



**Seller's Information Regarding Property**

**Property Type (check one):**

- Single Family     Zero Lot Line/Town House     Condominium     Townhome/PUD
- Duplex (Including Single Family with an Apartment)
- Other (please specify) Remote Cabin

Do you currently occupy the property?  Yes  No If Yes, how long? \_\_\_\_\_

If not a current occupant, have you ever occupied the property?  Yes  No If so, when? \_\_\_\_\_

Year Property Built: \_\_\_\_\_. If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family From Lead in Your Home" pamphlet. The pamphlet can be found on the Internet at <http://www.epa.gov/lead/leadprot.htm>.

Construction Overview:  Wood Frame  Manufactured  Modular  Other: \_\_\_\_\_

Foundation:  Masonry Block  Poured Concrete  Piling  Treated Wood  Other: \_\_\_\_\_

Name of original builder (if known): \_\_\_\_\_

**Property Features:**

**Check** all items that are **built-in** and will remain with the property. **Also . . .**

**Circle** those checked items that have known defects or malfunctions. **Also . . .**

**Describe** the defect or malfunction on the Addendum/Amendment(s) To The Disclosure Statement.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cooktop                     | <input type="checkbox"/> Wood Stove(s) # of _____   | <input type="checkbox"/> T.V. Antenna                 |
| <input type="checkbox"/> Oven(s) # of _____          | <input type="checkbox"/> Jetted Tub   | <input type="checkbox"/> Satellite Dish               |
| <input type="checkbox"/> Rods & Blinds               | <input type="checkbox"/> Hot Tub <input type="checkbox"/> Cover   | <input type="checkbox"/> Window Screens               |
| <input type="checkbox"/> Microwave(s) # of _____     | <input type="checkbox"/> Steam Shower Room  | <input type="checkbox"/> Security System              |
| <input type="checkbox"/> Dishwasher                  | <input type="checkbox"/> Water Softener   | <input type="checkbox"/> Smoke Detector(s) # of _____ |
| <input type="checkbox"/> Trash Compactor             | <input type="checkbox"/> Water Filtering System   | <input type="checkbox"/> CO Detectors # of _____      |
| <input type="checkbox"/> Garbage Disposal            | <input type="checkbox"/> Greenhouse <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Fire Alarms                  |
| <input type="checkbox"/> Instant Hot Water Dispenser | <input type="checkbox"/> Ventilating System   | <input type="checkbox"/> Auto Garage Door Opener(s)   |
| <input type="checkbox"/> Central Vacuum Installed    | <input type="checkbox"/> Heating System   | # of Opener(s) _____                                  |
| <input type="checkbox"/> Intercom                    | <input type="checkbox"/> Storage Shed(s) # of _____   | <input type="checkbox"/> Built-In Refrigerator        |
| <input type="checkbox"/> Paddle Fan(s) # of _____    | <input type="checkbox"/> Built-In Barbecue  | <input type="checkbox"/> Other _____                  |

N/A

Comments: \_\_\_\_\_

**Structural Components:**

**Check** only those items that have known defects, malfunctions, or have had major repairs performed within the last five years. **Also . . . Describe** the defect, malfunction, or repair on the Addendum/Amendment(s) To The Disclosure Statement.

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Fences/Gates     | <input type="checkbox"/> Rain Gutters   | <input type="checkbox"/> Insulation              | <input type="checkbox"/> Electrical Systems    | <input type="checkbox"/> Electronic Air Cleaner |
| <input type="checkbox"/> Driveways        | <input type="checkbox"/> Exterior Walls | <input type="checkbox"/> Woodstove(s) # of _____ | <input type="checkbox"/> Sewage Systems        | <input type="checkbox"/> Heat Recovery          |
| <input type="checkbox"/> Private Walkways | <input type="checkbox"/> Interior Walls | <input type="checkbox"/> Fireplace(s) # of _____ | <input type="checkbox"/> Water Supply          | <input type="checkbox"/> Ventilator System      |
| <input type="checkbox"/> Retaining Walls  | <input type="checkbox"/> Floors         | <input type="checkbox"/> Gas Starter             | <input type="checkbox"/> Garage                | <input type="checkbox"/> Swimming Pool          |
| <input type="checkbox"/> Foundation       | <input type="checkbox"/> Ceilings       | <input type="checkbox"/> Chimneys                | <input type="checkbox"/> Garage Floor Drain    | <input type="checkbox"/> Mechanical             |
| <input type="checkbox"/> Crawl Space      | <input type="checkbox"/> Doors          | <input type="checkbox"/> Plumbing Systems        | <input type="checkbox"/> Carport               | <input type="checkbox"/> Filtration             |
| <input type="checkbox"/> Roof             | <input type="checkbox"/> Windows        | <input type="checkbox"/> Heating Systems         | <input type="checkbox"/> Washer/Dryer Hook-ups | <input type="checkbox"/> Pool Cover             |
| <input type="checkbox"/> Patio/Decking    | <input type="checkbox"/> Skylights      | <input type="checkbox"/> Solar Panels            | <input type="checkbox"/> Humidifier            | <input type="checkbox"/> Hot Water Heater       |
| <input type="checkbox"/> Slabs            | <input type="checkbox"/> Venting        | <input type="checkbox"/> Wind Generators         | <input type="checkbox"/> Air Conditioner       |   |

Other items not covered above? \_\_\_\_\_

Comments: \_\_\_\_\_

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Seller's Initials      Date

0000 Chinitna Bay, Remote, AK 99000

Property Address

Buyer's Initials

Date



**Documentation:** Check the documents for the subject property that the seller has available for review:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Engineer/Property/Home Inspection Report(s) | <input type="checkbox"/> Written Agreements with Adjacent Property Owners | <input type="checkbox"/> Party Wall Agreement        |
| <input type="checkbox"/> Title Information                           | <input type="checkbox"/> Energy Rating Certificate or PUR-101             | <input type="checkbox"/> Lease/Rental Agreement      |
| <input type="checkbox"/> As-Built Survey                             | <input type="checkbox"/> Resale Certificate                               | <input type="checkbox"/> Soils Test                  |
| <input type="checkbox"/> Certificate of Occupancy or PUR-102         | <input type="checkbox"/> Water Rights Certificate                         | <input type="checkbox"/> Well Log and Water Tests    |
| <input type="checkbox"/> Deed Restrictions                           | <input type="checkbox"/> Subdivision Covenants/Restrictions               | <input type="checkbox"/> Hazardous Materials Test(s) |
| <input type="checkbox"/> Other _____                                 |   | <input type="checkbox"/> Other _____                 |

**Additional Information:**

Supply information for the following items:

To the best of your knowledge, has the property been inspected by an engineer/home inspector in the last 5 years? Yes No

.....

➤ **Drainage:**

- ◆ Are you aware of ever having any water in the crawl space, basement, or lower level?.....    
 If Yes, how has the problem been resolved?  
 Sump Pump(s)  Curtain Drain  Rain Gutter/Extension  Other \_\_\_\_\_  
 When was problem resolved? \_\_\_\_\_  
 Location of each sump pump: \_\_\_\_\_
- ◆ To where does the water drain after it leaves the sump pump? \_\_\_\_\_  
 If gutters, where do downspouts discharge? \_\_\_\_\_
- ◆ Is there a floor drain in the structure, including garage?.....    
 If Yes, where is it located and where does it drain to? \_\_\_\_\_

➤ **Roof or Other Leakage:**

- Type:  Asphalt/Composition Shingle  Cedar Shake  Built-up  Metal  Other \_\_\_\_\_  
 Age: \_\_\_\_\_ years. Location of attic access? \_\_\_\_\_
- ◆ Are you aware of any ice damming on the roof? .....    
 If Yes, provide location. \_\_\_\_\_
  - ◆ Are you aware of any water leaking into the home? i.e., windows, lights, fireplace, etc. ....    
 If Yes, provide location. \_\_\_\_\_

➤ **Fireplace and/or Woodstove:** Date chimney(s) last cleaned? \_\_\_\_\_ Who cleaned? \_\_\_\_\_

➤ **Heating System(s):**

Mark all types that apply:  Hot Water Baseboard  Forced Air  Radiant Heat  Electrical Heat  
 Wood Stove  Other \_\_\_\_\_

Age: \_\_\_\_\_ years. Last Cleaned: \_\_\_\_\_ Last Inspected: \_\_\_\_\_

Source:  Natural Gas  Electric  Propane Tank leased or owned? \_\_\_\_\_  Wood  Coal  
 Oil with \_\_\_\_\_ gallon storage which is  Buried  Above Ground  Other \_\_\_\_\_

Age of Tank? \_\_\_\_\_ years.

➤ **Hot Water Heater:**

Age: \_\_\_\_\_ years. Capacity: \_\_\_\_\_ gallons. Type:  Gas  Electric  Other \_\_\_\_\_

➤ **Water Supply:**

Type:  Public  Private  Community  Cistern/Water Tank If Cistern/Water Tank: \_\_\_\_\_ Size  
 Other \_\_\_\_\_

If Private: Well Depth: \_\_\_\_\_ feet. Flow Rate: \_\_\_\_\_ gallons per minute. Date Tested: \_\_\_\_\_

- ◆ Have you had any problems with your water supply?.....
- ◆ Has the water supply been tested in the past 12 months?.....    
 If Yes, attach all documentation from all tests.
- ◆ Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants? .....
- ◆ Has the well failed while you have owned the property?.....
- ◆ Have you ever had a well pump problem or failure?.....
- ◆ Do you supply water to, or receive water from others?.....    
 If Yes, is there a recorded agreement?.....
- ◆ Do you have a water rights certificate for this property?.....

N/A

**Additional Information (Continued):**

➤ **Sewer System:**

Type:  Public  Private  Community  Other \_\_\_\_\_ Yes No

◆ Does your sewer system have a lift station/lift pump? .....

If Private:  Septic Tank  Holding Tank  Other: \_\_\_\_\_

Drainfield System:  Bed  Trench  Mound  Pit  Crib  Other \_\_\_\_\_

Innovative Sewer System:  Intermittent Sand Filter  Biocycle  Recirculating Upflow Filter  
 Secondary sewer treatment plant  Other \_\_\_\_\_

◆ Has the sewer system failed while you owned the property? .....

If Yes, explain: \_\_\_\_\_

Age of sewer system: \_\_\_\_\_ Location: \_\_\_\_\_

◆ Have you had any work maintenance or inspections done on the sewer system during your ownership? .....

If Yes, explain: \_\_\_\_\_

Approval/Certification source (and date if known): \_\_\_\_\_

◆ Are you aware of any abandoned sewer systems, leachfields, cribs, etc. on the property? .....

➤ **Freeze-ups:**

◆ Have you had any frozen water lines, sewer lines, drains, or heating systems? .....

If yes, please explain. \_\_\_\_\_

◆ Are there any heat tapes, heat lamps, or other freeze prevention devices? .....

Location, and explain use. \_\_\_\_\_

➤ **Average Annual Utility Costs:**

Gas	\$ _____	Company/Source: _____
Electric	\$ _____	Company/Source: _____
Oil	\$ _____ /Gallons: _____	Company/Source: _____
Propane	\$ _____	Company/Source: _____
Wood	\$ _____	Company/Source: _____
Coal	\$ _____	Company/Source: _____
Water	\$ _____	Company/Source: _____
Sewer	\$ _____	Company/Source: _____
Refuse	\$ _____	Company/Source: _____
Other	\$ _____	Company/Source: _____

N/A

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? If answer is "Yes," indicate the relevant item number and explain the condition on the Addendum/Amendment(s) to the Disclosure Statement.

➤ **Title:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 1. Do you know of any existing, pending, or potential legal action(s) concerning the property? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you know of any street or utility improvements planned that will affect the property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Road maintenance provided by? _____  |                          |                          |
| 4. Is the property currently rented or leased? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, expiration date: _____/_____/_____  |                          |                          |
| 5. Is there a homeowner's association (HOA) for the property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, HOA name: _____ HOA Telephone: _____  |                          |                          |
| <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive Monthly Dues Amount: \$ _____ per _____ |                          |                          |
| Are there any levied or pending assessments? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Who is responsible for issuing the resale certificate?  |                          |                          |
| Name: _____ Telephone: _____  |                          |                          |

➤ **Setbacks/Restrictions:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 6. Have you been notified of any proposed zoning changes for the property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences, and driveways, whose use or responsibility for maintenance may affect the property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there subdivision conditions, covenants, or restrictions? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you aware of any nonconforming uses of this property? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

AR 10/7/19 0000 Chinitna Bay, Remote, AK 99000 \_\_\_\_\_  
 Seller's Initials Date Property Address Buyer's Initials Date

**Additional Information (Continued):**

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 11. Are you aware of any deed, or other private restrictions on the use of the property?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you aware of any variances being applied for, or granted, on this property? .....     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 13. Are you aware of any easements on the property? .....                                     | <input type="checkbox"/>            | <input type="checkbox"/> |

➤ **Encroachments:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 14. Does anything on your property encroach (extend) onto your neighbor's property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does anything on your neighbor's property encroach onto your property? .....          | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **Environmental Concerns:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 16. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water or by-products from the production of methamphetamines on the subject property? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16a. Are you aware of any mildew or mold issues affecting this property? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks? Number of tanks: _____ .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you aware if the property is in an avalanche zone/mudslide area?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you aware if the property has flooded? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood zone designation: _____   |                          |                          |
| 20. Are you aware of any erosion/erosion zone or accretion affecting this property?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever filed an insurance claim for any environmental damage to the property? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **Soil Stability:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 24. Are you aware of any debris burial or filling on any portion of the property?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affect the improvements of the property?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you aware of any drainage, or grading problems that affect this property?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **Construction, Improvements/Remodel:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 27. Have you remodeled, made any room additions, structural modifications, or improvements?.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, please describe. Was the work performed with necessary permits in compliance with building codes? ..... |                          |                          |
| Was a final inspection performed, if applicable?.....   |                          |                          |
| 28. Has a fire ever occurred in the structure?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

➤ **Pest Control or Wood Destroying Organisms:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 29. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, etc. in the structure? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If Yes, what type? _____   |                          |                          |
| b. If Yes, where? _____   |                          |                          |
| 30. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If Yes, when? _____  |                          |                          |
| b. If Yes, what type? _____   |                          |                          |
| c. If Yes, where? _____   |                          |                          |
| d. If Yes, describe what was done to resolve the problem: _____   |                          |                          |

➤ **Other:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 31. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are you aware of any human burial sites on the property?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

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10/7/19
0000 Chinitna Bay, Remote, AK 99000

Seller's Initials      Date      Property Address      Buyer's Initials      Date

N/A



**Additional Information (Continued):**

**Yes**      **No**

**33. Noise**

- a. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, race tracks, neighbors, etc? .....
- b. If Yes, explain: \_\_\_\_\_

N/A

**34. Pets**

- a. Have there been any pets/animals in the house? .....
- b. If Yes, what kind? \_\_\_\_\_

I / We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

Seller: Bob R. [Signature]  
Chinitna Bay Inc

Date: 10/7/19

→ Seller: \_\_\_\_\_

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

**Buyer's Notice and Receipt of Copy**

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: [www.dps.state.ak.us](http://www.dps.state.ak.us).

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.

The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects. Buyer also acknowledges that he/she has read and received a signed copy of this statement from the Seller or any licensee involved or participating in this transaction.

Buyer: \_\_\_\_\_

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

Buyer: \_\_\_\_\_

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

BR      10/7/19

Seller's Initials

Date

0000 Chinitna Bay, Remote, AK 99000

Property Address

Buyer's Initials

Date



## Explanation Addendum or Amendment To The Disclosure Statement

Use this page to:

- 1) clarify repairs, defects, or malfunctions
- 2) to explain items in more detail
- 3) to make changes or to update this disclosure form

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the Buyer after the Buyer has made a written offer, the Buyer may terminate the offer by delivering a written notice of termination to the Seller or the Seller's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

In compliance with AS 34.70.080, the Seller amends the disclosure statement for the real property described below:

List items changed or clarified. Use additional Addendum/Amendment pages, if necessary.

Page #	Item/Explanation
	Property is sold "As Is"

I/We (Seller(s)) certify that the information in this Addendum/Amendment To The Disclosure Statement is true and correct to the best of my/our knowledge as of the date signed.

Seller: Bob [Signature] Date: 10/7/19  
Chinitna Bay Inc

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

I/We (Buyer(s)) have received a copy of this Addendum/Amendment To The Disclosure Statement.

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

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

Page \_\_\_\_\_ of \_\_\_\_\_

BAR 10/7/19 \_\_\_\_\_ 0000 Chinitna Bay, Remote, AK 99000 \_\_\_\_\_  
Seller's Initials Date Property Address Buyer's Initials Date