



**SELLER'S REAL PROPERTY DISCLOSURE STATEMENT**  
**Hawaii Association of REALTORS® Standard Form**  
 Revised 7/23 For Release 8/24



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**Information Obtained from Public Records**  
 (May Be Completed by Listing Broker)

Seller(s) Name(s) (All on Title): William L Embry II, Shoshone S Embry  
 Property Reference or Address: 91-1860 Luahoana St 114, Ewa Beach, HI 96706  
 Tax Map Key: Div. 1 /Zone 9 /Sec. 1 /Plat 010 /Parcel(s) 083 /CPR(s) 0004  
 Project Name (if applicable): \_\_\_\_\_ Association Name (if applicable): \_\_\_\_\_  
 County Zoning: U/11/11 State Land Use Designation: \_\_\_\_\_  Fee Simple  Leasehold  
 Flood Zone Designation(s) ZONE D Sea Level Rise Exposure Area:  Yes  No  
 Licensee(s): Joe Extra Ordinario Brokerage Firm: eXp Realty

**Purpose of Disclosure Statement:** Pursuant to Hawaii Revised Statutes, Chapter 508D (for residential real property), a seller of residential real property is obligated to fully and accurately disclose in writing to a buyer all "material facts" concerning the property. For all other real estate transactions, including the sale of vacant land, sellers are also advised to uphold any common law duty to disclose all material facts necessary to prevent misleading representations. "Material facts" are defined as "any fact, defect, or condition, past or present, that would be expected to measurably affect the value to a reasonable person of the residential real property being offered for sale."  
 Pursuant to Hawaii Revised Statutes, Chapter 508D-8, this Disclosure Statement may exclude information regarding: "(1) An occupant of the residential real property was afflicted with acquired immune deficiency syndrome (AIDS) or AIDS related complex, or had been tested for human immunodeficiency virus; or (2) The residential real property was the site of an act or occurrence that had no effect on the physical structure or the physical environment of the residential real property, or the improvements located on the residential real property". This Disclosure Statement is intended to assist Seller in organizing and presenting all material facts concerning the Property. It is very important that Seller exercise due care in preparing responses to questions posed in the Disclosure Statement, and that all responses are made in good faith, are truthful and complete to the best of Seller's knowledge. Seller's agent, Buyer and Buyer's agent may rely upon Seller's disclosures. SELLER IS ENCOURAGED TO OBTAIN PROFESSIONAL ADVICE AND/OR HAVE AN EXPERT INSPECT PROPERTY PRIOR TO PREPARING THE DISCLOSURE STATEMENT.

**MUST BE COMPLETED BY SELLER ONLY**

**Seller's Statement:** This is a statement concerning information relating to the condition of Property that: (i) is within the knowledge or control of Seller; (ii) can be observed from visible, accessible areas; or (iii) which is required by Section 508D-4.5 and 508D-15, Hawaii Revised Statutes. Seller may not be aware of problems affecting Property, and there may be material facts of which Seller is not aware that qualified experts may be able to discover or time may reveal. Unless Buyer has been otherwise specifically advised, Seller has not conducted any inspections of generally inaccessible areas of Property. BUYER SHOULD TAKE CARE TO PROTECT BUYER'S OWN INTEREST BY OBTAINING PROFESSIONAL ADVICE AND BY CONDUCTING THOROUGH INSPECTIONS AND OBTAINING EXPERT HELP IN EVALUATING PROPERTY AND BY OBTAINING BUYER'S OWN PUBLIC RECORDS. The statements made below are made by Seller and are not statements or representations of Seller's agent unless specifically identified. The Disclosure Statement and the disclosures made by Seller are provided exclusively to Buyers involved in this transaction only, and do not apply to any subsequent sales not involving this Seller.

**THIS DISCLOSURE STATEMENT IS NOT A WARRANTY OF ANY KIND BY SELLER OR BY ANY AGENT REPRESENTING SELLER AND IS NOT A SUBSTITUTE FOR ANY EXPERT INSPECTION, PROFESSIONAL ADVICE, OR WARRANTY THAT BUYER MAY WISH TO OBTAIN.**

If not presently owner occupied, date of Seller's last visit 18 MAR 25  
 Has the property ever been rented during your term of ownership?  Yes  No If yes, Seller shall disclose all material facts obtainable from Property Manager(s). Name of Property Manager(s): \_\_\_\_\_

**General Instructions to Seller:** (1) Answer ALL questions in sections A and B. (2) If sections C, D, E, OR F apply to the subject property, even in part, that section shall be marked with an "X" as APPLICABLE and the entire section must be filled out in its entirety. If sections C, D, E or F do not apply to the subject property, then that section should be marked with "NA" as NOT APPLICABLE. (3) If any items are checked or answered "YES", explain all material facts known to you in Section G. (4) If additional space is needed to explain material facts, complete and attach additional pages as necessary. (5) All structures must be covered in the Disclosure Statement. Each separate structure shall be addressed by separate Disclosure Statement. (6) "NTMK" means NOT TO MY KNOWLEDGE. (7) "NA" means NOT APPLICABLE and cannot be answered by "YES", "NO", or "NTMK".

BUYER'S INITIALS & DATE

X WFE 26 MAR 25  
 SELLER'S INITIALS & DATE



**A. GENERAL: Do any of the following conditions exist? If checking "YES", reference the question number, and describe in Section G.**

- |      | YES                      | NO                                  | NTMK                                | NA                                  |   |
|------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 1)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to Covenants, Conditions and Restrictions (CC&Rs)?  |
| 1a)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any violations of the Covenants, Conditions and Restrictions covering the property?   |
| 2)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property currently used for transient accommodations (e.g. Short Term Vacation Rentals, B&B)?  |
| 2a)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does the property have a license for transient accommodations? If yes, please provide documents.  |
| 2b)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | If yes, are there any periodic re-licensing requirements?   |
| 2c)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of any violations past or present of the license or regulations?  |
| 2d)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the property previously been used for transient accommodations?   |
| 3)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to any recorded or unrecorded land lease (e.g. Pasture lease, Sandwich lease)?  |
| 3a)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | If yes, are there any violations of the land leases?  |
| 4)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in a Special Management Area?   |
| 4a)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | If oceanfront property, are there any past and existing State Shoreline Certification? If yes, please attach.   |
| 5)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in a tsunami evacuation zone?   |
| 6)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the property located in volcanic hazard Zone 1 or 2?   |
| 7)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the property subject to air pollution? (e.g., "VOG", Smog) If yes, clarify type of pollution.  |
| 8)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the property located in a geothermal subzone or near a geothermal facility?  |
| 9)   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in the regular path of aircraft and does it experience regular excessive aircraft noise?  |
| 10)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located within the boundaries of the Air Installation Compatibility Use Zone (restricted air space) of any Air Force, Army, Navy, or Marine Corps airport as officially designated by military authorities?   |
| 11)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of the presence of or removal of unexploded military ordinance in this general area?  |
| 12)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in a Special Flood Hazard Area, as officially designated on flood maps promulgated by the National Flood Insurance Program of the Federal Emergency Management Agency for the purposes of determining eligibility for emergency flood insurance programs?   |
| 12a) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does the property have a Pre-Flood Insurance Rate Map structure built before the following: Honolulu County 9/3/1980, Maui County 6/1/1981, Kauai County 11/4/1981, Hawaii County 5/3/1982  |
| 12b) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there an Elevation Certificate? If yes, please attach.   |
| 12c) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the property ever received Federal Disaster Funds?  |
| 13)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does the property lie within the sea level rise exposure area designated by the Hawai'i Climate Change Mitigation and Adaptation Commission?  |
| 14)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Does the property lie adjacent to the shoreline?  |
| 14a) | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | If yes, does the property include any erosion control structure? If yes, disclose in section G every permitted and unpermitted erosion control structure on the property, expiration dates for each permitted erosion control structure on the property, and notices of alleged violations and fines for each expired permitted or unpermitted erosion control structure on the property. |
| 15)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any easements affecting the property?   |
| 16)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any roadways, driveways, walls, fences, and/or other improvements which are shared with adjoining land owners?  |
| 17)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any known encroachments?  |
| 18)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any written agreements concerning items 15, 16, or 17?  |
| 19)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is access to the property restricted?<br><input type="checkbox"/> Private Road <input type="checkbox"/> By Easement <input type="checkbox"/> Other  |
| 20)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any violations of government regulations/ordinances related to the property?  |
| 21)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any zoning or setback violations and/or citations?  |
| 22)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any restrictions on rebuilding?   |
| 23)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any nonconforming uses or unpermitted structures on the property?   |
| 24)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property exposed to other types of recurring excessive noise (e.g., night club, school, street traffic, animals, coqui frogs)?   |
| 25)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any additional material facts as defined above regarding the property?  |
| 26)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any other additional material facts related to the property concerning historic registers, Hawaii's Historic Preservation Program, archaeological surveys or historic features?   |
| 27)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there any existing or past damage to the property or any of the structures (interior or exterior) from earthquake, fire, smoke, flooding, leaks, landslides, falling rocks, tsunami, volcanic activity, or wind?   |
| 28)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any additional material facts regarding the neighborhood that would be expected to measurably affect the value of the property (e.g., pesticides, soil problems, irrigation, odors, pending development in the area, road widening projects, zoning changes; rail, etc.)?   |
| 29)  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have there ever been substances, materials, or products known to be an environmental or health hazard such as, but not limited to, asbestos, formaldehyde, by-products of methamphetamine manufacturing, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil or water?   |

BUYER'S INITIALS & DATE

x *WLF* *29 MAY 25*  
 SELLER'S INITIALS & DATE

- |     |                          |                                     |                                     |                                     |  |
|-----|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
|     | YES                      | NO                                  | NTMK                                | NA                                  |  |
| 30) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there filled land on the property?  |
| 31) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has there ever been any settling or slippage, sliding, subsidence, or other soil problem?                    |
| 32) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has there ever been any drainage, water infiltration, seepage, flooding, or grading problems?                |
| 33) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there any damage caused by tree roots to/from the property or to/from another adjoining property?         |
| 34) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were additions, modifications, and/or alterations made to the property without obtaining required approvals? |
| 35) | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does any other party have an unrecorded interest in the property and/or a say in its disposition?            |
| 36) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Are there any lawsuits or foreclosure actions affecting the property?  |
| 37) | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | If you purchased the property as a foreclosure, was the foreclosure judicial or non-judicial?                |

**B. UTILITIES AND SERVICES: Do any of the following exist? If checking "YES", reference the question number, and describe in Section G.**

- 1) What is the source of water supply?  None
- a)  Public  Private
- Is the property separately metered?  Yes  No
- Is there a sub-meter?  Yes  No  NA
- Is there a shared water supply?  Yes  No
- b)  Catchment: Tank type \_\_\_\_\_ Capacity \_\_\_\_\_ Age \_\_\_\_\_ Condition \_\_\_\_\_
- c)  Other \_\_\_\_\_
- 2) Are you aware of any abandoned well(s) on the Property?  Yes  No  NTMK
- a) If Yes, have they been sealed as required by law?  Yes  No
- b) If any well has been abandoned and is unsealed, has the Hawaii's Water Resource Management Commission been notified?  
 Yes  No
- 3) What type of waste water/sewage system does the property have?  None
- a)  Public Sewer  Private Sewer Connected?  Yes  No
- If no, is connection currently required?  Yes  No
- Is there a separate sewer fee?  Yes  No If yes, describe in Section G.
- Individual Sewage Treatment Plant Vendor \_\_\_\_\_
- Cesspool  Septic System Location \_\_\_\_\_
- Last Pumped \_\_\_\_\_ How Often? \_\_\_\_\_
- Did any cesspool or septic system pumping/overflow generate a report to any governmental agency?  Yes  No
- Was there a fine?  Yes  No
- b) Does the cesspool serve more than one dwelling or living unit (A "dwelling" or "living unit" is defined as having its own kitchen/food preparation area, bathroom and sleeping/living area), including "ohana" units?  Yes  No
- c)  Abandoned septic or cesspool Location \_\_\_\_\_ Filled?  Yes  No  NTMK
- 4) What is the source of electrical power?  None
- Public  Photovoltaic  Other: \_\_\_\_\_
- a) Is the property subject to Special Subdivision Project Provision (SSPP) connection fees?  Yes  No  NTMK
- b) Hawaii law requires Sellers who pay their electricity bills directly to make a good faith declaration of electricity costs based upon the most recent three-month period that the property was occupied. In this context, answer the following:  
 Do you pay the electrical utility bill directly?  Yes  No  
 If yes, please state the amount you paid for electricity for the most recent three-month period that the property was occupied.  
 Mon/Yr: FEB 25 Amount: 414.78 Mon/Yr: MAR 25 Amount: 400.94 Mon/Yr: APR 25 Amount: 486.23  
**Buyer's actual electricity costs may vary substantially based on usage or consumption. If Seller's usage is significantly lower or higher than normal usage would suggest, please describe in Section G.**
- c) If Seller's interest in a photovoltaic system is included in the sale, answer the following and attach ALL applicable documentation (i.e. leases/finance agreements, service/maintenance agreements, utility agreements net metering/buyback and/or credit agreements, user manuals, battery maintenance and warranties).  
 Is the system  Leased  Financed  Owned outright  Other \_\_\_\_\_  
 If there is a photovoltaic system, does it contain an energy storage system, such as batteries?  Yes  No
- 5) If a Solar Hot Water System is included with the sale, answer the following and attach ALL applicable documentation (i.e. lease/financing agreement, service/maintenance agreements, user manuals).  
 Is the system  Leased  Financed  Owned outright Year installed: \_\_\_\_\_
- 6) If a Security Alarm and/or Home Automation System is included with the sale, answer the following and attach ALL applicable documentation (i.e. lease/financing agreement, service/maintenance agreements, user manuals).  
 Is the system  Leased  Financed  Owned outright
- 7) Gas or Propane:  Piped  Tank Leased  Tank Owned  None  Not available
- 8) Telephone Service:  Traditional  Cable  Cell  Satellite  Not available
- 9) Television Service:  Cable  Satellite  Antenna  Not available  Other \_\_\_\_\_
- 10) Internet  DSL  Cable  Not available  Other \_\_\_\_\_
- 11) Is trash collection available?  Public  Private  None  NTMK

BUYER'S INITIALS & DATE

x WV 2/27/25  
 SELLER'S INITIALS & DATE

- 12) Is recycling collection available? [ ] Public [ ] Private [ ] None [  ] NTMK  
 13) Is green waste collection available? [ ] Public [ ] Private [ ] None [  ] NTMK  
 14) US Postal Delivery: [ ] PO Box [  ] Community/Cluster [ ] None  
 [ ] Individual Curbside Box [ ] Other: \_\_\_\_\_

**[X] C. CONDOMINIUM SPECIFIC: Answer the following.**

- 1) Name of Association of Apartment/Unit Owners (AOAO/AOOU) \_\_\_\_\_ Phone: \_\_\_\_\_  
 2) Management Company Name: \_\_\_\_\_  
 3) Is membership mandatory? [ ] Yes [ ] No  
 4) AOAO/AOOU fee(s) and payment frequency: \_\_\_\_\_  
 What is included in the fee(s)? \_\_\_\_\_  
 5) If you are aware of future maintenance fee increases, special assessments, association loans or pending litigation for or against your Association, describe. \_\_\_\_\_  
 6) Are there any "common area" facilities (such as pools, tennis courts, walkways, driveways, or other areas) co-owned in undivided interest with others? \_\_\_\_\_  
 7) Are there any restrictions/prohibitions imposed upon pet ownership? \_\_\_\_\_  
 8) Is the Seller the developer of the CPR (Condominium Property Regime)? \_\_\_\_\_  
 a) If yes, has the Seller/developer sold one or more of the properties in the CPR? \_\_\_\_\_  
 b) If yes, what is the expiration date of the Public Report? \_\_\_\_\_  
 9) Are any parking spaces conveyed with the unit? If yes, how many? \_\_\_\_\_ Stall Number(s) \_\_\_\_\_  
 [ ] Assigned [ ] Unassigned  
 [ ] Covered [ ] Partial [ ] Uncovered [ ] Private Garage [ ] Carport  
 [ ] Standard [ ] Compact [ ] Tandem

**YES NO NTMK NA**

- 10) [ ] [ ] [ ] [ ] [ ] Are there any issues or special arrangements with parking?  
 11) [ ] [ ] [ ] [ ] [ ] Are any storage unit(s), boat dock(s), or any additional improvement(s) conveyed with the unit?  
 12) [ ] [ ] [ ] [ ] [ ] Has there been any damage to the unit due to leakage or water intrusion from above or adjacent to the unit, or damage caused by leakage or water intrusion from the unit to areas or space below the unit?  
 13) [ ] [ ] [ ] [ ] [ ] Are you aware of any defects to the common or limited common elements affecting the unit?

**[X] D. ASSOCIATIONS (Condominium associations/CPR are described in Section C): Answer the following questions.**

- 1) Name of Homeowner's Association (HOA)/Community Association (CA): HAWAIIANA | EWA BY GENTRY  
 2) Management Company Name: HAWAIIANA Phone: 808 593-6361  
 3) Is membership mandatory? [  ] Yes [ ] No  
 4) HOA/CA fee(s) and payment frequency: \$125 PER QUARTER \$449 / MONTH MAINTENANCE FEE  
 a) What is included in the fee(s)? SEWER, PUBLIC WATER, CABLE, INTERNET, TRASH, UNDERGROUND ELECTRIC, POOL  
 5) If you are aware of future maintenance fee increases, special assessments, association loans or pending litigation for or against the Association, describe. \_\_\_\_\_  
 6) Are there any "common area" facilities (such as pools, tennis courts, walkways, driveways, or other areas) co-owned in undivided interest with others? \_\_\_\_\_  
 7) Are there any restrictions/prohibitions imposed upon pet ownership? 2 DOG MAX  
 8) Are there any additional associations? [ ] Yes [  ] No. If yes, please describe in Section G and include fees, special assessments, and amenities.

**[X] E. IMPROVEMENTS: Including but not limited to all dwellings, structures, additions, alterations, modifications, structural or otherwise in or on the Property. Answer the following questions. If checking "YES", reference the question number, and describe in Section G.**

**YES NO NTMK NA**

- 1) [ ] [ ] [ ] [  ] [ ] Are there any improvements, additions, structural modifications or alterations that exist at the property without required building permits, association design committee or other governmental approvals?  
 2) [ ] [ ] [ ] [  ] [ ] Were any improvements, additions, structural modifications or alterations built/made with building permits, association design committee or other governmental approvals?  
 2a) [ ] [ ] [ ] [  ] [ ] For any improvement(s) subject to a mechanic's and materialman's lien, has Notice of Completion been published?  
 2b) \_\_\_\_\_ Date of publication \_\_\_\_\_ [ ] Unknown  
 2c) [ ] [ ] [ ] [  ] [ ] Were any of the building permits not finalized (closed) by the permitting agency?  
 2d) [ ] [ ] [ ] [  ] [ ] Were any of the improvements to the property built under an owner-builder permit?  
 2e) \_\_\_\_\_ Date of Final Inspection Approval by the County: \_\_\_\_\_  
 3) [ ] [ ] [ ] [  ] [ ] Was any electrical or plumbing work done without a licensed electrician or plumber?  
 4) [ ] [ ] [ ] [  ] [ ] Is the Seller/Builder a licensed contractor who is providing warranties?

BUYER'S INITIALS & DATE

x WR 20MAY 25  
 SELLER'S INITIALS & DATE

- 5) YES [ ] NO [ ] NTMK [ ] NA [X] Have you given any release or waiver of liability, or release from a warranty to any government agency, contractor, engineer, architect, land surveyor, or landscape architect, for any defect, mistake, or omission in the design or construction of the Property?
- 6) [ ] [ ] [ ] [ ] [ ] [ ] Is the property sprinklered for fire protection?
- 7) [ ] [ ] [ ] [ ] [ ] [ ] Is the property equipped with smoke and/or carbon monoxide detectors? How many? Are they wired into the electrical system?
- 8) \_\_\_\_\_ → What is the age of the main roof and the roofing of any other addition(s)? ORIGINAL
- 8a) \_\_\_\_\_ → Has the roof been [ ] replaced, [ ] repaired, or [ ] treated? If checked, describe in Section G.
- 9) [ ] [ ] [ ] [ ] [ ] [ ] Has there been any evidence or presence of mold, mildew, or fungus interior or exterior?
- 9a) \_\_\_\_\_ → If yes, has there been treatment? [ ] Yes [ ] No. If yes, describe when, how, and by whom in Section G.
- 10) [ ] [ ] [ ] [ ] [ ] [ ] Has there been any evidence or presence of any pest (e.g., roaches, fleas, bedbugs, mites, ticks, ants, rats, centipedes)?
- 10a) \_\_\_\_\_ → If yes, has there been treatment? [ ] Yes [ ] No. If yes, describe when, how, and by whom in Section G.
- 11) [ ] [ ] [ ] [ ] [ ] [ ] Has there been any evidence or presence of wood destroying organisms in the improvements (e.g., termites, powder post beetles, dry rot, carpenter ants, bees, etc.)?
- 11a) \_\_\_\_\_ → If yes, has there been treatment? [ ] Yes [ ] No. If yes, describe when, how, and by whom in Section G.
- 11b) [ ] [ ] [ ] [ ] [ ] [ ] Is there any known damage to the improvements caused by wood destroying organisms?
- 11c) [ ] [ ] [ ] [ ] [ ] [ ] Has the damage been repaired? If yes, list repairs.
- 12) [ ] [ ] [ ] [ ] [ ] [ ] Are there any transferable warranties (appliances, pest treatment, roof, photovoltaic, other)?

**[X] F. DEFECTS, REPAIRS OR REPLACEMENTS (Past or present):** If you're aware of any past or present defects, repairs or replacements, check items listed below, use the same number and describe in Section G (dates, repairs made, vendors, etc.).

- |  |
|--|
| (1) [ ] [X] Air Conditioning (15) [ ] [ ] Fire Sprinkler System (29) [ ] [ ] Solar Water Systems                   |
| (2) [ ] [X] Appliances (16) [ ] [ ] Fireplace/Chimney (30) [ ] [ ] Solar/Photovoltaic Systems                      |
| (3) [ ] [ ] Bathtubs/Showers (17) [ ] [X] Floors/Floor Coverings (31) [ ] [ ] Spa/Hot Tub/Sauna                    |
| (4) [ ] [ ] Ceilings (18) [ ] [ ] Foundations/Slabs (32) [ ] [ ] Swimming Pool                                     |
| (5) [ ] [X] Ceiling Fans (19) [ ] [ ] Gutters (33) [ ] [ ] Toilets   |
| (6) [ ] [ ] Central Vacuum Systems (20) [ ] [ ] Heating Systems (34) [ ] [ ] Ventilation Systems (all types)       |
| (7) [ ] [X] Counters/Cabinets (21) [ ] [ ] Lawn Sprinkler System (35) [ ] [ ] Walkways/Sidewalks                   |
| (8) [ ] [ ] Decking/Railings/Lanai (22) [ ] [X] Lighting Fixtures (36) [ ] [ ] Walls Exterior/Trim                 |
| (9) [ ] [ ] Doorbells (23) [ ] [ ] Plumbing - Exterior (37) [ ] [ ] Walls Interior/Baseboards/Trim                 |
| (10) [ ] [ ] Doors (all types) (24) [ ] [ ] Plumbing - Interior (38) [ ] [ ] Water Features                        |
| (11) [ ] [ ] Driveways (25) [ ] [ ] Roofs/Eaves/Skylights (39) [ ] [ ] Water Heater                                |
| (12) [ ] [ ] Electrical Systems Switches, etc. (26) [ ] [ ] Security Systems (40) [ ] [ ] Window Coverings/Awnings |
| (13) [ ] [ ] Electronic Controls/Remotes (27) [ ] [X] Sinks/Faucets (41) [ ] [ ] Windows/Screens                   |
| (14) [ ] [ ] Fences/Walls/Gates (28) [ ] [ ] Smoke Detectors/Alarm (42) [ ] [ ] Other _____                        |

G. Reference Question, Section, Number, and Explanation. List any additional material facts. List any attachments or exhibits:

- (E) - SMOKE DETECTORS
- (E2) - REPLACED DISH WASHER APRIL 2024
- (E1) - OUTDOOR SPLIT AC 2 INDOOR UNITS INSTALLED BY ISLAND COMFORT JUNE 2023
- (E5) - 2 CEILING FANS INSTALLED, LIV LIVING ROOM, 1 IN MBR, MAY 2025
- (E7) - REPLACED KITCHEN CABINETS & COUNTERS APRIL 2025 BY OTAMA BUILDING SUPPLY
- (E11) - FLOORS REPLACED WITH LVP IN JUNE 2024 BY ALOHA BATH
- (E22) - 8 LIGHT FIXTURES REPLACED APRIL 2025
- (E27) - KITCHEN SINK/FAUCET REPLACED BY OTAMA BUILDING SUPPLY IN APRIL 2025

x WLC 2025  
SELLER'S INITIALS & DATE

\_\_\_\_\_  
BUYER'S INITIALS & DATE

Section G (cont.)

Lined area for handwritten notes or signatures.

Under Hawaii law, unless otherwise agreed to in the Purchase Contract, Buyer shall have fifteen (15) calendar days from the date of receiving the Disclosure Statement to examine the Disclosure Statement and to rescind the Purchase Contract. Such rescission must be made in writing and provided to Seller directly or Seller's agent. If timely written notice is provided, then all deposits made by Buyer shall be immediately returned to Buyer. Failure to deliver the written notification to the Seller within the specified period shall be deemed an acceptance of the Disclosure Statement.

Seller gives permission to any Broker to provide this statement to any Buyer whose identity has been made known to Seller, including a service provider involved in the transaction between the parties.

X [Signature] DATE 28 MAY 25 X [Signature] DATE 28 MAY 25
SELLER SELLER
William L. Embry II Shoshone S Embry

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BUYER'S INITIALS & DATE X WK DATE 28 MAY 25 SELLER'S INITIALS & DATE