



TENNESSEE RESIDENTIAL PROPERTY CONDITION DISCLOSURE

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

Instructions to Seller

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

Property Address 3528 Hwy 59 W Covington, TN 38019

Seller's Name(s) Adam Shelley

Property Age 1 yr Date Seller Acquired the Property 2025 Do You Occupy the Property? Yes

If Not Owner-Occupied, How Long Has It Been Since the Seller Occupied the Property? —

A. The Subject Property Includes the Items Checked Below:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> - Range | <input checked="" type="checkbox"/> - Window Screens <i>in attic</i> | <input checked="" type="checkbox"/> - Key to all Exterior Doors |
| <input checked="" type="checkbox"/> - Oven | <input checked="" type="checkbox"/> - Rain Gutters | <input type="checkbox"/> - Intercom |
| <input checked="" type="checkbox"/> - Microwave | <input checked="" type="checkbox"/> - Fireplace(s) (# <u>1</u>) | <input type="checkbox"/> - TV Antenna/Satellite Dish |
| <input checked="" type="checkbox"/> - Dishwasher | <input checked="" type="checkbox"/> - Gas Starter for Fireplace | <input checked="" type="checkbox"/> - Pool |
| <input checked="" type="checkbox"/> - Garbage Disposal | <input checked="" type="checkbox"/> - Gas Fireplace Logs | <input type="checkbox"/> - Spa/Whirlpool Tub |
| <input type="checkbox"/> - Trash Compactor | <input checked="" type="checkbox"/> - Smoke Detector/Fire Alarm | <input type="checkbox"/> - Hot Tub |
| <input type="checkbox"/> - Water Softener | <input type="checkbox"/> - Intercom | <input type="checkbox"/> - Sauna |
| <input checked="" type="checkbox"/> - 220 Volt Wiring | <input type="checkbox"/> - Burglar Alarm | <input type="checkbox"/> - Central Vacuum and Attachments |
| <input checked="" type="checkbox"/> - Washer/Dryer Hookups | <input checked="" type="checkbox"/> - Patio/Decking/Gazebo | <input type="checkbox"/> - Current Termite Contract |
| <input checked="" type="checkbox"/> - Central Heating | <input type="checkbox"/> - Installed Outdoor Cooking Grill | <input checked="" type="checkbox"/> - Access to Public Streets |
| <input type="checkbox"/> - Heat Pump | <input type="checkbox"/> - Irrigation System | <input type="checkbox"/> - Other: _____ |
| <input type="checkbox"/> - Wall/Window Air Conditioning | <input type="checkbox"/> - Sump Pump | <input type="checkbox"/> - Other: _____ |
| <input checked="" type="checkbox"/> - Central Air Conditioning | <input type="checkbox"/> - Garage Door Opener(s) (# <u> </u>) | <input type="checkbox"/> - Other: _____ |

Garage (Check if Applicable): - Attached - Not Attached - Carport

Water Heater (Check if Applicable): - Gas - Solar - Electric

Water Supply (Check if Applicable): - City - Well - Private - Utility - Other

If other, please explain: _____

Waste Disposal (Check if Applicable): - City - Sewer - Septic Tank - Other *Republic*

If other, please explain: _____

Gas Disposal (Check if Applicable): - Utility - Bottled - Other

If other, please explain: _____

Roof Type: Shingles Age(approx.): 1 yr

Other Items: _____

To the best of your knowledge, are any of the above NOT in operating condition? - Yes - No

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

B. Are You (Seller) Aware of Any Defects/Malfunctions in Any of the Following?

| | | | |
|------------------------------|--------------------------------|--|------------------------------------|
| 1. Interior Walls | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 2. Ceilings | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 3. Floors | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 4. Windows | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 5. Doors | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 6. Insulation | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 7. Plumbing | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 8. Sewer/Septic | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 9. Electrical System | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 10. Exterior Walls | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 11. Roof | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 12. Basement | <input type="checkbox"/> - Yes | <input type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 13. Foundation | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 14. Slab | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 15. Driveway | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 16. Sidewalks | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 17. Central heating | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 18. Heat Pump | <input type="checkbox"/> - Yes | <input type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |
| 19. Central air conditioning | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| If yes please explain: | | | |

C. Are You (Seller) Aware of Any of the Following?

| | | | |
|---|--------------------------------|--|------------------------------------|
| 1. Substances, materials or products which may be an environmental hazard such as, but not limited to: asbestos, radon gas, lead-based paint, fuel or chemical storage tanks and/or contaminated soil or water on the subject property? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 2. Features shared in common with adjoining landowners, such as walls, but not limited to, fences, and/or driveways, with joint rights and obligations for use and maintenance? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 3. Any authorized changes in roads, drainage or utilities affecting the property, or contiguous to the property? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 4. Any changes since the most recent survey of the property was done? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 5. Any encroachments, easements, or similar items that may affect your ownership interest in the property? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 6. Room additions, structural modifications or other alterations or repairs made without necessary permits? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |
| 7. Room additions, structural modifications or other alterations or repairs not in compliance with building codes? | <input type="checkbox"/> - Yes | <input checked="" type="checkbox"/> - No | <input type="checkbox"/> - Unknown |

| | |
|---|--|
| 8. Landfill (compacted or otherwise) on the property or any portion thereof? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 9. Any settling from any cause, or slippage, sliding or other soil problems? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 10. Flooding, drainage or grading problems? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 11. Any requirement that flood insurance be maintained on the property? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 12. Property or structural damage from fire, earthquake, floods or landslides | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 13. Any zoning violations, nonconforming uses and/or violations of "setback" requirements? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 14. Neighborhood noise problems or other nuisances? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 15. Subdivision and/or deed restrictions or obligations? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 16. A Homeowners Association (HOA) which has any authority over the subject property? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| Name of HOA: | |
| HOA Address: | |
| Monthly Dues: | |
| Special Assessments: | |
| 17. Any "common area" (facilities such as, but not limited to, pools, tennis courts, walkways, or other areas co-owned in undivided interest with others)? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 18. Any notices of abatement or citations against the property? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 19. Any lawsuits or proposed lawsuits by or against the seller which affects or will affect the property? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| 20. Is any system, equipment or part of the property being leased? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| If yes, please explain, and include a written statement regarding payment information: | |
| 21. Any exterior wall covering of the structures covered with exterior insulation and finish systems (EIFS), also known as "synthetic stucco"? | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| If yes, has there been a recent inspection to determine whether the structure has excessive moisture accumulation and/or moisture related damage? (The Tennessee Real Estate Commission urges any buyer or seller who encounters this product to have a qualified professional inspect the structure in question for the preceding concern and provide a written report of the professional's finding.) | <input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No <input type="checkbox"/> - Unknown |
| If yes, please explain. If necessary, please attach an additional sheet: | |

D. Certification: I/we certify that the information herein, concerning the real property located at 3528 Hwy 59 is true and correct to the best of my/our knowledge as of the date signed. Should any of these conditions change prior to conveyance of title to this property, these changes will be disclosed in addendum to this document.

Ad 82 3/30/26 _____
 Transferor (Seller) Date Transferor (Seller) Date

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

Transferee/Buyer's Acknowledgement:

I/we understand that this disclosure statement is not intended as a substitute for any inspection, and that I/we have a responsibility to pay diligent attention to and inquire about those material defects which are evident by careful observation.

I/we acknowledge receipt of a copy of this disclosure:

_____ Date _____ Date
 Transferee (Buyer) Date Transferee (Buyer) Date