



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

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Property Address: 180 Blackburn Road

Summit

NJ 07901

Seller: Raymond Sit

The purpose of this Disclosure Statement is to disclose, to the best of Seller's knowledge, the condition of the Property, as of the date set forth below. The Seller is aware that he or she is under an obligation to disclose any known material defects in the Property even if not addressed in this printed form. Seller alone is the source of all information contained in this form. All prospective buyers of the Property are cautioned to carefully inspect the Property and to carefully inspect the surrounding area for any off-site conditions that may adversely affect the Property. Moreover, this Disclosure Statement is not intended to be a substitute for prospective buyer's hiring of qualified experts to inspect the Property.

If your property consists of multiple units, systems and/or features, please provide complete answers on all such units, systems and/or features even if the question is phrased in the singular, such as if a duplex has multiple furnaces, water heaters and fireplaces.

OCCUPANCY

Yes No Unknown

1. Age of House, if known 67 years

2. Does the Seller currently occupy this property?

If not, how long has it been since Seller occupied the property? _____

3. What year did the seller buy the property? 1998

3a. Do you have in your possession the original or a copy of the deed evidencing your ownership of the property? If "yes," please attach a copy of it to this form.

ROOF

Yes No Unknown

4. Age of roof 19 years

5. Has roof been replaced or repaired since seller bought the property?

6. Are you aware of any roof leaks?

7. Explain any "yes" answers that you give in this section: _____

ATTIC, BASEMENTS AND CRAWL SPACES (Complete only if applicable)

Yes No Unknown

8. Does the property have one or more sump pumps?

8a. Are there any problems with the operation of any sump pump?

9. Are you aware of any water leakage, accumulation or dampness within the basement or crawl spaces or any other areas within any of the structures on the property?

9a. Are you aware of the presence of any mold or similar natural substance within the basement or crawl spaces or any other areas within any of the structures on the property?

10. Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? If "yes," describe the location, nature and date of the repairs:

11. Are you aware of any cracks or bulges in the basement floor or foundation walls? If "yes," specify location. _____



- 51 12. Are you aware of any restrictions on how the attic may be used as a result of the manner in which
- 52 the attic or roof was constructed?
- 53 13. Is the attic or house ventilated by: a whole house fan? an attic fan?
- 54 x 13a. Are you aware of any problems with the operation of such a fan?
- 55 14. In what manner is access to the attic space provided?
- 56 staircase pull down stairs crawl space with aid of ladder or other device
- 57 other _____
- 58 15. Explain any "yes" answers that you give in this section:
- 59 _____
- 60 _____

TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS

- | 63 | Yes | No | Unknown | |
|----|--------------------------|-------------------------------------|---------|--|
| 64 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 16. Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the property? |
| 65 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 17. Are you aware of any damage to the property caused by termites/wood destroying insects, dry rot, or pests? |
| 67 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 18. If "yes," has work been performed to repair the damage? |
| 68 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 19. Is your property under contract by a licensed pest control company? If "yes," state the name and address of the licensed pest control company: _____ |
| 70 | | | | _____ |
| 71 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 20. Are you aware of any termite/pest control inspections or treatments performed on the property in the past? |
| 72 | | | | 21. Explain any "yes" answers that you give in this section: |
| 73 | | | | _____ |
| 74 | | | | _____ |

STRUCTURAL ITEMS

- | 78 | Yes | No | Unknown | |
|----|--------------------------|-------------------------------------|---------|--|
| 79 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 22. Are you aware of any movement, shifting, or other problems with walls, floors, or foundations, including any restrictions on how any space, other than the attic or roof, may be used as a result of the manner in which it was constructed? |
| 82 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 23. Are you aware if the property or any of the structures on it have ever been damaged by fire, smoke, wind or flood? |
| 84 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 24. Are you aware of any fire retardant plywood used in the construction? |
| 85 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 25. Are you aware of any current or past problems with driveways, walkways, patios, sinkholes, or retaining walls on the property? |
| 87 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | 26. Are you aware of any present or past efforts made to repair any problems with the items in this section? |
| 89 | | | | 27. Explain any "yes" answers that you give in this section. Please describe the location and nature of the problem. |
| 91 | | | | _____ |
| 92 | | | | _____ |

ADDITIONS/REMODELS

- | 95 | Yes | No | Unknown | |
|-----|-------------------------------------|--------------------------|--------------------------|---|
| 96 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | 28. Are you aware of any additions, structural changes or other alterations to the structures on the property made by any present or past owners? |
| 98 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this section: |
| 100 | | | | <u>Addition/renovation in 2005</u> _____ |
| 101 | | | | _____ |

PLUMBING, WATER AND SEWAGE

- | 104 | Yes | No | Unknown | |
|-----|--------------------------|--------------------------|---------|---|
| 105 | | | | 30. What is the source of your drinking water? |
| 106 | | | | <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community System <input type="checkbox"/> Well on Property <input type="checkbox"/> Other (explain) _____ |
| 107 | <input type="checkbox"/> | <input type="checkbox"/> | | 31. If your drinking water source is not public, have you performed any tests on the water? If so, when? _____ |
| 108 | | | | Attach a copy of or describe the results. |

- 111 32. Does the wastewater from any clothes washer, dishwasher, or other appliance discharge to any
- 112 location other than the sewer, septic, or other system that services the rest of the property?
- 113 33. When was well installed? _____
- 114 Location of well? _____
- 115 34. Do you have a softener, filter, or other water purification system? Leased Owned
- 116 35. What is the type of sewage system?
- 117 Public Sewer Private Sewer Septic System Cesspool Other (explain): _____
- 118 36. If you answered "septic system," have you ever had the system inspected to confirm that it is a true
- 119 septic system and not a cesspool?
- 120 37. If Septic System, when was it installed? _____
- 121 Location? _____
- 122 38. When was the Septic System or Cesspool last cleaned and/or serviced? _____
- 123 39. Are you aware of any abandoned Septic Systems or Cesspools on your property?
- 124 39a. If "yes," is the closure in accordance with the municipality's ordinance? (explain):
- 125 _____
- 126 40. Are you aware of any leaks, backups, or other problems relating to any of the plumbing systems and
- 127 fixtures (including pipes, sinks, tubs and showers), or of any other water or sewage related problems?
- 128 If "yes," explain: _____
- 129 _____
- 130 41. Are you aware of any shut off, disconnected, or abandoned wells, underground water or sewage
- 131 tanks, or dry wells on the property?
- 132 42. Is either the private water or sewage system shared? If "yes," explain: _____
- 133 _____
- 134 43. Water Heater: Electric Fuel Oil Gas
- 135 Age of Water Heater about 9 years
- 136 43a. Are you aware of any problems with the water heater?
- 137 44. Explain any "yes" answers that you give in this section:
- 138 _____
- 139 _____

HEATING AND AIR CONDITIONING

- 141 Yes No Unknown
- 142
- 143 45. Type of Air Conditioning:
- 144 Central one zone Central multiple zone Wall/Window Unit None
- 145 46. List any areas of the house that are not air conditioned:
- 146 _____
- 147 47. What is the age of Air Conditioning System? about 9 years
- 148 48. Type of heat: Electric Fuel Oil Natural Gas Propane Unheated Other
- 149 49. What is the type of heating system? (for example, forced air, hot water or base board, radiator, steam
- 150 heat) forced air
- 151 50. If it is a centralized heating system, is it one zone or multiple zones?
- 152 multiple zones
- 153 51. Age of furnace 27 years, 19 years Date of last service: 2022
- 154 52. List any areas of the house that are not heated:
- 155 _____
- 156 53. Are you aware of any tanks on the property, either above or underground, used to store fuel or other
- 157 substances?
- 158 54. If tank is not in use, do you have a closure certificate?
- 159 55. Are you aware of any problems with any items in this section? If "yes," explain:
- 160 _____
- 161 _____

WOODBURNING STOVE OR FIREPLACE

- 162 Yes No Unknown
- 163
- 164 56. Do you have wood burning stove? fireplace? insert? other
- 165 56a. Is it presently usable?
- 166 57. If you have a fireplace, when was the flue last cleaned? 2020
- 167 57a. Was the flue cleaned by a professional or non-professional? professional
- 168 58. Have you obtained any required permits for any such item?
- 169 59. Are you aware of any problems with any of these items? If "yes," please explain: _____
- 170 The chimney, fireplaces, and flues will all be conveyed in AS-IS condition.

171 ELECTRICAL SYSTEM

172 Yes No Unknown

173 60. What type of wiring is in this structure? Copper Aluminum Other Unknown174 61. What amp service does the property have? 60 100 150 200 Other Unknown175 62. Does it have 240 volt service? Which are present Circuit Breakers, Fuses or Both?176 63. Are you aware of any additions to the original service?

177 If "yes," were the additions done by a licensed electrician? Name and address:

178 _____

179 _____

180 64. If "yes," were proper building permits and approvals obtained?181 65. Are you aware of any wall switches, light fixtures or electrical outlets in need of repair?

182 66. Explain any "yes" answers you give in this section:

183 _____

184 _____

185

186 LAND (SOILS, DRAINAGE AND BOUNDARIES)

187 Yes No Unknown

188 67. Are you aware of any fill or expansive soil on the property?189 68. Are you aware of any past or present mining operations in the area in which the property is located?190 69. Is the property located in a flood hazard zone?191 70. Are you aware of any drainage or flood problems affecting the property?192 71. Are there any areas on the property which are designated as protected wetlands?193 72. Are you aware of any encroachments, utility easements, boundary line disputes, or drainage or other easements affecting the property?195 73. Are there any water retention basins on the property or the adjacent properties?196 74. Are you aware if any part of the property is being claimed by the State of New Jersey as land presently or formerly covered by tidal water (Riparian claim or lease grant)? Explain:

198 _____

199 _____

200 75. Are you aware of any shared or common areas (for example, driveways, bridges, docks, walls, bulkheads, etc.) or maintenance agreements regarding the property?

202 76. Explain any "yes" answers to the preceding questions in this section:

203 _____

204 _____

205 77. Do you have a survey of the property?

206

207 ENVIRONMENTAL HAZARDS

208 Yes No Unknown

209 78. Have you received any written notification from any public agency or private concern informing you that the property is adversely affected, or may be adversely affected, by a condition that exists on a property in the vicinity of this property? If "yes," attach a copy of any such notice currently in your possession.212 78a. Are you aware of any condition that exists on any property in the vicinity which adversely affects, or has been identified as possibly adversely affecting, the quality or safety of the air, soil, water, and/or physical structures present on this property? If "yes," explain:

215 _____

216 _____

217 79. Are you aware of any underground storage tanks (UST) or toxic substances now or previously present on this property or adjacent property (structure or soil), such as polychlorinated biphenyl (PCB), solvents, hydraulic fluid, petro-chemicals, hazardous wastes, pesticides, chromium, thorium, lead or other hazardous substances in the soil? If "yes," explain:

221 _____

222 _____

223 80. Are you aware if any underground storage tank has been tested?

224 (Attach a copy of each test report or closure certificate if available).

225 81. Are you aware if the property has been tested for the presence of any other toxic substances, such as lead-based paint, urea-formaldehyde foam insulation, asbestos-containing materials, or others? (Attach copy of each test report if available).

228 82. If "yes" to any of the above, explain:

229 old basement tiles under old carpet had asbestos and was removed230 A water pipe burst and caused mold. The mold and water damaged building materials were removed. Mold remediation was completed.

231 82a. If "yes" to any of the above, were any actions taken to correct the problem? Explain:
 232 _____
 233 _____

234 83. Is the property in a designated Airport Safety Zone?
 235

236 **DEED RESTRICTIONS, SPECIAL DESIGNATIONS, HOMEOWNERS ASSOCIATION/CONDOMINIUMS**
 237 **AND CO-OPS**

238 Yes No Unknown

239 84. Are you aware if the property is subject to any deed restrictions or other limitations on how it may
 240 be used due to its being situated within a designated historic district, or a protected area like the
 241 New Jersey Pinelands, or its being subject to similar legal authorities other than typical local zoning
 242 ordinances?

243 85. Is the property part of a condominium or other common interest ownership plan?

244 85a. If so, is the property subject to any covenants, conditions, or restrictions as a result of its being part
 245 of a condominium or other form of common interest ownership?

246 86. As the owner of the property, are you required to belong to a condominium association or homeowners
 247 association, or other similar organization or property owners?

248 86a. If so, what is the Association's name and telephone number?
 249 _____

250 86b. If so, are there any dues or assessments involved?
 251 If "yes," how much? _____

252 87. Are you aware of any defect, damage, or problem with any common elements or common areas that
 253 materially affects the property?

254 88. Are you aware of any condition or claim which may result in an increase in assessments or fees?

255 89. Since you purchased the property, have there been any changes to the rules or by-laws of the
 256 Association that impact the property?

257 90. Explain any "yes" answers you give in this section:
 258 _____
 259 _____

260
 261 **MISCELLANEOUS**

262 Yes No Unknown

263 91. Are you aware of any existing or threatened legal action affecting the property or any condominium
 264 or homeowners association to which you, as an owner, belong?

265 92. Are you aware of any violations of Federal, State or local laws or regulations relating to this property?

266 93. Are you aware of any zoning violations, encroachments on adjacent properties, non-conforming
 267 uses, or set-back violations relating to this property? If so, please state whether the condition is pre-
 268 existing non-conformance to present day zoning or a violation to zoning and/or land use laws.

269 _____
 270 _____

271 94. Are you aware of any public improvement, condominium or homeowner association assessments
 272 against the property that remain unpaid? Are you aware of any violations of zoning, housing,
 273 building, safety or fire ordinances that remain uncorrected?

274 95. Are there mortgages, encumbrances or liens on this property?

275 95a. Are you aware of any reason, including a defect in title, that would prevent you from conveying
 276 clear title?

277 96. Are you aware of any material defects to the property, dwelling, or fixtures which are not disclosed
 278 elsewhere on this form? (A defect is "material," if a reasonable person would attach importance
 279 to its existence or non-existence in deciding whether or how to proceed in the transaction.)
 280 If "yes," explain: _____

281 _____
 282 97. Other than water and sewer charges, utility and cable tv fees, your local property taxes, any special
 283 assessments and any association dues or membership fees, are there any other fees that you pay on
 284 an ongoing basis with respect to this property, such as garbage collection fees?

285 98. Explain any other "yes" answers you give in this section:
 286 _____
 287 _____

288
 289
 290

291 **RADON GAS** Instructions to Owners

292 By law (N.J.S.A. 26:2D-73), a property owner who has had his or her property tested or treated for radon gas may require that information
293 about such testing and treatment be kept confidential until the time that the owner and a buyer enter into a contract of sale, at which time
294 a copy of the test results and evidence of any subsequent mitigation or treatment shall be provided to the buyer. The law also provides that
295 owners may waive, in writing, this right of confidentiality. As the owner(s) of this property, do you wish to waive this right?

296 Yes No
297 KS _____
298 (Initials) (Initials)

300 If you responded "yes," answer the following questions. If you responded "no," proceed to the next section.

301
302 Yes No Unknown
303 99. Are you aware if the property has been tested for radon gas? (Attach a copy of each test report if
304 available.)
305 100. Are you aware if the property has been treated in an effort to mitigate the presence of radon gas?
306 (If "yes," attach a copy of any evidence of such mitigation or treatment.)
307 101. Is radon remediation equipment now present in the property?
308 101a. If "yes," is such equipment in good working order?

310
311 **MAJOR APPLIANCES AND OTHER ITEMS**

312 The terms of any final contract executed by the seller shall be controlling as to what appliances or other items, if any, shall be included
313 in the sale of the property. Which of the following items are present in the property? (For items that are not present, indicate "not
314 applicable.")

315
316 Yes No Unknown N/A
317 102. Electric Garage Door Opener
318 102a. If "yes," are they reversible? Number of Transmitters 2
319 103. Smoke Detectors
320 Battery Electric Both How many about 9
321 Carbon Monoxide Detectors How many about 2
322 Location main hallway and 2nd floor hallway
323 104. With regard to the above items, are you aware that any item is not in working order?
324 104a. If "yes," identify each item that is not in working order or defective and explain the nature
325 of the problem: _____
326
327
328 105. In-ground pool Above-ground pool Pool Heater Spa/Hot Tub
329 105a. Were proper permits and approvals obtained?
330 105b. Are you aware of any leaks or other defects with the filter or the walls or other structural or
331 mechanical components of the pool or spa/hot tub?
332 105c. If an in-ground pool, are you aware of any water seeping behind the walls of the pool?
333 106. Indicate which of the following may be included in the sale? (Indicate Y for yes N for no.)
334 Refrigerator
335 Range
336 Microwave Oven
337 Dishwasher
338 Trash Compactor
339 Garbage Disposal
340 In-Ground Sprinkler System
341 Central Vacuum System
342 Security System
343 Washer
344 Dryer
345 Intercom
346 Other
347 107. Of those that may be included, is each in working order?
348 If "no," identify each item not in working order, explain the nature of the problem:
349 _____
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SOLAR PANEL SYSTEMS

By completing this section, Seller is acknowledging that the Property is serviced by a Solar Panel System, which means a system of solar panels designed to absorb the sunlight as a source of energy for generating electricity or heating, any and all inverters, net meter, wiring, roof supports and any other equipment pertaining to the Solar Panels (collectively, the "Solar Panel System"). This information may be used, among other purposes, to prepare a Solar Panel Addendum to be affixed to and made a part of a contract of sale for the Property.

Yes No Unknown

 108. When was the Solar Panel System Installed? _____

 109. Are SRECs available from the Solar Panel System?

 109a. If SRECs are available, when will the SRECs expire? _____

 110. Is there any storage capacity on your Property for the Solar Panel System?

 111. Are you aware of any defects in or damage to any component of the Solar Panel System? If yes, explain: _____

112. Choose one of the following three options:

 112a. The Solar Panel System is financed under a power purchase agreement or other type of financing arrangement which requires me/us to make periodic payments to a Solar Panel System provider in order to acquire ownership of the Solar Panel System ("PPA")? If yes, proceed to **Section A** below.

 112b. The Solar Panel System is the subject of a lease agreement. If yes, proceed to **Section B** below.

 112c. I/we own the Solar Panel System outright. If yes, you do not have to answer any further questions.

SECTION A - THE SOLAR PANEL SYSTEM IS SUBJECT TO A PPA

 113. What is the current periodic payment amount? \$_____

 114. What is the frequency of the periodic payments (check one)? Monthly Quarterly

 115. What is the expiration date of the PPA, which is when you will become the owner of the Solar Panel System? _____ ("PPA Expiration Date")

 116. Is there a balloon payment that will become due on or before the PPA Expiration Date?

 117. If there is a balloon payment, what is the amount? \$_____

118. Choose one of the following three options:

 118a. Buyer will assume my/our obligations under the PPA at Closing.

 118b. I/we will pay off or otherwise obtain cancellation of the PPA as of the Closing so that the Solar Panel System can be included in the sale free and clear.

 118c. I/we will remove the Solar Panel System from the Property and pay off or otherwise obtain cancellation of the PPA as of the Closing.

SECTION B - THE SOLAR PANEL SYSTEM IS SUBJECT TO A LEASE

 119. What is the current periodic lease payment amount? \$_____

 120. What is the frequency of the periodic lease payments (check one)? Monthly Quarterly

 121. What is the expiration date of the lease? _____

122. Choose one of the following two options:

 122a. Buyer will assume our obligations under the lease at Closing.

 122b. I/we will obtain an early termination of the lease and will remove the Solar Panel System prior to Closing.

ACKNOWLEDGMENT OF SELLER

The undersigned Seller affirms that the information set forth in this Disclosure Statement is accurate and complete to the best of Seller's knowledge, but is not a warranty as to the condition of the Property. Seller hereby authorizes the real estate brokerage firm representing or assisting the seller to provide this Disclosure Statement to all prospective buyers of the Property, and to other real estate agents. Seller alone is the source of all information contained in this statement. If the Seller relied upon any credible representations of another, the Seller should state the name(s) of the person(s) who made the representation(s) and describe the information that was relied upon.

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DocuSigned by:
Raymond Sit
SELLER
CAE91BD7510B440...

3/7/2024 | 2:22 CST

DATE

SELLER

DATE

SELLER

DATE

SELLER

DATE

EXECUTOR, ADMINISTRATOR, TRUSTEE

(If applicable) The undersigned has never occupied the property and lacks the personal knowledge necessary to complete this Disclosure Statement.

DATE

DATE

RECEIPT AND ACKNOWLEDGMENT BY PROSPECTIVE BUYER

The undersigned Prospective Buyer acknowledges receipt of this Disclosure Statement prior to signing a Contract of Sale pertaining to this Property. Prospective Buyer acknowledges that this Disclosure Statement is not a warranty by Seller and that it is Prospective Buyer's responsibility to satisfy himself or herself as to the condition of the Property. Prospective Buyer acknowledges that the Property may be inspected by qualified professionals, at Prospective Buyer's expense, to determine the actual condition of the Property. Prospective Buyer further acknowledges that this form is intended to provide information relating to the condition of the land, structures, major systems and amenities, if any, included in the sale. This form does not address local conditions which may affect a purchaser's use and enjoyment of the property such as noise, odors, traffic volume, etc. Prospective Buyer acknowledges that they may independently investigate such local conditions before entering into a binding contract to purchase the property. Prospective Buyer acknowledges that he or she understands that the visual inspection performed by the Seller's real estate broker/broker-salesperson/salesperson does not constitute a professional home inspection as performed by a licensed home inspector.

PROSPECTIVE BUYER

DATE

PROSPECTIVE BUYER

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PROSPECTIVE BUYER

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ACKNOWLEDGMENT OF REAL ESTATE BROKER/BROKER-SALESPERSON/SALESPERSON

The undersigned Seller’s real estate broker/broker-salesperson/salesperson acknowledges receipt of the Property Disclosure Statement form and that the information contained in the form was provided by the Seller.

The Seller’s real estate broker/broker-salesperson/salesperson also confirms that he or she visually inspected the property with reasonable diligence to ascertain the accuracy of the information disclosed by the seller, prior to providing a copy of the property disclosure statement to the buyer.

The Prospective Buyer’s real estate broker/broker-salesperson/salesperson also acknowledges receipt of the Property Disclosure Statement form for the purpose of providing it to the Prospective Buyer.

DocuSigned by:
Jennifer Miller
B7DDAD05805A44E

3/12/2024 | 5:32 EDT

SELLER’S REAL ESTATE BROKER/
BROKER-SALESPERSON/SALESPERSON:

DATE

PROSPECTIVE BUYER’S REAL ESTATE BROKER/
BROKER-SALESPERSON/SALESPERSON:

DATE



Addendum to the Seller's Property Condition Disclosure Statement for:

180 Blackburn Road, Summit NJ

The following items are to be INCLUDED in the sale:

- Spare paint.
- Extra hardwood floor boards.
- Extra tiles for the half bath and laundry room.
- The window treatments in the upstairs bedroom.
- Trash & recycling bins.

The following items are to be EXCLUDED from the sale:

N/A

The following items are to convey in strictly AS-IS condition:

- The upstairs bedroom window - Broken seal.
- The small patio off the side/rear slider.

DocuSigned by:
 Seller: Raymond Sit 3/5/2024 | 8:11 ^{EST} Buyer: _____
CAE91BD7510B440... (date) (date)

Seller: _____ Buyer: _____
 (date) (date)





Asbestos Testing Report

Prepared for:

Paul Davis Restoration
9 Ilene Court, Building 6
Hillsborough, NJ 08844

Attention: Anthony Paglia, Manager

Project:

Asbestos TEM Air Testing
180 Blackburn Road
Summit, NJ

Testing Date: July 25, 2023

Prepared By:

Tom Worrell, IH

Project No. 23159

July 27, 2023

Scope of Work:

Air sampling for asbestos was conducted within the basement of the Sit residence located at 180 Blackburn Road in Summit, NJ. The sampling was conducted following the completion of asbestos abatement. The sampling was conducted by AIR Consulting Services representative Tom Worrell on July 25, 2023.

Sampling Procedures:

Air samples for asbestos were collected from the ambient air and were analyzed by transmission electron microscopy, as per the requirements of EPA 40 CFR 763, Appendix A. The filter cassette is connected to the sampling pump, calibrated at a flow rate in the range of 10 liters per minute (L/min). The sampling train was operated for approximately 120 minutes to provide a sample volume of approximately 1,200 liters.

Results are reported in units of asbestos structures per square millimeter of filter area (S/mm²). The results are compared to the post abatement clearance criterion described in EPA 40 CFR 763 for schools. The first level of clearance is that fiber concentrations do not exceed 70 S/mm². The asbestos results are summarized in Table I and are presented in the Report of Asbestos Fibers by TEM, provided by EMSL Analytical. EMSL is certified by the National Institute of Standards and Technology, NVLAP Certificate No. 101048-02.

Testing Results:

The two samples collected in the basement are both reported with no asbestos fibers detected (<15.00 S/mm²). The results demonstrate that the air quality in the basement is clean and suitable for reconstruction and continued occupancy. Please contact us should you have any questions. Your time and cooperation are appreciated.

Sincerely;



Tom Worrell, IH
EPA BI No. ACC-0523-6-005

Table I
Asbestos Sample Result Summary
180 Blackburn Road, Summit, NJ
July 25, 2023

Location	Time	Volume	Result, S/mm²
1. Basement, West	1014-1214	1200	<15.00 ND
2. Basement, East	1016-1216	1200	<15.00 ND

ND = None Detected



EMSL Analytical, Inc.

200 Route 130 North Cinnaminson, NJ 08077

Tel/Fax: (800) 220-3675 / (856) 786-5974

<http://www.EMSL.com> / cinnasblab@EMSL.com

EMSL Order: 042318013
Customer ID: AIRC54
Customer PO:
Project ID:

Attention: Tom Worrell Air Consulting Services, LLC 196 Princeton-Hightstown Road West Windsor, NJ 08550 Project: 23159 / Hanover Insurance	Phone: (609) 371-2489 Fax: (609) 371-0827 Received Date: 07/25/2023 14:20 PM Analysis Date: 07/26/2023 Collected Date: 07/25/2023
---	--

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	#Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration	
						≥0.5μ < 5μ	≥5μ		(S/mm ²)	(S/cc)
1 042318013-0001	Basement - West	1200.00	0.0655	0	None Detected	0	0	0.0049	<15.00	<0.0049
2 042318013-0002	Basement - East	1200.00	0.0655	0	None Detected	0	0	0.0049	<15.00	<0.0049

Analyst(s)

Seri Smith (2)

Samantha Rundstrom, Laboratory Manager
or other approved signatory

EMSL maintains liability limited to cost of analysis. Interpretation and use of test results are the responsibility of the client. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. The report reflects the samples as received. Results are generated from the field sampling data (sampling volumes and areas, locations, etc.) provided by the client on the Chain of Custody. Samples are within quality control criteria and met method specifications unless otherwise noted. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. Results reported in structures/cm³ are not covered by the laboratory's NVLAP accreditation. Measurement of uncertainty available upon request.

Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NVLAP Lab Code 101048-0, AIHA LAP, LLC-IHLAP Accredited #100194, NYS ELAP 10872, NJ DEP 03036, PA ID# 68-00367, LA #04127

Initial report from: 07/26/2023 09:48 AM



Asbestos Chain of Custody (Air, Bulk, Soil)

EMSL Order Number / Lab Use Only

EMSL Analytical, Inc.
200 Route 130 North
Cinnaminson, NJ 08077

042318013

PHONE: (800) 220-3675

EMAIL: CinnAslab@EMSL.com

EMSL ANALYTICAL, INC.
TESTING LABS • PRODUCTS • TRAINING

If Bill-To is the same as Report-To leave this section blank. Third-party billing requires written authorization.

Customer Information Customer ID: <u>AIRC54</u> Company Name: <u>Tom Worrell Air Consulting Svcs</u> Contact Name: <u>Tom Worrell</u> Street Address: <u>196 Princeton Hightstown Rd</u> City, State, Zip: <u>West Windsor, NJ 08550</u> Country: <u>USA</u> Phone: <u>609-371-2489</u> Email(s) for Report: <u>tom@airconsultingservices.com</u>	Billing Information Billing ID: Company Name: Billing Contact: Street Address: City, State, Zip: Phone: Email(s) for Invoice:
---	---

RECEIVED
EMSL
CINNAMINSON, NJ
SAME
2023 JUL 25 P 2:19

Project Information		Purchase Order:
Project Name/No: <u>23159 - Hanover Insurance</u>	US State where samples collected: <u>NJ</u>	State of Connecticut (CT) must select project location: <input type="checkbox"/> Commercial (Taxable) <input type="checkbox"/> Residential (Non-Taxable)
EMSL LIMS Project ID: <small>(if applicable, EMSL will provide)</small>	Sampled By Name: <u>Tom Worrell</u>	Sampled By Signature: <u>Tom Worrell</u>

Turn-Around-Time (TAT)

3 Hour
 4-4.5 Hour (AHERA ONLY)
 6 Hour
 24 Hour
 32 Hour
 48 Hour
 72 Hour
 96 Hour
 1 Week
 2 Week

TEM Air 3-6 Hour, please call ahead to schedule. 32 Hour TAT available for select tests only; samples must be submitted by 11:30 am.

Test Selection

PCM Air <input type="checkbox"/> NIOSH 7400 <input type="checkbox"/> NIOSH 7400 w/ 8hr. TWA PLM - Bulk (reporting limit) <input type="checkbox"/> PLM EPA 600/R-93/116 (<1%) <input type="checkbox"/> PLM EPA NOB (<1%) <input type="checkbox"/> POINT COUNT <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1,000 (<0.1%) POINT COUNT w/ GRAVIMETRIC <input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1,000 (<0.1%) <input type="checkbox"/> NIOSH 9002 (<1%) <input type="checkbox"/> NYS 198.1 (Friable - NY) <input type="checkbox"/> NYS 198.6 NOB (Non-Friable - NY) <input type="checkbox"/> NYS 198.8 (Vermiculite SM-V)	TEM - Air <input checked="" type="checkbox"/> AHERA 40 CFR, Part 763 <input type="checkbox"/> NIOSH 7402 <input type="checkbox"/> EPA Level II <input type="checkbox"/> ISO 10312* TEM - Bulk <input type="checkbox"/> TEM EPA NOB <input type="checkbox"/> NYS NOB 198.4 (Non-Friable-NY) <input type="checkbox"/> TEM EPA 600/R-93/116 w Milling Prep (0.1%) Other Test (please specify)	TEM - Settled Dust <input type="checkbox"/> Microvac - ASTM D5755 <input type="checkbox"/> Wipe - ASTM D6480 <input type="checkbox"/> Qualitative via Filtration Prep <input type="checkbox"/> Qualitative via Drop Mount Prep Soil - Rock - Vermiculite (reporting limit)* <input type="checkbox"/> PLM EPA 600/R-93/116 with milling prep (<0.25%) <input type="checkbox"/> PLM EPA 600/R-93/116 with milling prep (<0.1%) <input type="checkbox"/> TEM EPA 600/R-93/116 with milling prep (<0.1%) <input type="checkbox"/> TEM Qualitative via Filtration Prep <input type="checkbox"/> TEM Qualitative via Drop Mount Prep
--	--	--

*Please call with your project-specific requirements.

Positive Stop - Clearly Identified Homogeneous Areas (HA)
 Filter Pore Size (Air Samples) 0.8um 0.45um

Sample Number	Sample Location / Description	Volume, Area or Homogeneous Area	Date / Time Sampled (Air Monitoring Only)
#1	Basement, West	1200L	1014 - 1214 7/25/23
#2	Basement, East	1200L	1016 - 1216 7/25/23

Special Instructions and/or Regulatory Requirements (Sample Specifications, Processing Methods, Limits of Detection, etc.)

DAS

Method of Shipment:	Sample Condition Upon Receipt:
Relinquished by: <u>Tom Worrell</u>	Received by: <u>Daniel Skipp WE</u>
Date/Time: <u>7/25/23 1230</u>	Date/Time: <u>7-23 2:00pm</u>

Controlled Document - COC-05 Asbestos R16 10/28/2021 **AGREE TO ELECTRONIC SIGNATURE** (By checking, I consent to signing this Chain of Custody document by electronic signature.)

EMSL Analytical, Inc.'s Laboratory Terms and Conditions are incorporated into this Chain of Custody by reference in their entirety. Submission of samples to EMSL Analytical, Inc. constitutes acceptance and acknowledgment of all terms and conditions by Customer.



April 28, 2023

Anthony Paglia, Manager
Paul Davis Restoration
9 Ilene Court, Building 6
Hillsborough, NJ 08844

Re: Final Mold Inspection, 180 Blackburn, Summit, NJ

Dear Mr. Paglia:

I am pleased to provide my observations of the microbial conditions within the dwelling located at 180 Blackburn in Summit, NJ. I inspected the home on April 24, 2023. The inspection was conducted to verify that recently completed remediation efforts have been successful.

At the time of my inspection, all mold and water damaged building materials had been removed and discarded. The exposed framing had been cleaned with an antimicrobial cleaner and encapsulated with an antimicrobial sealant. No visible mold growth was present. I collected air and surface samples to characterize the conditions as of the time of inspection. The results are discussed below.

The air samples reported with spore concentrations in the range of <13 and 110 S/m³ (spores per cubic meter of air) and are lower than and similar to the outside sample result which reported with a total spore concentration of 970 S/m³. The indoor air samples are composed of common environmental fungi frequently found growing outdoors and are indicative of normal indoor air quality.

Surface samples are reported in qualitative units ranging from 1+ on the low side, to 4+ on the high side. The surface samples all reported as None, with no mold spores detected, confirming the clean conditions.

Based on the visual inspection and testing, I conclude that the work area is clean, dry and suitable for reconstruction and continued occupancy.

Please contact us should you have any questions. Your time and cooperation are appreciated.

Sincerely,

A handwritten signature in black ink that reads "Tom Worrell". The signature is written in a cursive style and is placed on a light gray rectangular background.

Tom Worrell
Industrial Hygienist

Table I
Microbial Result Summary
180 Blackburn, Summit, NJ
April 24, 2023

Sample Location	Mold Result	Identification, %
Air Samples, (S/m3)		
1. First Floor	110	Basidiospores, 50% Pen/Asp typs, 50%
2. Basement/Garage	<13	No Fungi Detected
3. Outside	970	Cladosporium, 49% Basidiospores, 38% Two Others, 12%
Surface Samples, Qualitative		
4. First Floor Framing	None	No Mold Spores Detected
5. Basement Framing	None	No Mold Spores Detected
6. Garage Framing	None	No Mold Spores Detected

Sample Procedures, Total Fungi:

Air samples for total fungi were collected on the Air-O-Cell cassette, connected to a high-volume BioPump calibrated at 15 liters per minute. Surface samples for coliform bacteria were collected with the CultureSwab System. After collection, the samples were sealed, labeled and transported to the laboratory with full chain-of-custody documentation.

In the laboratory, the mold samples were examined under plain optical microscopy at 600X magnification. Fungal spores, hyphae and other fungal structures are counted and identified by size, color and morphology. Some spores of common fungi, such as Penicillium and Aspergillus, have similar appearance, and are grouped together as Pen/Asp like. The results are reported in units of fungal structures per cubic meter of air (S/m3).

The Biotape method provides a qualitative assessment of fungal amplification. The presence of a few spores, reported as None or 1+, is considered background. The presence of higher concentrations, reported as 2+, 3+ or 4+, indicates the presence of significant fungal activity.

The fungi analyses were performed by EMLab P&K Microbiological Services, located in Marlton, NJ. EMLab P&K is certified by the American Industrial Hygiene Association (AIHA Laboratory No. 100305)

Report for:

Mr. Tom Worrell, CMI, CMR
Air Consulting Services LLC
196 Princeton-Hightstown Road
Building 2, Suite 13
West Windsor, NJ 08550

Regarding: Eurofins EPK Built Environment Testing, LLC
Project: 23090 - PDR; 180 Blackburn Street, Summit, NJ
EML ID: 3238454

Approved by:

Dates of Analysis:
Spore trap analysis: 04-26-2023

Technical Manager
Ariunaa Jalsrai

Service SOPs: Spore trap analysis (EM-MY-S-1038)
AIHA-LAP, LLC accredited service, Lab ID #103005

All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank correction of results is not applied. The results relate only to the samples as received and tested. Information supplied by the client which can affect the validity of results: sample air volume.

Eurofins EPK Built Environment Testing, LLC ("the Company"), a member of the Eurofins Built Environment Testing group of companies, shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Eurofins EPK Built Environment Testing, LLC's LabServe® reporting system includes automated fail-safes to ensure that all AIHA-LAP, LLC quality requirements are met and notifications are added to reports when any quality steps remain pending.

Client: Air Consulting Services LLC
 C/O: Mr. Tom Worrell, CMI, CMR
 Re: 23090 - PDR; 180 Blackburn Street, Summit, NJ

Date of Sampling: 04-24-2023
 Date of Receipt: 04-25-2023
 Date of Report: 04-27-2023

SPORE TRAP REPORT: NON-VIABLE METHODOLOGY

Lab ID-Version‡ Location	Air vol. (L)	Background Debris	Counts of Fungal Structures	Fungal Structures/m3	Presumptive Fungal ID (raw counts*)	Percentage
15694968-1 04/26/2023 #1 First Floor	75	1+	4 4	53 53 § Total: 110	Basidiospores (1) Penicillium/Aspergillus types (1)	50 50
Comments:						
15694969-1 04/26/2023 #2 Basement/Garage	75	1+			No fungi detected	
§ Total: < 13						
Comments: No spores detected.						
15694970-1 04/26/2023 #3 Outside	75	1+	1 8 28 36 59	13 110 370 480 790 790	Alternaria (1) Ascospores (2) Basidiospores (7) Cladosporium (9) Pollen (59)	1 11 38 49 N/A
Comments:						

Background debris indicates the amount of non-biological particulate matter present on the trace (dust in the air) and the resulting visibility for the analyst. It is rated from 1+ (low) to 4+ (high). Counts from areas with 4+ background debris should be regarded as minimal counts and may be higher than reported. It is important to account for samples volumes when evaluating dust levels.

The analytical sensitivity is the spores/m³ divided by the raw count, expressed in spores/m³, per spore and per sample.

*All AIHA accredited laboratories are required to provide raw counts of fungal structures in spore trap reports. These counts are defined by AIHA as "Actual count without extrapolation or calculation". The number in parentheses next to the fungal type represents the exact number (or raw count) of fungal structures observed.

‡ A "Version" indicated by "-x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".

§ Total has been rounded to two significant figures to reflect analytical precision.



Built Environment Testing



Report for:

Mr. Tom Worrell, CMI, CMR
Air Consulting Services LLC
196 Princeton-Hightstown Road
Building 2, Suite 13
West Windsor, NJ 08550

Regarding: Eurofins EPK Built Environment Testing, LLC
Project: 23090 - PDR; 180 Blackburn Street, Summit, NJ
EML ID: 3238454

Approved by:

Dates of Analysis:

Direct microscopic exam (Qualitative): 04-26-2023

Technical Manager
Ariunaa Jalsrai

Service SOPs: Direct microscopic exam (Qualitative) (EM-MY-S-1039)
AIHA-LAP, LLC accredited service, Lab ID #103005

All samples were received in acceptable condition unless noted in the Report Comments portion in the body of the report. Due to the nature of the analyses performed, field blank correction of results is not applied. The results relate only to the samples as received and tested.

Eurofins EPK Built Environment Testing, LLC ("the Company"), a member of the Eurofins Built Environment Testing group of companies, shall have no liability to the client or the client's customer with respect to decisions or recommendations made, actions taken or courses of conduct implemented by either the client or the client's customer as a result of or based upon the Test Results. In no event shall the Company be liable to the client with respect to the Test Results except for the Company's own willful misconduct or gross negligence nor shall the Company be liable for incidental or consequential damages or lost profits or revenues to the fullest extent such liability may be disclaimed by law, even if the Company has been advised of the possibility of such damages, lost profits or lost revenues. In no event shall the Company's liability with respect to the Test Results exceed the amount paid to the Company by the client therefor.

Eurofins EPK Built Environment Testing, LLC's LabServe® reporting system includes automated fail-safes to ensure that all AIHA-LAP, LLC quality requirements are met and notifications are added to reports when any quality steps remain pending.

Client: Air Consulting Services LLC
 C/O: Mr. Tom Worrell, CMI, CMR
 Re: 23090 - PDR; 180 Blackburn Street, Summit, NJ

Date of Sampling: 04-24-2023
 Date of Receipt: 04-25-2023
 Date of Report: 04-27-2023

DIRECT MICROSCOPIC EXAMINATION REPORT

Background Debris and/or Description	Miscellaneous Spores Present*	MOLD GROWTH: Molds seen with underlying mycelial and/or sporulating structures†	Other Comments††	General Impression
Lab ID-Version‡: 15694971-1, Analysis Date: 04/26/2023: Tape sample #4: First Floor Framing				
Scant	None	None	None	No mold spores detected
Lab ID-Version: 15694972-1, Analysis Date: 04/26/2023: Tape sample #5: Basement Framing				
Scant	None	None	None	No mold spores detected
Lab ID-Version: 15694973-1, Analysis Date: 04/26/2023: Tape sample #6: Garage Framing				
Light	None	None	None	No mold spores detected

* Indicative of normal conditions, i.e. seen on surfaces everywhere. Includes basidiospores (mushroom spores), myxomycetes, plant pathogens such as ascospores, rusts and smuts, and a mix of saprophytic genera with no particular spore type predominating. Distribution of spore types seen mirrors that usually seen outdoors.

† Quantities of molds seen growing are listed in the MOLD GROWTH column and are graded <1+ to 4+, with 4+ denoting the highest numbers.

†† Some comments may refer to the following: Most surfaces collect a mix of spores which are normally present in the outdoor environment. At times it is possible to note a skewing of the distribution of spore types, and also to note "marker" genera which may indicate indoor mold growth. Marker genera are those spore types which are present normally in very small numbers, but which multiply indoors when conditions are favorable for growth.

‡ A "Version" indicated by -"x" after the Lab ID# with a value greater than 1 indicates a sample with amended data. The revision number is reflected by the value of "x".
 The limit of detection is < 1+ when mold growth is detected.

For additional information necessary for the interpretation of the results, all readers are advised to refer to the document "Direct Exam Details Page" which is available on our website at:
www.emlab.com/services/mold-testing/direct-microscopic-exam-qualitative/

