systems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 146 |
| Security system <input type="checkbox"/> Leased <input type="checkbox"/> Owned  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 147 |
| Other _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 148 |
| *B. If any of the following fixtures or property is included with the transfer, are they leased? (If yes, please attach copy of lease.) |                          |                          |                          | 149 |
| Security System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 151 |
| Tanks (type): _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 152 |
| Satellite dish  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 153 |
| Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 154 |

SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ 155

**SELLER DISCLOSURE STATEMENT**

|  | <b>YES</b>               | <b>NO</b>                | <b>DON'T KNOW</b>        |                   |
|--|--------------------------|--------------------------|--------------------------|-------------------|
| <b>6. COMMON INTERESTS</b>   |                          |                          |                          | 156               |
| A. Is there a Home Owners' Association?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 157               |
| Name of Association _____  |                          |                          |                          | 159               |
| B. Are there regular periodic assessments?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 160               |
| _____ per <input type="checkbox"/> month <input type="checkbox"/> years  |                          |                          |                          | 161               |
| <input type="checkbox"/> Other _____   |                          |                          |                          | 162               |
| *C. Are there any pending special assessments?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 163               |
| *D. Are there any shared "common areas" or any joint maintenance agreements (facilities such as walls, fences, landscaping, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 164<br>165<br>166 |
| <b>7. GENERAL</b>  |                          |                          |                          | 167               |
| *A. Have there been any drainage problems on the property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 168               |
| *B. Does the property contain fill material?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 169               |
| *C. Is there any material damage to the property from fire, wind, floods, beach movements, earthquake, expansive soils, or landslides?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 170<br>171        |
| D. Is the property in a designated flood plain?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 172               |
| E. Has the local (city or county) planning agency designated your property as a "frequently flooded area"?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 173<br>174        |
| *F. Are there any substances, materials, or products 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 type="checkbox"/> | <input type="checkbox"/> | 175<br>176<br>177 |
| *G. Are there any tanks or underground storage tanks (e.g., chemical, fuel, etc.) on the property?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 178               |
| *H. Has the property ever been used as an illegal drug manufacturing site?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 179               |
| *I. Are there any radio towers in the area that may cause interference with telephone reception?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 180               |
| <b>8. LEAD BASED PAINT</b> (Applicable if the house was built before 1978.)  |                          |                          |                          | 181               |
| A. Presence of lead-based paint and/or lead-based paint hazards (check one below):   |                          |                          |                          | 182               |
| <input type="checkbox"/> Known lead-based paint and/or lead-based paint hazards are present in the housing (explain). _____  |                          |                          |                          | 183<br>184        |
| <input type="checkbox"/> Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.   |                          |                          |                          | 185               |
| B. Records and reports available to the Seller (check one below):  |                          |                          |                          | 186               |
| <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). _____                        |                          |                          |                          | 187<br>188<br>189 |
| <input type="checkbox"/> Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.   |                          |                          |                          | 190               |
| <b>9. MANUFACTURED AND MOBILE HOMES</b>  |                          |                          |                          | 191               |
| If the property includes a manufactured or mobile home,  |                          |                          |                          | 192               |
| *A. Did you make any alterations to the home?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 193               |
| If yes, please describe the alterations: _____   |                          |                          |                          | 194               |
| *B. Did any previous owner make any alterations to the home?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 195               |
| If yes, please describe the alterations: _____   |                          |                          |                          | 196               |
| *C. If alterations were made, were permits or variances for these alterations obtained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 197               |
| <b>10. FULL DISCLOSURE BY SELLERS</b>  |                          |                          |                          | 198               |
| <b>A. Other conditions or defects:</b>   |                          |                          |                          | 199               |
| *Are there any other existing material defects affecting the property that a prospective buyer should know about?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 200<br>201        |
| SELLER'S INITIAL: _____ DATE: _____  |                          |                          |                          | 202               |
| SELLER'S INITIAL: _____ DATE: _____  |                          |                          |                          | 202               |

**SELLER DISCLOSURE STATEMENT**

**B. Verification**

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.

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Seller \_\_\_\_\_ Seller \_\_\_\_\_

**II. BUYER'S ACKNOWLEDGEMENT**

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 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. IF 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 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.

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_

**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.

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_

**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.

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_

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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_ SELLER'S INITIAL: \_\_\_\_\_ DATE: \_\_\_\_\_