

**RESIDENTIAL INCOME PROPERTY ADDENDUM (1-4 UNITS)
TO RESIDENTIAL SELLER'S PROPERTY DISCLOSURE STATEMENT ("SPDS")**

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1. This is an Addendum to the SPDS dated: _____
2. Seller: CAROL AZ LLC
3. Property address: 811 E Carol Ave, Phoenix, AZ 85020-2192
4. Number of County Assessor Parcel Numbers for the Premises: _____
5. Tax Parcel Numbers: _____

- | | YES | NO | |
|----|--------------------------|--------------------------|--|
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of whether the Premises has been the subject of any condominium/time share/interval ownership agreements, applications, approvals or historical sales? |
| 7. | | | |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of whether an application for a Public Report has ever been filed affecting the Premises? |
| 9. | | | If so, when? _____ |

10. **Are you aware of any of the following affecting access or use of the Property?**

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Access Easements |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Utility Easements |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Reciprocal Easement Agreement |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Restrictions on Legal or Physical Access |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Shared Use Agreements |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Shared Fences/Walls |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Shared Driveways |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Shared Signage |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Leased Parking |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Grandfathered Uses |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Association Agreements |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Other (describe) _____ |

23. If the answer to any of the preceding is yes, please explain. (Attach additional sheets if necessary).

24. _____
25. _____

26. **COMPLIANCE WITH LAW/LEGAL MATTERS**

27. **Are you aware of:**

- | | YES | NO | |
|-----|--------------------------|--------------------------|------------------------------------|
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Any tenant bankruptcy proceedings? |

29. **Any violations of laws or regulations of the following:**

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Zoning |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Building Code |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Occupational Safety and Health Administration (OSHA) |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Utility Service |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Sanitary Health Regulations |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Swimming Pools |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Covenants, Conditions and Restrictions (CC&R's) |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Americans With Disabilities Act (ADA) |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received any notice of non-compliance of any type relating to the Premises? |

39. If the answer to any of the preceding is yes, please explain and provide copies of any documentation you have pertaining to such matters. (Attach additional sheets if necessary).

41. _____
42. _____

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Residential Income Property Addendum (1-4 Units) to Residential Seller's
Property Disclosure Statement ("SPDS") • Updated: August 2007
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Residential Income Property Addendum (1-4 Units) to Residential Seller's Property Disclosure Statement ("SPDS") >>**43. CONTRACTUAL OBLIGATIONS****44. Are you aware of any of the following contractual obligations affecting the property?**

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | Tenant Leases or Subleases |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | Alarm/Security System Agreements |
| 47. | <input type="checkbox"/> | <input type="checkbox"/> | Property Management Agreements |
| 48. | <input type="checkbox"/> | <input type="checkbox"/> | Leased Equipment |
| 49. | <input type="checkbox"/> | <input type="checkbox"/> | Service Agreements such as landscaping, garbage/waste disposal |
| 50. | <input type="checkbox"/> | <input type="checkbox"/> | Water Treatment Agreements |
| 51. | <input type="checkbox"/> | <input type="checkbox"/> | Communications Systems or Cable System Agreements |
| 52. | <input type="checkbox"/> | <input type="checkbox"/> | Other Equipment or Service Contracts or Agreements (describe) _____ |
53. If the answer to any of the preceding is yes, please explain. (Attach additional sheets if necessary).
 54. _____
 55. _____

56. ENVIRONMENTAL FACTORS**57. Are you aware of any of the following environmental factors affecting the property?**

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 58. | <input type="checkbox"/> | <input type="checkbox"/> | Hazards or hazardous materials on the Property, such as asbestos; chemicals used in the manufacture |
| 59. | | | of methamphetamine, LSD or Ecstasy; PCB transformers; dumps; pesticides; radon; oil or chemicals, |
| 60. | | | now or in the past? |
| 61. | <input type="checkbox"/> | <input type="checkbox"/> | High voltage distribution towers or lines? |
| 62. | <input type="checkbox"/> | <input type="checkbox"/> | Drywell (drainage)? If yes, Registration # _____ |
63. If the answer to any of the preceding is yes, please explain and provide copies of any documentation you have
 64. pertaining to such matters. (Attach additional sheets if necessary).
 65. _____
 66. _____

67. REPORTS/STUDIES**68. Do you have any of the following items concerning the Property?**

- | | YES | NO | |
|-----|--------------------------|--------------------------|--|
| 69. | <input type="checkbox"/> | <input type="checkbox"/> | Soils Test Report |
| 70. | <input type="checkbox"/> | <input type="checkbox"/> | Land Survey |
| 71. | <input type="checkbox"/> | <input type="checkbox"/> | Flood Plain Report |
| 72. | <input type="checkbox"/> | <input type="checkbox"/> | Septic/Waste Disposal Reports/Certifications |
| 73. | <input type="checkbox"/> | <input type="checkbox"/> | Registrations of Wells |
| 74. | <input type="checkbox"/> | <input type="checkbox"/> | Environmental Site Assessments or Studies |
| 75. | <input type="checkbox"/> | <input type="checkbox"/> | Title Reports |
| 76. | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |
77. If the answer to any of the preceding is yes, please explain. (Attach additional sheets if necessary).
 78. _____
 79. _____

80. OTHER ISSUES**81. Are you aware of:**

- | | YES | NO | |
|-----|--------------------------|--------------------------|---|
| 82. | <input type="checkbox"/> | <input type="checkbox"/> | Security lighting in parking and/or common areas? |
| 83. | <input type="checkbox"/> | <input type="checkbox"/> | Any recorded and/or unrecorded liens against the Property? |
| 84. | <input type="checkbox"/> | <input type="checkbox"/> | The Property being located in a designated historical district? |
| 85. | <input type="checkbox"/> | <input type="checkbox"/> | Any proposed land use changes relating to the adjacent or nearby Property, such as: |
| 86. | | | new developments, zoning changes, or land trades? |

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88. Seller certifies that the information contained herein is true and complete to Seller's knowledge as of the date signed.

89. _____
 ^ SELLER'S SIGNATURE MO/DA/YR ^ SELLER'S SIGNATURE MO/DA/YR

90. **CAROL AZ LLC** _____
 SELLER'S NAME PRINTED SELLER'S NAME PRINTED

91. **REVIEWED AND UPDATED (INITIALS):** _____ **DATE:** _____
 SELLER SELLER MO/DA/YR

92. BUYER'S ACKNOWLEDGMENT OF RECEIPT:

93. _____
 ^ BUYER'S SIGNATURE MO/DA/YR ^ BUYER'S SIGNATURE MO/DA/YR

94. _____
 BUYER'S NAME PRINTED BUYER'S NAME PRINTED

For Broker Use Only:

Brokerage File/Log No. _____ Manager's Initials _____ Broker's Initials _____ Date _____
 (Added February 2012) MO/DA/YR

