



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

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Property Address: 38 Baxter Lane, West Orange, NJ 07052

Seller: Cayen, Judy

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1. Age of House, if known 2007
- 2. Does the Seller currently occupy this property?
If not, how long has it been since Seller occupied the property? 11 year rented by same person
- 3. What year did the seller buy the property? Dec 29, 2010
- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 4. Age of roof Original
- 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 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. _____



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

TERMITES/WOOD DESTROYING INSECTS, DRY ROT, PESTS

- 63 Yes No Unknown
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- 16. Are you aware of any termites/wood destroying insects, dry rot, or pests affecting the property?
- 17. Are you aware of any damage to the property caused by termites/wood destroying insects, dry rot, or pests?
- 18. If "yes," has work been performed to repair the damage?
- 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: HUMPHREYS INSECT CONTROL INC, 267 MAIN AVE, STIRLING, NJ 07980
- 20. Are you aware of any termite/pest control inspections or treatments performed on the property in the past?
- 21. Explain any "yes" answers that you give in this section: ROUTINE INSPECTION AND ROUTINE MAINTENANCE

STRUCTURAL ITEMS

- 78 Yes No Unknown
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- 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?
- 23. Are you aware if the property or any of the structures on it have ever been damaged by fire, smoke, wind or flood?
- 24. Are you aware of any fire retardant plywood used in the construction?
- 25. Are you aware of any current or past problems with driveways, walkways, patios, sinkholes, or retaining walls on the property?
- 26. Are you aware of any present or past efforts made to repair any problems with the items in this section?
- 27. Explain any "yes" answers that you give in this section. Please describe the location and nature of the problem.

ADDITIONS/REMODELS

- 94 Yes No Unknown
- 95
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- 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?
- 29. Were the proper building permits and approvals obtained? Explain any "yes" answers you give in this section:

PLUMBING, WATER AND SEWAGE

- 104 Yes No Unknown
- 105
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- 30. What is the source of your drinking water?
 - Public
 - Community System
 - Well on Property
 - Other (explain)
- 31. If your drinking water source is not public, have you performed any tests on the water? If so, when? Attach a copy of or describe the results.

- 111 32. Does the wastewater from any clothes washer, dishwasher, or other appliance discharge to any location other than the sewer, septic, or other system that services the rest of the property?
- 112 33. When was well installed? _____
- 113 Location of well? _____
- 114 34. Do you have a softener, filter, or other water purification system? Leased Owned
- 115 35. What is the type of sewage system?
- 116 Public Sewer Private Sewer Septic System Cesspool Other (explain): _____
- 117 36. If you answered "septic system," have you ever had the system inspected to confirm that it is a true septic system and not a cesspool?
- 118 37. If Septic System, when was it installed? _____
- 119 Location? _____
- 120 38. When was the Septic System or Cesspool last cleaned and/or serviced? _____
- 121 39. Are you aware of any abandoned Septic Systems or Cesspools on your property?
- 122 39a. If "yes," is the closure in accordance with the municipality's ordinance? (explain): _____
- 123 _____
- 124 40. Are you aware of any leaks, backups, or other problems relating to any of the plumbing systems and fixtures (including pipes, sinks, tubs and showers), or of any other water or sewage related problems? If "yes," explain: Seller never used tub in master bedroom. Will be as is
- 125 41. Are you aware of any shut off, disconnected, or abandoned wells, underground water or sewage tanks, or dry wells on the property?
- 126 42. Is either the private water or sewage system shared? If "yes," explain: _____
- 127 43. Water Heater: Electric Fuel Oil Gas
- 128 Age of Water Heater 12/23/2019
- 129 43a. Are you aware of any problems with the water heater?
- 130 44. Explain any "yes" answers that you give in this section: _____
- 131 _____
- 132 _____
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HEATING AND AIR CONDITIONING

- 141 Yes No Unknown
- 142 45. Type of Air Conditioning:
- 143 Central one zone Central multiple zone Wall/Window Unit None
- 144 46. List any areas of the house that are not air conditioned: _____
- 145 _____
- 146 47. What is the age of Air Conditioning System? Original
- 147 48. Type of heat: Electric Fuel Oil Natural Gas Propane Unheated Other
- 148 49. What is the type of heating system? (for example, forced air, hot water or base board, radiator, steam heat) Forced air
- 149 50. If it is a centralized heating system, is it one zone or multiple zones? Multiple zones
- 150 _____
- 151 51. Age of furnace Original Date of last service: 12/28/2021
- 152 52. List any areas of the house that are not heated: (Maintenance plan by AIR GROUP)
- 153 _____
- 154 53. Are you aware of any tanks on the property, either above or underground, used to store fuel or other substances?
- 155 54. If tank is not in use, do you have a closure certificate?
- 156 55. Are you aware of any problems with any items in this section? If "yes," explain: _____
- 157 _____
- 158 _____
- 159 _____
- 160 _____
- 161 _____

WOODBURNING STOVE OR FIREPLACE

- 162 Yes No Unknown
- 163 56. Do you have wood burning stove? fireplace? insert? other
- 164 56a. Is it presently usable?
- 165 57. If you have a fireplace, when was the flue last cleaned? N/A (electrical)
- 166 57a. Was the flue cleaned by a professional or non-professional? _____
- 167 58. Have you obtained any required permits for any such item?
- 168 59. Are you aware of any problems with any of these items? If "yes," please explain: _____
- 169 _____
- 170 _____

171 **ELECTRICAL SYSTEM**

172 Yes No Unknown

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60. What type of wiring is in this structure? Copper Aluminum Other Unknown

61. What amp service does the property have? 60 100 150 200 Other Unknown

62. Does it have 240 volt service? Which are present Circuit Breakers, Fuses or Both?

63. Are you aware of any additions to the original service?

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

64. If "yes," were proper building permits and approvals obtained?

65. Are you aware of any wall switches, light fixtures or electrical outlets in need of repair?

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

186 **LAND (SOILS, DRAINAGE AND BOUNDARIES)**

187 Yes No Unknown

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67. Are you aware of any fill or expansive soil on the property?

68. Are you aware of any past or present mining operations in the area in which the property is located?

69. Is the property located in a flood hazard zone?

70. Are you aware of any drainage or flood problems affecting the property?

71. Are there any areas on the property which are designated as protected wetlands?

72. Are you aware of any encroachments, utility easements, boundary line disputes, or drainage or other easements affecting the property?

73. Are there any water retention basins on the property or the adjacent properties?

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:

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

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

77. Do you have a survey of the property?

207 **ENVIRONMENTAL HAZARDS**

208 Yes No Unknown

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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.

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:

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:

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

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

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).

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

- 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

DEED RESTRICTIONS, SPECIAL DESIGNATIONS, HOMEOWNERS ASSOCIATION/CONDOMINIUMS 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 be used due to its being situated within a designated historic district, or a protected area like the New Jersey Pinelands, or its being subject to similar legal authorities other than typical local zoning ordinances?
- 240
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- 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 of a condominium or other form of common interest ownership?
- 245
- 246 86. As the owner of the property, are you required to belong to a condominium association or homeowners association, or other similar organization or property owners?
- 247
- 248 86a. If so, what is the Association's name and telephone number?
Taylor Management Tel: 973-736-1068
- 249
- 250 86b. If so, are there any dues or assessments involved?
- 251 If "yes," how much? Currently \$600/month. The fee will increase to \$625/month starting April 1, 2022
- 252 87. Are you aware of any defect, damage, or problem with any common elements or common areas that materially affects the property?
- 253
- 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 Association that impact the property?
- 256
- 257 90. Explain any "yes" answers you give in this section:
- 258 _____
- 259 _____
- 260

MISCELLANEOUS

- 262 Yes No Unknown
- 263 91. Are you aware of any existing or threatened legal action affecting the property or any condominium or homeowners association to which you, as an owner, belong?
- 264
- 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 uses, or set-back violations relating to this property? If so, please state whether the condition is pre-existing non-conformance to present day zoning or a violation to zoning and/or land use laws.
- 267 _____
- 268 _____
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- 271 94. Are you aware of any public improvement, condominium or homeowner association assessments against the property that remain unpaid? Are you aware of any violations of zoning, housing, building, safety or fire ordinances that remain uncorrected?
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- 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 clear title?
- 276
- 277 96. Are you aware of any material defects to the property, dwelling, or fixtures which are not disclosed elsewhere on this form? (A defect is "material," if a reasonable person would attach importance to its existence or non-existence in deciding whether or how to proceed in the transaction.) If "yes," explain: _____
- 278 _____
- 279
- 280
- 281
- 282 97. Other than water and sewer charges, utility and cable tv fees, your local property taxes, any special assessments and any association dues or membership fees, are there any other fees that you pay on an ongoing basis with respect to this property, such as garbage collection fees?
- 283
- 284
- 285 98. Explain any other "yes" answers you give in this section:
- 286
- 287 **91). On-going, outward-facing litigation by the HOA. Contact Taylor Mgmt for further information.**
- 288 _____
- 289
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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 OC _____
298 (Initials) (Initials)
299

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? Passive system
308 101a. If "yes," is such equipment in good working order?
309
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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 0
319 103. Smoke Detectors
320 Battery Electric Both How many _____
321 Carbon Monoxide Detectors How many _____
322 Location As per township requirements
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:
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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:
Judy Cayen
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2/23/2022 | 6:06 PM EST

SELLER

DATE

SELLER

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SELLER

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SELLER

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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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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:

Sue Adler

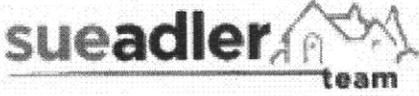
2/23/2022 | 6:06 PM EST

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

DATE

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

DATE



ADDITIONAL DISCLOSURE re: 38 Baxter Lane, West Orange, NJ 07052

The following items are to be INCLUDED in the sale:

Livingroom: 5.1 stereo sound system installed and wall speakers along with flat screen curved TV, and audio receiver system.

Basement: Same as above, except 7.1 stereo sound system and flat screen TV.

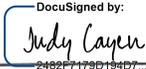
The following items are to be EXCLUDED from the sale:

N/A

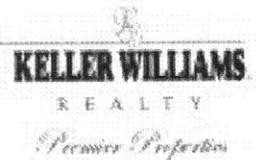
The following items are to convey in strictly AS-IS condition:

Spa tub in master bedroom

Acknowledged by:

Seller:  2/23/2022 | 6:06 PM EST Buyer: _____ (date) (date)

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





Work Order 10916440

1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Date called in: 4/1/20
 CSR: KAREN
 AcctNo: 243794
 Work Type: Maintenance- 2 Systems
 Terms : COD
 Cust PO :

Service Address:

MRS. J. CAYEN
 38 BAXTER LANE
 WEST ORANGE, NJ 07052

Billing Account:

MRS. J. CAYEN
 98 AUTUMN RIDGE ROAD
 BEDMINSTER, NJ 07921

Date Sched :	Technician :
7/29/2020	FRANMER - 950

ItemNo	Desc	Qty	Price	Extended
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00
C19	NO COVID-19 SAFE TO ENTER- WEAR A MASK, GLOVES AND BOOTIES & MAINTAIN SOCIAL DISTANCE.	1.00	0.00	0.00
4332	16X25X1 FILTER	2.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
002	Cleaned Condenser Coil	2.00	0.00	0.00
003	Checked Refrigerant Charge	2.00	0.00	0.00
020	Checked Operating Pressures	2.00	0.00	0.00
110	Replaced Air Filter	2.00	0.00	0.00
12444	Inspected Blower Assembly	2.00	0.00	0.00
124	Cleaned Blower	2.00	0.00	0.00
01311	Tested run capacitor	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
213	Cleaned Contactors	2.00	0.00	0.00
301	Cleaned Main Drain	2.00	0.00	0.00
311	Cleaned P-Trap	2.00	0.00	0.00
377	Checked Amperage Draw of Motor	2.00	0.00	0.00
037	Clean Debris From Cond. Unit	2.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00
085	Explained System To Customer	2.00	0.00	0.00
355	Checked Bearing for Wear/Play	2.00	0.00	0.00
356	Checked Fan Blade Balance	2.00	0.00	0.00
358	Checked Unit For Vibration	2.00	0.00	0.00
373	Cleaned All Work Areas	2.00	0.00	0.00
374	Reset Contrls to Orig. Setting	2.00	0.00	0.00

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Work Order 10916440

Date called in: 4/1/20
CSR: KAREN
AcctNo: 243794
Work Type: Maintenance- 2 Systems
Terms : COD

NOTES

-- 1st floor
 Td 18°
 BM 4 amps
 75/225
 Sub 11°
 Sh 18°
 Comp 5 amps
 Odf .7 amps
 System is working properly.

2nd floor
 Td 18°
 Bm 4 amps
 70/250
 Sub 10°
 Sh 14°
 Comp 5 amps
 Odf.7 amps
 Blower Motor is loaded with dust and sludge. Quoted customer 354.20 plus tax after discount. Customer accepted and wants office to call him to set up a return date. System is working properly.

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



Work Order 11022576

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 4/1/21
CSR: KAREN
AcctNo: 243794
Work Type: Maintenance- 2 Systems
Terms : COD
Cust PO :

Service Address:

MRS. J. CAYEN
38 BAXTER LANE
WEST ORANGE, NJ 07052

Billing Account:

MRS. J. CAYEN
98 AUTUMN RIDGE ROAD
BEDMINSTER, NJ 07921

Date Sched :	Technician :
3/18/2021	AUSTIN - 510

ItemNo	Desc	Qty	Price	Extended
C19	NO COVID-19 SAFE TO ENTER- WEAR A MASK, GLOVES AND BOOTIES & MAINTAIN SOCIAL DISTANCE.	1.00	0.00	0.00
05220	TH4110U2005 T4 PRO THERMOSTAT	1.00	225.00	225.00
311	Cleaned P-Trap	2.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
003	Checked Refrigerant Charge	2.00	0.00	0.00
020	Checked Operating Pressures	2.00	0.00	0.00
110	Replaced Air Filter	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
213	Cleaned Contactors	2.00	0.00	0.00
30222	Test Primary Drain Pan	2.00	0.00	0.00
301	Cleaned Main Drain	2.00	0.00	0.00
372	Replaced All Panels/Covers	2.00	0.00	0.00
377	Checked Amperage Draw of Motor	2.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00
085	Explained System To Customer	2.00	0.00	0.00
355	Checked Bearing for Wear/Play	2.00	0.00	0.00
356	Checked Fan Blade Balance	2.00	0.00	0.00
358	Checked Unit For Vibration	2.00	0.00	0.00
373	Cleaned All Work Areas	2.00	0.00	0.00
374	Reset Contrls to Orig. Setting	2.00	0.00	0.00
4332	16X25X1 FILTER	2.00	0.00	0.00
LC	LOYALTY CREDITS	1.00	-100.00	-100.00
	YOU SAVED \$\$\$ WITH YOUR PRIORITY-PLUS LOYALTY CREDITS			
RCC	OFFICE TO RUN CREDIT CARD	1.00	0.00	0.00
	FOR CURRENT PAYMENT. SEE CREDIT CARD ON FILE.			
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00

NOTES

-- Found 1st floor thermostat mode selector switch would not engage cooling mode.
Quoted customer, with loyalty credits, to replace the thermostat and he accepted.
Replaced 1st floor thermostat and tested.

Payments on this Order				
Date	Amount	Type	Document#	Reference
3/18/21	\$133.28	Visa	CC20210318	Credit Card Payment

Sub Total: 125.00
Sales Tax: 8.28
Order Total: 133.28
Payments: (\$133.28)

Total Amount Due: \$0.00



1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Work Order 11022576

Date called in: 4/1/21
CSR: KAREN
AcctNo: 243794
Work Type: Maintenance- 2 Systems
Terms : COD

Payments on this Order

<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>
3/18/21	\$133.28	Visa	CC20210318	Credit Card Payment

Sub Total: 125.00
Sales Tax: 8.28
Order Total: 133.28
Payments: (\$133.28)

Total Amount Due: \$0.00



Work Order 10969730

1 PRINCE RD
WHIPPANY, NJ 07981-2100
Phone: 800-545-1020
Fax: 973-887-2218

Date called in: 9/1/20
CSR: KAREN
AcctNo: 243794
Work Type: Maintenance- 2 Systems
Terms : COD
Cust PO :

Service Address:

MRS. J. CAYEN
38 BAXTER LANE
WEST ORANGE, NJ 07052

Billing Account:

MRS. J. CAYEN
98 AUTUMN RIDGE ROAD
BEDMINSTER, NJ 07921

Date Sched :	Technician :
9/26/2020	ROBERT - 751



ItemNo	Desc	Qty	Price	Extended
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00
C19	NO COVID-19 SAFE TO ENTER- WEAR A MASK, GLOVES AND BOOTIES & MAINTAIN SOCIAL DISTANCE.	1.00	0.00	0.00
4332	16X25X1 FILTER	2.00	0.00	0.00
4332	16X25X1 FILTER	2.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
110	Replaced Air Filter	2.00	0.00	0.00
1811	Checked draft inducer oper.	2.00	0.00	0.00
090	Cleaned Sensor	2.00	0.00	0.00
0891	Checked gas pressure	2.00	0.00	0.00
13711	Checked hot surface ignitor	2.00	0.00	0.00
12811	Checked heat exchanger	2.00	0.00	0.00
086	Cleaned Burner(s)	2.00	0.00	0.00
0961	Cleaned intake screen	2.00	0.00	0.00
1812	Cleaned flue cond. trap	2.00	0.00	0.00
092	Checked Flame Signal	2.00	0.00	0.00
096	Checked Flue Pipe & Venting	2.00	0.00	0.00
CO	Checked for Carbon Monoxide OK	2.00	0.00	0.00
01311	Tested run capacitor	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Work Order 10969730

Date called in: 9/1/20
CSR: KAREN
AcctNo: 243794
Work Type: Maintenance- 2 Systems
Terms : COD

NOTES

-- Attic unit
 Inducer amps .6
 Manifold gas pressure 3.5" wc
 Temp rise 42°
 Supply temp 115°

As noted previously, blower wheel and motor are very dirty. See past notes.

2nd bedroom thermostat sticks when switching between modes. Customer has also noticed this but barely uses that zone so he just wants to leave it for now.

Basement unit
 Inducer amps .58
 Manifold gas pressure 3.5" wc
 Temp rise 45°
 Supply temp 114°

Stat for this unit also sticks when switching modes. Customer is aware and is fine with leaving them for now.

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
Sales Tax: 0.00
Order Total: 0.00
Payments: \$0.00

Total Amount Due: \$0.00



Work Order 11082768

1 PRINCE RD
 WHIPPANY, NJ 07981-2100
 Phone: 800-545-1020
 Fax: 973-887-2218

Date called in: 9/1/21
 CSR: KAREN
 AcctNo: 243794
 Work Type: Maintenance- 2 Systems
 Terms : COD
 Cust PO :

Service Address:

MRS. J. CAYEN
 38 BAXTER LANE
 WEST ORANGE, NJ 07052

Billing Account:

MRS. J. CAYEN
 98 AUTUMN RIDGE ROAD
 BEDMINSTER, NJ 07921

Date Sched :	Technician :
12/28/2021	ALEX - 723

ItemNo	Desc	Qty	Price	Extended
C19	NO COVID-19 SAFE TO ENTER- WEAR A MASK, BOOTIES & MAINTAIN SOCIAL DISTANCE. AS PER MRS	1.00	0.00	0.00
038	Check All Safety Controls	2.00	0.00	0.00
4332	16X25X1 FILTER	2.00	0.00	0.00
090	Cleaned Sensor	2.00	0.00	0.00
900	Preventive Maintenance on Sys.	2.00	0.00	0.00
110	Replaced Air Filter	2.00	0.00	0.00
1811	Checked draft inducer oper.	2.00	0.00	0.00
13711	Checked hot surface ignitor	2.00	0.00	0.00
1812	Cleaned flue cond. trap	2.00	0.00	0.00
096	Checked Flue Pipe & Venting	2.00	0.00	0.00
CO	Checked for Carbon Monoxide OK	2.00	0.00	0.00
209	TIGHTENED ELECTRICAL CONNECT.	2.00	0.00	0.00
PMVISIT-GOLD	Maintenance Visit- Gold	1.00	0.00	0.00

NOTES

-- Performed heat maintenance. Cleaned and tested operation of equipment. All is working properly. CO: 0ppm

<u>Payments on this Order</u>				
<u>Date</u>	<u>Amount</u>	<u>Type</u>	<u>Document#</u>	<u>Reference</u>

Sub Total: 0.00
 Sales Tax: 0.00
 Order Total: 0.00
 Payments: \$0.00

Total Amount Due: \$0.00