

# **TENNESSEE RESIDENTIAL PROPERTY CONDITION DISCLOSURE**

The Tennessee Residential Property Disclosure Act states that anyone transferring title to residential real property must provide information about the condition of the property. This completed form constitutes that disclosure by the Seller. The information contained in the disclosure are the representations of the owner and are not the representations of the real estate licensee or sales person, if any. This is not a warranty, or a substitute for any professional inspections or warranties that the purchasers may wish to obtain. **Buyers and Sellers should be aware that any sales agreement executed between the parties will supersede this form as to the terms of sale, property included in the sale and any obligations on the part of the seller to repair items identified below and/or the obligation of the buyer to accept such items "as is."**

## **INSTRUCTIONS TO THE SELLER**

Complete this form yourself and answer each question to the best of your knowledge. If an answer is an estimate, clearly label it as such. The Seller hereby authorizes any agent(s) representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the subject property.

PROPERTY ADDRESS 263 Bentrige Rd CITY Manchester  
 SELLER'S NAME(S) Stephen and Sandra Foster PROPERTY AGE \_\_\_\_\_  
 DATE SELLER ACQUIRED THE PROPERTY \_\_\_\_\_ DO YOU OCCUPY THE PROPERTY? Yes  
 IF NOT OWNER-OCCUPIED, HOW LONG HAS IT BEEN SINCE THE SELLER OCCUPIED THE PROPERTY? \_\_\_\_\_

(Check the one that applies) The property is a ☒ site-built home ☐ nonsite built-home

### **A. THE SUBJECT PROPERTY INCLUDES THE ITEMS CHECKED BELOW:**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Range                  | <input type="checkbox"/> Wall / Window Air Conditioning         | <input checked="" type="checkbox"/> Garage Door Opener(s) and remotes. How Many? <u>2</u>              |
| <input checked="" type="checkbox"/> Oven                   | <input checked="" type="checkbox"/> Window Screens              | <input type="checkbox"/> Intercom  |
| <input type="checkbox"/> Microwave                         | <input type="checkbox"/> Fireplace(s) (Number) _____            | <input type="checkbox"/> TV Antenna / Satellite Dish and all components                                |
| <input type="checkbox"/> Garbage Disposal                  | <input type="checkbox"/> Gas Starter for Fireplace              | <input type="checkbox"/> Central Vacuum System and attachments   |
| <input type="checkbox"/> Trash compactor                   | <input type="checkbox"/> Gas Fireplace Logs                     | <input checked="" type="checkbox"/> Spa / Whirlpool Tub  |
| <input type="checkbox"/> Water Softener                    | <input checked="" type="checkbox"/> Smoke Detector / Fire Alarm | <input type="checkbox"/> Hot Tub   |
| <input checked="" type="checkbox"/> 220 Volt Wiring        | <input checked="" type="checkbox"/> Patio / Decking / Gazebo    | <input type="checkbox"/> Sauna   |
| <input checked="" type="checkbox"/> Washer / Dryer Hookups | <input type="checkbox"/> Installed Outdoor Cooking Grill        | <input checked="" type="checkbox"/> Current Termite contract   |
| <input checked="" type="checkbox"/> Dishwasher             | <input type="checkbox"/> Irrigation System                      | <input checked="" type="checkbox"/> Access to Public Streets   |
| <input checked="" type="checkbox"/> Heat Pump              | <input type="checkbox"/> Sump Pump                              | <input checked="" type="checkbox"/> All Landscaping and all outdoor lighting                           |
| _____ Age (Approx.)  | <input type="checkbox"/> Burglar Alarm / Security System        | <input checked="" type="checkbox"/> A key to all exterior doors  |
|  | Components and controls   | <input checked="" type="checkbox"/> Rain Gutters   |
|  |   | <input type="checkbox"/> Pool <input type="checkbox"/> In ground <input type="checkbox"/> Above ground |

- |  |           |  |   |   |
|--|-----------|--|---|---|
| <input checked="" type="checkbox"/> Central Heating          | _____ Age | <input type="checkbox"/> Electric            | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Other                                      |
| <input checked="" type="checkbox"/> Central Air Conditioning | _____ Age | <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Gas            | <input type="checkbox"/> Other                                      |
| <input checked="" type="checkbox"/> Water Heater             | _____ Age | <input type="checkbox"/> Electric            | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Solar <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Other _____              |           | <input type="checkbox"/> Other _____         |   |   |

Garage: ☒ Attached ☐ Not Attached ☐ Carport  
 Water Supply: ☒ City ☐ Well ☐ Private ☐ Utility ☐ Other \_\_\_\_\_  
 Gas Supply: ☒ Utility ☐ Bottled ☐ Other \_\_\_\_\_  
 Waste Disposal: ☐ City Sewer ☒ Septic Tank ☐ Other \_\_\_\_\_  
 Roof(s): Type Shingle Age (approx): 10 yrs.  
 Other Items: \_\_\_\_\_

To the best of your knowledge, are any of the above NOT in operating condition?

YES ☒

NO ☐



If YES, then describe (attach additional sheets if necessary):

**Leased Items:** Leased items that remain with the Property are (e.g. security systems, water softener systems, etc.):

If leases are not assumable, it will be Seller's responsibility to pay balance.

**B. ARE YOU (SELLER) AWARE OF ANY DEFECTS / MALFUNCTIONS IN ANY OF THE FOLLOWING?**

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
Interior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Components	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Slab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sidewalks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plumbing System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sewer / Septic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Paned or Insulated Window and or Doors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If any of the above is / are marked YES, Please explain:

C.	ARE YOU (SELLER) AWARE OF ANY OF THE FOLLOWING?	YES	NO	UNKNOWN
1.	Substances, materials or products which may be an environmental hazard such as, but not limited to: asbestos, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil or water, and/or known existing or past mold presence on the subject property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Features shared in common with adjoining land owners, such as walls, but not limited to, fences, and/or driveways, with joint rights and obligations for use and maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Any authorized changes in roads, drainage or utilities affecting the property, or contiguous to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Any changes since the most recent survey of the property was done? Most recent survey of the property: <input type="checkbox"/> (check here if unknown)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Any encroachments, easements, or similar items that may affect your ownership interest in the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Room additions, structural modifications or other alterations or repairs made without necessary permits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Room additions, structural modifications or other alterations or repairs not in compliance with building codes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Landfill (compacted or otherwise) on the property or any portion thereof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Any settling from any cause, or slippage, sliding or other soil problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



- |     |  |                          |                                     |                          |
|-----|--|--------------------------|-------------------------------------|--------------------------|
| 10. | Flooding, drainage or grading problems?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Any requirement that flood insurance be maintained on the property?                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Is any of the property in a flood plain?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | Any past or present interior water intrusion(s), standing water within foundation and/or basement. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If yes, please explain. If necessary, please attach an additional sheet and any available documents pertaining to these repairs/corrections.

- |     |   |                          |                                     |                          |
|-----|---|--------------------------|-------------------------------------|--------------------------|
| 14. | Property or structural damage from fire, earthquake, floods, landslides, tremors, wind, storm or wood destroying organisms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | If yes, has said damage been repaired?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. | Any zoning violations, nonconforming uses and/or violations of "setback" requirements?                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. | Neighborhood noise problems or other nuisances?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. | Subdivision and/or deed restrictions or obligations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. | A Homeowners Association (HOA) which has any authority over the subject property?   |                          |                                     |                          |

Name of HOA \_\_\_\_\_ HOA Address: \_\_\_\_\_

Monthly Dues: \_\_\_\_\_ Special Assessments: \_\_\_\_\_

- |     |  |                          |                                     |                          |
|-----|--|--------------------------|-------------------------------------|--------------------------|
| 19. | Any "common area" (facilities such as, but not limited to, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. | Any notices of abatement or citations against the property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. | Any lawsuit(s) or proposed lawsuit(s) by or against the seller which affects or will affect the property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. | Is any system, equipment or part of the property being leased?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | If yes, please explain, and include a written statement regarding payment information.   |                          |                                     |                          |

- |     |   |                          |                                     |                          |
|-----|---|--------------------------|-------------------------------------|--------------------------|
| 23. | Any exterior wall covering of the structure(s) covered with exterior insulation and finish systems (EIFS), also known as "synthetic stucco"?      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | If yes, has there been a recent inspection to determine whether the structure has excessive moisture accumulation and/or moisture related damage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

*(The Tennessee Real Estate Commission urges any buyer or seller who encounters this product to have a qualified professional inspect the structure in question for the preceding concern and provide a written report of the professional's finding.)*

If yes, please explain. If necessary, please attach an additional sheet.

- |     |  |                                     |                          |                          |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 24. | Is heating and air conditioning supplied to all finished rooms?                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | If the same type of system is not used for all finished rooms, please explain. |                                     |                          |                          |

- |     |  |                                     |                                     |                          |
|-----|--|-------------------------------------|-------------------------------------|--------------------------|
| 25. | If septic tank or other private disposal system is marked under item (A), does it have adequate capacity and approved design to comply with present state and local requirements for the actual land area and number of bedrooms and facilities existing at the residence? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 26. | Is the property affected by governmental regulations or restrictions requiring approval for changes, use, or alterations to the property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27. | Is this property in an historical district or has it been declared historical by any governmental authority such that permission must be obtained before certain types of improvements or aesthetic changes to the property are made?                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



D. **CERTIFICATION:** I/we certify that the information herein, concerning the real property located at,

is true and correct to the best of my/our knowledge as of the date signed. Should any of these conditions change prior to conveyance of title to this property, these changes will be disclosed in addendum to this document.

Transferor (Seller) [Signature] Date 7-23-07 Time 4:30

Transferor (Seller) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Parties may wish to obtain professional advice and/or inspections of the property and to negotiate appropriate provisions in the purchase agreement regarding advice, inspections or defects.

**Transferee / Buyer's Acknowledgment:** I/we understand that this disclosure statement is not intended as a substitute for any inspection, and that I/we have a responsibility to pay diligent attention to and inquire about those material defects which are evident by careful observation. **I/we acknowledge receipt of a copy of this disclosure.**

Transferee (Buyer) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transferee (Buyer) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## SELLERS FINAL PROPERTY DISCLOSURE

Pursuant to the disclosure requirements of the "Tennessee Residential Property Disclosure Act" *Tennessee Code Annotated, 66-5-201, et seq.*, the undersigned Seller hereby supplements the Residential Property Condition Disclosure information previously furnished by Seller to Buyer, as follows (Seller[s] initial appropriate line and write out the changes if any are reported):



### NO CHANGES

To the best of the knowledge, information and belief of the undersigned, the condition of the Property sold is substantially the same as it was when the Residential Property Condition Disclosure form was provided to the Buyer.



### CHANGES TO REPORT

The changes shown below, which may be material to the physical condition of the Property, have occurred or been observed since the Residential Property Condition Disclosure form was provided to the Buyer. This statement is given in good faith to the best of Seller's knowledge, information and belief, and is not intended to create warranties or guarantees which are not already made in the specific provisions of the contract or imposed by applicable law.

### CHANGES REPORTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN WITNESS WHEREOF, the information hereon is certified by Seller and acknowledged as received by Buyer upon the dates indicated.

Transferor (Seller) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transferor (Seller) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transferee (Buyer) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Transferee (Buyer) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

NOTE: This form is provided by TAR to its members for their use in real estate transactions and is to be used as is. This form contains language that is in addition to the language mandated by the state of Tennessee pursuant to the disclosure requirements of the "Tennessee Residential Property Disclosure Act" *Tennessee Code Annotated, 66-5-201, et seq.* By downloading and/or using this form, you agree and covenant not to alter, amend, or edit said form or its content except as where provided in the blank fields, and agree and acknowledge that any such alteration, amendment or edit of said form is done at your own risk. Use of the TAR logo in conjunction with any form other than standardized forms created by TAR is strictly prohibited. This form is subject to periodic revision and it is the responsibility of the member to use the most recent available form.

