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PRDS® SUPPLEMENTAL SELLER'S CHECKLIST

Supplement to Transfer Disclosure Statement

Revision Date 8/07



Property: 321 Bloomfield Rd. Burlingame, Ca. 94010 Date: 6/5/10

THE INFORMATION ENTERED ON THIS FORM IS PROVIDED BY SELLER ONLY. (AGENTS' DISCLOSURES ARE PROVIDED ELSEWHERE.) THIS DOCUMENT IS SOLELY A SUPPLEMENTAL DISCLOSURE; IT IS NOT, AND SHALL NOT BE DEEMED TO CONSTITUTE, ANY PART OF THE RELATED PURCHASE CONTRACT.

CAUTION TO SELLER: California law requires that you disclose to a Buyer all material facts, of which you are aware or reasonably should be aware, bearing on the value or desirability of the Property. This supplemental form serves as an additional checklist intended to aid you in identifying, recalling and disclosing such material facts (including negative conditions that arose during prior ownerships). If you are in doubt as to whether a condition constitutes a "defect," it is always prudent to disclose and explain rather than remain silent. Full disclosure of material facts reduces the risk of subsequent disputes, claims and litigation regarding the Property. Please be aware of your obligation as Seller to be alert to and to disclose problems and defects known by you to exist, even where they are not included in this checklist.

CAUTION TO BUYER: California law requires that you exercise reasonable care in investigating the Property and that you take account of facts that are disclosed or otherwise known to you or which are within your diligent attention and observation. You are strongly urged to thoroughly inspect the Property and surrounding neighborhood, carefully read and assess all disclosures and inspection reports (carefully considering inspectors recommendations of additional, specialized inspections) and to ask questions and make additional inquiries of others, including inspection professionals, that you, as Buyer, feel important. Factors relating to the Property and/or the neighborhood may affect you quite differently (positively or negatively) than they do the Sellers, whose perceptions are inevitably subjective. A property or neighborhood condition that is entirely satisfactory to a Seller might be regarded by a Buyer as an annoyance or a nuisance. Understand that this and other Seller disclosures typically reflect a Seller's non-expert, subjective perceptions of the Property, and that items noted on this form reflect only those conditions of which Seller is aware. This list almost certainly does not account for each and every possible defect, and Seller's lack of awareness of a problem does not mean that none exists.

RESPOND TO EACH AND EVERY ONE OF THE FOLLOWING ITEMS.

Answer **YES** to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

1. GENERAL PROPERTY INFORMATION:

- a) Approximate lot size: 5,000 SF UNKNOWN Source: Fidelity National Title Co
- b) Approximate house square footage: 1,840 SF UNKNOWN Source: "
- c) Approximate age of the house: 75 yrs old UNKNOWN Source: "
- d) Number of years you have owned the Property: approx. 33 yrs. Lived in the Property: approx. 33 yrs.

2. ALTERATIONS: Account for all additions, remodeling, repairs and alterations done by you (and those done, to your knowledge, by prior owners or any other person).

Nature of Work	Approximate Completion Date	Seller has Permit Documentation ⁽¹⁾ (Complete or Otherwise)	Seller has Other Documentation
a) <u>Sewer lateral test performed and replaced</u>	<u>4/28/10</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) <u>Balcony railing replaced</u>	<u>5/28/10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) <u>Hardwood floors replaced in dining room, living room</u>	<u>5/7/10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) <u>Living room double doors</u>	<u>5/27/10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f) <u>Additional smoke alarms installed in bedrooms</u>	<u>5/12/10</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g) _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

⁽¹⁾ For example: copies of permits (including "final" permit sign-offs), inspection reports and worksheets, bids and plans

Seller's Initials (RS) (_____)
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Buyer's Initials (_____) (_____)
Form RSSCL Revised 8/07

Answer each of the following questions.
 Answer YES to any of the items if you are aware of any negative condition or circumstance, whether past or present, and whether or not previously repaired, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

- 3. FOUNDATION/BASEMENT/CRAWL SPACE/SOILS/RETAINING WALLS/CHIMNEY**
- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| a) Are you aware of any cracks, patches or repairs in the foundation, retaining walls or any other part of the structure? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of any past or present soils problems, such as settlement, movement, cracking, slippage or instability at the Property or any neighboring properties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) Are you aware of any past or present settlement, movement, cracking, bowing, tilting, rotation or deterioration of foundation members, retaining walls or other structural elements at the Property or any neighboring properties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of any settlement, movement, cracking, shifting, separation or sub-surface erosion as to walkways, patios, swimming pool or other decking, or any other pavement or hardscape? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e) Are you aware of any missing bricks, gaps in the chimney flue, hearth or other part of the fireplace or chimney structure, or any other defect, deficiency, fire-safety hazard or structural or other problems relating to the chimney? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f) To your knowledge, has any landfill, grading, "cut and fill", compaction or other soils work taken place at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

d) Crack in driveway
 e) Flue is removed

- 4. INTERIOR SURFACES/ELEMENTS**
- | | YES | NO |
|--|---------------------------------------|-------------------------------------|
| a) Are you aware of any interior cracks (e.g., in ceiling, walls, around windows, etc.)? | <input checked="" type="checkbox"/> ① | <input type="checkbox"/> |
| b) Are you aware of any patching or repair of any interior cracks? | <input checked="" type="checkbox"/> ② | <input type="checkbox"/> |
| c) Are you aware of any squeaking, sloping or out-of-level floors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) Are you aware of any stains, scratches, warping, cupping, chipping, cracking, sponginess, water damage or other defects relating to hardwood (or other wood), tile, linoleum or any other flooring surface? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) Are you aware of any windows that stick or bind, that fail to either latch, open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? | <input checked="" type="checkbox"/> ③ | <input type="checkbox"/> |
| f) Are you aware of any glass in any interior or exterior door (including shower door) or interior or exterior window that is not "safety glass"? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g) Are you aware of any doors that stick or bind, are out of plumb, fail to open or close with relative ease, or that otherwise fail to operate properly (whether continuously or seasonally)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h) Are you aware of any defect (including seal failure) regarding any dual-pane or thermo-pane windows? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i) Are you aware of any damage or defect (e.g., stains, spots, tears or odors) regarding any installed carpeting? | <input type="checkbox"/> | <input type="checkbox"/> N/A |
| j) Are you aware of any damage or defect (e.g., stains, spots, tears, odors and/or malfunctions) regarding any existing window coverings? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

① master bedroom ceiling cracked, wall & ceiling crack in living room wall crack in dining room
 ② hdr ceiling repaired one crack
 ③ 2nd flr bathroom other minor cracks throughout home

- 5. SURFACE/SUB-SURFACE WATER/MOISTURE CONTROL**
- | | YES | NO |
|--|--------------------------|-------------------------------------|
| a) To your knowledge, does there presently exist, or are you aware of any history of, any standing or ponding water or periodic or persistent dampness or moisture, in any sub-areas or elsewhere on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b) Are you aware of any past or present flooding (even minor water intrusion) into the garage, basement or sub-areas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c) To your knowledge, has any other part of the Property suffered any flooding or drainage problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d) To your knowledge, have any drainage systems (e.g., french drains, curtain drains), sump pumps, fans, or dry wells ever been installed at the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e) To your knowledge, does a spring, high water table, sub-surface stream or aquifer, or any other natural source of water, exist on, or affect, the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Explanations (If "yes" is checked on any of the above, please explain below):

- 6. ROOF/GUTTERS/SIDING**
- | | YES | NO |
|---|---------------------------------------|-------------------------------------|
| a) To your knowledge, have there been any blockages or other failures of downspouts, gutters, fixed or imbedded gutter extensions or storm drains? | <input checked="" type="checkbox"/> ① | <input type="checkbox"/> |
| b) Are you aware of the occurrence of any past or present leaks from or through roof, siding, windows, skylights, gutters, downspouts, eaves, awnings or other areas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Seller's Initials (RS) ()

Buyer's Initials () ()

Answer each of the following questions.

Answer YES to any of the items if you are aware of any negative condition or circumstance, **whether past or present, and whether or not previously repaired**, relating to that item. Whenever an item is checked "YES", explain underlying facts in detail on the lines at the end of the relevant category. (If necessary, use additional pages.)

ROOF/GUTTERS/SIDING (continued)

c) To your knowledge, has any roof repair, restoration, replacement (full or partial) or other work been undertaken? YES NO

Explanations (If "yes" is checked on any of the above, please explain below):

① routine gutter cleaning ② roof replaced & side roofs repaired

7. HEATING SYSTEM/AIR CONDITIONING

a) Describe the type of heating system in the Property. (If there are multiple systems, account for each throughout this Paragraph 7.) YES NO

b) Have you encountered, or are you aware of, any problems with any aspect of the heating system?

c) Are any bedrooms or other major rooms not directly served by a heating duct?
 (If yes, which rooms?)

d) What is the approximate age of the heating system? six-seven years

e) When was the heating system last serviced, and by whom? not applicable N/A

f) Does the Property have a central air conditioning system? (If there are multiple systems, account for each with respect to all issues and inquiries raised by this Paragraph 7.)

g) Have you ever encountered, or are you aware of, any problems with, any aspect of the air conditioning system? N/A

h) What is the approximate age of the air conditioning system? not applicable years

i) When was the air conditioning system last serviced, and by whom? not applicable

j) If the Property is served by propane, are you aware of any past or present problems with that system? N/A

k) Are you aware as to whether the central air conditioning (if any) or the furnace at the Property has been installed or replaced since October 1, 2005? (Note: such installation or replacement may trigger a requirement for testing/repair of ductwork in homes situated in certain non-coastal climates. Most residential areas of the San Francisco Peninsula are exempt from compliance. For more exact information regarding areas affected, go to www.energy.ca.gov) N/A

Explanations (If "yes" is checked on any of the above, please explain below):

a) forced air c) 2 bedrooms and 2nd flr. bathroom

8. ELECTRICAL FIXTURES/APPLIANCES

a) To your knowledge, have any electrical fixtures, devices or installed appliances (including, e.g., central vacuum, instant hot water) ever failed to perform properly or have any undergone repairs? YES NO

b) To your knowledge, do lights ever dim, e.g., during use of multiple appliances?

c) To your knowledge, has the electrical system encountered any blown fuses, tripped circuit breakers or any other problem, or undergone any repair or modification?

d) Have you yourself, or has any unlicensed worker or contractor, undertaken any electrical repair, wiring, installation or other electrical work at the Property?

Explanations (If "yes" is checked on any of the above, please explain below):

d) owner was made aware of electrical wiring in closets that was not protected per Inspector and garbage disposal per Inspector

see below

9. ELECTRONICS/NETWORKS/TELEPHONE DEVICES AND SYSTEMS

a) Does the Property have a television antenna? YES NO

b) Are cable television lines presently installed and hooked up to a cable television service provider?

c) If cable television is not presently set up at the Property, are you aware of the availability of cable television service at your Property?

d) Is a satellite receiver (or "dish") affixed to and wired into the Property?
 If yes, it is Leased Owned by Seller

e) Do any abandoned or unused cable or satellite systems remain at the Property?

f) Are you aware of any interference to your television, radio, etc., from neighboring transmitters, ham radio operators or other sources?

g) Are you aware of any cell phone reception or transmission problems at the Property?

h) How many individual telephone lines (separate telephone numbers) are wired into the Property? 1

i) Is the Property wired and equipped with an integrated telephone system(s) (e.g., systems incorporating telephone, intercom, radio, other functions)?