



## SELLER'S PROPERTY DISCLOSURE STATEMENT

Property Address:

1964 W. Shores Rd, Melbourne, FL, 32935

Date: 6/3/26

Date Purchased: 10/17

**NOTICE TO BUYER AND SELLER:** This disclosure statement is designed to assist Seller in disclosing to a buyer all known materials or adverse facts relating to the physical condition of the property that are not readily observable. All questions must be answered to the best of the Sellers knowledge.

|                                                                                                                                                | YES                                 | NO                                  | EXPLAIN                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Does the Seller currently occupy the property?                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |
| Is the property homesteaded?                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |
| Is any part of the property leased?                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                   |
| Electrical wiring? <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Other                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |
| Generator <input type="checkbox"/> <input type="checkbox"/> Generator Hook-Up <input type="checkbox"/> <input type="checkbox"/>                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No outlet but the wiring is there |
| <b><u>SEWAGE / PLUMBING</u></b>                                                                                                                |                                     |                                     |                                   |
| Plumbing? <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Poly <input type="checkbox"/> Other | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | PVC                               |
| Is the property connected to the public sewer system?                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | City Sewer                        |
| Is there a septic tank / aerobic / cesspool system?                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | City Sewer                        |
| Where is the tank & drain-field located? N/A                                                                                                   |                                     |                                     |                                   |
| Date last drained: N/A                                                                                                                         |                                     |                                     |                                   |
| Service Company: N/A                                                                                                                           |                                     |                                     |                                   |
| Are you aware of any past or present leaks, backups, etc relating to or affecting water and / or sewer?                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | N/A                               |

Buyer Initial(s) \_\_\_\_\_

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Seller Initial(s) MP

## AIR CONDITIONING / HEATING

|                                                                                                                                                                                                                                                 | <u>1st</u> | <u>2nd</u> | <u>YES</u>                          | <u>NO</u>                | <u>EXPLAIN</u>   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|-------------------------------------|--------------------------|------------------|
| Does the house have A/C &/or heating? Age <u>4</u>                                                                                                                                                                                              |            |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | AC and Heat Pump |
| <input type="checkbox"/> Window Units <input checked="" type="checkbox"/> Central <input type="checkbox"/> Space Heaters <input type="checkbox"/> Gas Heat <input type="checkbox"/> Electric Heat <input checked="" type="checkbox"/> Heat Pump |            |            |                                     |                          |                  |
| Have you updated ducts? Date <u>Yes</u>                                                                                                                                                                                                         |            |            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                  |

## DRAINAGE/WATER

|                                                              | <u>YES</u>               | <u>NO</u>                           | <u>EXPLAIN</u> |
|--------------------------------------------------------------|--------------------------|-------------------------------------|----------------|
| Is this property in a flood zone?                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| Has the property ever had a drainage or flooding problem?    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |
| Are you aware of any problems affecting drainage / flooding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                |

## ROOF / STORM SHUTTERS

|                                                                                                                                               | <u>YES</u>                          | <u>NO</u>                           | <u>EXPLAIN</u>     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------|
| Roof <input checked="" type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Rolled | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                    |
| Roof Age <u>9 years</u>                                                                                                                       |                                     |                                     |                    |
| Porch Roof Age <u>9 years</u>                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            |                    |
| Has the roof ever leaked?                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| Has the roof ever been repaired?                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| Are you aware of any problems affecting the roof?                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| Do you have storm shutters / panels?                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Overlapping panels |
| If yes, on <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Doors                                              |                                     |                                     |                    |
| What materials are the shutters made of?                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | Metal              |
| <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Other         |                                     |                                     |                    |
| Are the storm shutters <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Electrical                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |                    |
| Do you have impact windows?                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Double paned       |
| Solar Panels?                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                    |
| <input type="checkbox"/> Leased <input type="checkbox"/> Owned Balance Due _____                                                              |                                     |                                     |                    |

Buyer Initial(s) \_\_\_\_\_

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Seller Initial(s) MPG

## **HOMEOWNERS ASSOCIATION**

|                                                              | <b><u>YES</u></b>                   | <b><u>NO</u></b>         | <b><u>EXPLAIN</u></b>  |
|--------------------------------------------------------------|-------------------------------------|--------------------------|------------------------|
| Is this property subject to rules or regulations of any HOA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Very minimal HOA rules |
| Amount: <u>125</u> Frequency: <u>Year</u>                    |                                     |                          |                        |
| Contact Name & Phone Number: _____                           |                                     |                          |                        |
| Website: <u>https://crotonpark.com/</u>                      |                                     |                          |                        |

## **BOUNDARIES**

|                                                                                                   | <b><u>YES</u></b>        | <b><u>NO</u></b>                    | <b><u>EXPLAIN</u></b> |
|---------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------|
| Have you ever had a survey of your property done?                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       |
| If yes, do you have a copy?                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       |
| Are you aware of any encroachment or unrecorded easements relating to or affecting this property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       |

## **ADDITIONAL / REMODELS / MISC**

|                                                                                                      | <b><u>YES</u></b>                   | <b><u>NO</u></b>                    | <b><u>EXPLAIN</u></b> |
|------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------|
| Were any additions or changes made to your property?                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Listed Below          |
| Were all the necessary permits & government approvals obtained for additions or changes made by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                       |
| Has there ever been a fire in the house?                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                       |

## **TERMITE**

|                                                                                                                               | <b><u>YES</u></b>        | <b><u>NO</u></b>                    | <b><u>EXPLAIN</u></b> |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------|
| Has there been any damages or repairs from termite / pest control in the last 5 years on the house or structures on property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       |
| Type of damage: _____                                                                                                         |                          |                                     |                       |
| Do you have a Termite Bond policy in force?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                       |
| Company Name: _____ Yearly Amount: _____ Transfer Fee: _____                                                                  |                          |                                     |                       |
| Monthly / Quarterly Pest Prevention?                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>            |                       |
| Company Name: _____ Cost: _____                                                                                               |                          |                                     |                       |

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## MISCELLANEOUS ITEMS

### What's Included

Sprinkler System: ☐ Well ☐ City ☐ Gray Water

Security / Alarm System: ☐ Owned ☐ Rented

Company Name \_\_\_\_\_

Fireplace: ☐ Wood ☐ Gas ☐ Other

Intercom System:

Garage Door Opener: Number of remotes \_\_\_\_\_

Water Treatment System: Type? \_\_\_\_\_

Central Vacuum System:

Pool: Age \_\_\_\_\_ ☐ Chlorine ☐ Salt

Tub / Spa: Age \_\_\_\_\_ ☐ Chlorine ☐ Salt

Pool Pump: Age \_\_\_\_\_

Refrigerator: Age <sup>9</sup> \_\_\_\_\_ Ice Maker: Age \_\_\_\_\_

Dishwasher: Age <sup>9</sup> \_\_\_\_\_

Range / Oven: Age <sup>5</sup> \_\_\_\_\_ ☐ Gas ☐ Electric

Cook Top Age <sup>9</sup> \_\_\_\_\_ ☐ Gas ☐ Electric

Wall Oven(s) Age \_\_\_\_\_ ☐ Gas ☐ Electric

Garbage Disposal: Age <sup>9</sup> \_\_\_\_\_

Trash Compactor: Age \_\_\_\_\_

| YES                                 | NO                                  | ANY PROBLEMS? EXPLAIN |
|-------------------------------------|-------------------------------------|-----------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                 |

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# What's Included:

|                                                                                                                                                        | <u>YES</u>                          | <u>NO</u>                           | <u>ANY PROBLEMS? EXPLAIN</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------|
| Microwave: Age <sup>9</sup> _____                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Water Heater: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Rented | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Washer: Age <sup>9</sup> _____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Dryer: Age <sup>9</sup> _____ <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Rented                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Security System: <input type="checkbox"/> Owned <input type="checkbox"/> Rented                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                        |
| <input type="checkbox"/> Monitored Monthly Cost _____                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>            | _____                        |
| Central Vac System:                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                        |
| Window Blinds: <input type="checkbox"/> All Existing Quantity _____                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                        |
| Draperies:                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                        |
| All Lighting Fixtures Specifically Excluded _____                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Ceiling Fans: Number of Fans <sup>4</sup> _____                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Smoke Detectors: Quantity <sup>2</sup> _____                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| Shed:                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                        |
| Fence: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Other                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | _____                        |
| <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial                                                                              |                                     |                                     |                              |

The Back yard is fenced in but the neighbors own 2 of the 3 sides

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## Things to Know:

Homeowners Insurance Carrier: Universal Property & Casualty Yearly Premium: \$3,928.63

Flood Insurance Carrier: N/A Required: no Cost: N/A

Ceiling Height ☐ 8FT ☒ 9FT ☐ 10FT ☐ 12FT ☐ 14FT ☐ Other ☐ Vault main areas

Average Electric Bill 115 Average Water Bill 100

Pool Service Company N/A Cost N/A Gas / Propane N/A

Lawn Service Company Blag Dog Lawn Cost 120

HOA ☐ None ☒ Mandatory ☐ Voluntary

HOA Amount 125 ☐ Monthly ☐ Quarterly ☒ Yearly

Contact Person \_\_\_\_\_ Website \_\_\_\_\_

Internet Provider Spectrum Cost 100

Trash Days Mon/Fri Recycling Days Wed

### List of Recent Improvements

New Windows and Doors (8/20/2021)  
New Water Heater (9/1/2020)  
New AC indoor and outdoor unit (1/20/2022)  
New paint and Floor boards (10/18/2022)  
Hurricane Shutters 1/19/2018)  
Gutters (9/04/2020)  
Replaced the HVAC

### Things We Like About Living Here:

This neighborhood is great and peaceful, I am friends with a lot of my neighbors.  
There is a mixture of families and retirees here.  
The HOA is cheap.  
You are in a central location for a lot of good shopping and restaurants.  
The beach is about 15 mins away  
95 is very accessible going both north and south

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## **MISCELLANEOUS**

|                                                                                                                                                                           | <b><u>YES</u></b>        | <b><u>NO</u></b>                    | <b><u>EXPLAIN</u></b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------|
| Are there currently any open permits or any unpermitted work being done to the home?                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Are you aware of any hazards (ex. Sliding, settling, movement, upheaval or earth stability problems) that have occurred on the property or in the immediate neighborhood? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| To your knowledge, did the property have any Urea-Formaldehyde or asbestos materials used in construction?                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Do you know of any violation of local, state, or federal Government laws or regulations relating to this property?                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Are you aware of any problems with the driveways, walkways, patio, retaining walls, or party walls?                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Are you aware of any other facts, conditions, or circumstances which may affect the value, beneficial use or desirability of this property?                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Any unusual bonds / assessments that apply to this property?<br>Amount: _____                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |
| Have you filed an insurance claim on the property in the last 7 years? If yes, explain.                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                 |

## **REPORTS**

Are there any repairs, remodels, issues with the home that were not mentioned in the previous pages? If so, please list below with corresponding dates.

INSTRUCTIONS TO SELLER: If the information set forth in this disclosure statement becomes inaccurate or incorrect, you must promptly notify Buyer. Please review the questions and your answers. Use the space below to make corrections and provide additional information, if necessary. Then acknowledge that the information is accurate as of the date signed below.

## **REPORTS**

Please attach copies of all existing reports. (Such as termite inspection, surveys, appraisals, termite bond information, homeowners / condo restrictions or documents, etc.)

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND EXCEPT AS SET FORTH HEREIN, NO MATERIAL PROBLEMS EXIST WITH RESPECT TO THE PROPERTY AS OF THE DATE SET FORTH ABOUT. COASTAL LIFE PROPERTIES IS HEREBY AUTHORIZED TO FURNISH THE FOREGOING INFORMATION TO ANY MULTIPLE LISTING SERVICE OF WHICH COASTAL LIFE PROPERTIES IS A MEMBER OF AND TO ANY PROSPECTIVE PURCHASER.

Seller represents that the information provided on this form and any attachments is accurate and complete to the best of Sellers knowledge on the date signed by Seller below.

Seller: Michael P. Corbet / Micahel P Corbet Date: 6/3/26  
SIGNATURE PRINT

Seller: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE PRINT

Buyer acknowledges that Buyer has read, understands, and has received a copy of this disclosure statement.

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE PRINT

Buyer: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE PRINT

Buyer Initial(s) \_\_\_\_\_

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