



STATE OF SOUTH CAROLINA RESIDENTIAL PROPERTY CONDITION DISCLOSURE STATEMENT

INSTRUCTIONS TO PROPERTY OWNERS

1. South Carolina Code of Laws Title 27 Chapter 50 Article I requires that beginning January 1, 2003, an owner of residential real estate (single-family homes and buildings with up to four dwelling units) shall provide to a purchaser this property condition disclosure statement which must be completed prior to signing a contract of sale. This disclosure statement must be provided in connection with the sale, exchange, option and sale under a lease with an option to purchase. This disclosure statement is not required for some transactions, including the first sale of a dwelling which has never been inhabited. A complete list of exemptions may be found in Section 27-50-30.
2. You must check one of the boxes for each of the 24 questions on pages 2 and 3 of this form.
 - a. If you check "Yes" for any question, you must explain the problem or attach a descriptive report from an engineer, contractor, pest control operator or other expert or public agency. If you attach a report, you will not be liable for any inaccurate or incomplete information contained in the report as long as you were not grossly negligent in obtaining or transmitting the information.
 - b. If you check "No" for any question, you are stating that you have no actual knowledge of any problem. If you check "No" and you know there is a problem, you may be liable for making an intentional misrepresentation.
 - c. If you check "No Representation" for any question, you are stating that you are making no representation regarding the conditions or characteristics of the property, but you may have a duty to disclose even if you know or should have known of them. Please consult with an attorney to determine any potential liability you may have for checking this answer.
 - d. If you check "Yes" or "No" for any question and subsequently something happens to the property to render your statement incorrect or inaccurate (for example, the roof begins to leak), you must promptly provide the purchaser a corrected statement or you may correct the problem.
3. If you are assisted in the sale of your property by a licensed real estate broker or salesperson, you remain solely responsible for completing and delivering this statement to the purchaser. The broker or salesperson must disclose any material facts about your property which he/she knows or reasonably should know, regardless of your responses on this statement. You are to complete this form yourself and answer all questions truthfully and as fully as possible. By signing below you acknowledge that the failure to disclose known material information about the property may result in liability.
4. You must provide the completed statement to the purchaser prior to the time you and the purchaser sign a contract to purchase your property or as otherwise agreed to in the contract. You should provide the purchaser a copy of this statement containing your signature and keep a copy signed by the purchaser for your records.

Initials: _____ Seller [Signature] Date 8/2/03 Buyer _____ Date _____
Rev. 1/04

Page 1 of 4 Form 230

Phone:

Fax:

Produced with ZipForm™ by RE FormsNet, LLC 18025 Fifteen Mile Road, Clinton Township, Michigan 48035, (800) 383-9805 www.zipform.com

AS SELLER OF THE PROPERTY HEREIN IDENTIFIED, DO YOU HAVE KNOWLEDGE OF ANY PROBLEM (MALFUNCTION OR DEFECT) WITH ANY OF THE FOLLOWING:

	Yes*	No Representation	No
1. Foundation, slab, fireplaces/chimneys, floors, windows (including storm windows and screens), doors, ceilings, interior and exterior walls, attached garage, patio, deck or other structural components including any modifications? a. Siding: masonry ___ wood ___ composition/hardwood ___ vinyl <input checked="" type="checkbox"/> synthetic stucco ___ b. Approximate age of structure <u>9 YEARS</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Roof (leakage or other problem)? a. Approximate age of roof covering _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Water seepage, leakage, dampness or standing water or water intrusion from any source in any area of the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Electrical system (outlets, wiring, panel, switches, fixtures, etc)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Plumbing system (pipes, fixtures, water heater, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Heating and/or air conditioning? a. Heat source: furnace ___ heat pump <input checked="" type="checkbox"/> baseboard ___ b. Cooling source: central <input checked="" type="checkbox"/> wall/window unit(s) ___ c. Fuel source: electricity <input checked="" type="checkbox"/> natural gas ___ propane <input checked="" type="checkbox"/> oil ___ d. Approximate age of heating unit ___ /cooling unit <u>7/10/2010</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Water supply (including water quality, quantity and water pressure)? a. water supply is: city/county <input checked="" type="checkbox"/> community system ___ private well ___ b. water pipes are: copper ___ galvanized ___ PVC/CPVC <input checked="" type="checkbox"/> polybutelene ___	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Septic system? a. Type system: septic tank <input checked="" type="checkbox"/> community system ___ connected to city/county system ___ city/county system available ___ b. Does the system require a pump? Yes ___ No <input checked="" type="checkbox"/> c. Has the septic system been serviced/pumped during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Appliances (range/oven, attached microwave, hood/fan, dishwasher, disposal, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Present infestation, or damage WHICH HAS NOT BEEN REPAIRED from past infestation of wood destroying insects or organisms? a. Is there a transferable termite bond? Yes <input checked="" type="checkbox"/> No ___	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Drainage, grading or stability of soil or retaining structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Other built-in systems and fixtures? central vacuum ___ pool <input checked="" type="checkbox"/> hot tub <input checked="" type="checkbox"/> spa ___ attic fan ___ exhaust fan <input checked="" type="checkbox"/> ceiling fan <input checked="" type="checkbox"/> sump pump ___ irrigation system ___ cable tv wiring or satellite dish ___ security system <input checked="" type="checkbox"/> or other systems ___	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Initials: _____ Seller [Signature] Date 8/2/10 Buyer _____ Date _____
Rev. 1/04

Page 2 of 4 Form 230

REGARDING THE PROPERTY HEREIN IDENTIFIED, INCLUDING THE LOT, OTHER IMPROVEMENTS, AND FIXTURES LOCATED THEREON, DO YOU HAVE KNOWLEDGE OF ANY:

- | | Yes* | No Representation | No |
|--|--------------------------|-------------------------------------|--------------------------|
| 13. Room additions or other structural changes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Environmental hazards (substances, materials or products) including asbestos, formaldehyde, radon gas, methane gas, lead-based paint, underground storage tank, toxic mold or other hazardous or toxic material (whether buried or covered), contaminated soil or water, or other environmental contamination? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Nuisances (noise, odor, smoke, etc.) affecting the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Previous damage caused by fire? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Violations or variances of building codes or zoning ordinances? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Restrictions to property use? (covenants or deed) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Utility or other easements, shared driveways, party walls or encroachments from or on adjacent property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Lawsuits, foreclosures, bankruptcy, tenancies, judgments, tax or other liens, proposed assessments or notice from any governmental agency that could affect title to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Owners' association fees or "common area" expenses or assessments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Flood hazards or that the property is in a federally-designated flood plain? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 23. Rental, rental management, vacation rental or other lease contracts in place on the property at the time of closing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Any outstanding charges owed by the tenant for gas, electric, water, sewerage, or garbage services provided to the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

***IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE USE THE FOLLOWING SPACE FOR YOUR EXPLANATION AND ATTACH ANY RELEVANT PROFESSIONAL REPORTS.**

Initials: _____ Seller GL Date 8/2/10 Buyer _____ Date _____
Rev. 1/04

Page 3 of 4 Form 230

