

# Welcome To

16 E Galloway Court  
Abbotsford



Sought after Abbotsford 2 bedroom, 1 full and 2 half bath townhome conveniently located close to Newark, University of Delaware, shopping, dining, parks and within the 5 mile radius of Newark Charter! Spacious living room with hardwood floors and bay window leads to large eat-in kitchen with hardwood floors, pantry, new dishwasher and door leading to the back yard. 2 generous bedrooms upstairs plus full bathroom. Owner's suite with large walk-in closet and dressing area with sink. Finished basement rec room with additional 1/2 bath. Updated gas heat (~2016), central Air conditioning (~2020) and roof (~2008).



**Team Landon**  
Patterson-Schwartz Real Estate

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Team Landon  
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This information is provided as a courtesy only, it is not a warranty and should be independently investigated by buyers.



### 16 Galloway Court E, Newark, DE, 19711

Coming Soon **\$275,000**



MLS #:	DENC2061750	Beds:	2
Type:	Residential	Baths:	1 / 2
Struct Type:	Interior Row/Townhouse	YearBuilt:	1992 / Estimated
Style:	Colonial	NewConstr:	No
Lvls/Stories:	2	Basement:	Yes
Ownership:	Fee Simple	Central Air:	Yes
Garage:	No		

#### LOCATION

County:	NEW CASTLE	School District:	Christina
MLS Area:	Newark/Glasgow (30905)	High School:	Newark
Subdiv/Neigh:	Abbotsford	Middle School:	Shue-Medill
In City Limits:	Y	Elementary School:	Downes

#### ASSOCIATION / COMMUNITY INFO

**Senior Community:** No **HOA:** Yes **HOA Fee:** \$72 / Annually **Condo/Coop:** No **Assoc Fee Incl:** Common Area Maintenance **HOA Name:** Abbotsford Civic Organization **Assoc Amenities:** Common Grounds

#### TAXES AND ASSESSMENT

**Tax ID#:** 18-023.00-236 **Tax Annual/Year:** \$2,059 / 2023 **City/Town Tax:** \$158 **School Tax:** \$1,758 **County Tax:** \$144 **Tax Assessment:** \$52,400

#### ROOMS

				BED	BATH
Living Room:	Main	19 x 14	Flooring - HardWood	Main:	1 part
Kitchen:	Main	18 x 12	Flooring - HardWood, Kitchen - Eat-in,	Upper 1:	2
			Kitchen - Electric Cooking	Lower 1:	1 full
Family Room:	Lower 1	18 x 18	Flooring - Carpet		1 part
Primary Bedroom:	Upper 1	14 x 14	Ceiling Fan(s), Flooring - Carpet, Walk-		
			In Closet(s)		
Bedroom 2:	Upper 1	17 x 12	Ceiling Fan(s), Flooring - Carpet		

#### BUILDING INFORMATION

**AboveGrFinSF:** 1,375 / Assessor **BelowGrFinSF:** 325 / Estimated **BelowGrFinSF:** 325 / Estimated **Total Finished SF:** 1,700 / **Total SF:** 1,700 / **Foundation:** Concrete Perimeter **Basement:** Partially Finished **Constr Materials:** Vinyl Siding

#### LOT AND PARKING

**Lot Acres/SQFT:** 0.07a / 3,049sf / Estimated **Zoning:** 18RR **Federal Flood Zone:** No **Parking:** Driveway | Paved Parking | Driveway Spaces: 2

#### INTERIOR FEATURES

Carpet, Ceiling Fan(s), Kitchen - Eat-In, Wood Floors | No fireplace | Dishwasher, Disposal, Dryer, Oven/Range - Electric, Refrigerator, Washer, Water Heater | *Laundry:* Basement | *Accessibility Features:* None

#### EXTERIOR FEATURES

Exterior Lighting

#### UTILITIES

*Cooling:* Central A/C, Electric | *Heating:* Forced Air, Natural Gas | *Electric:* Circuit Breakers | *Hot Water:* Electric | *Water Source:* Public | *Sewer:* Public Sewer

#### REMARKS

Expected On Market Date: May 23, 2024

*Public:* Sought after Abbotsford 2 bedroom, 1 full and 2 half bath townhome conveniently located close to Newark, University of Delaware, shopping, dining, parks and within the 5 mile radius of Newark Charter! Spacious living room with hardwood floors and bay window leads to large eat-in kitchen with hardwood floors, pantry, new dishwasher and door leading to the back yard. 2 generous bedrooms upstairs plus full bathroom. Owner's suite with large walk-in closet and dressing area with sink. Finished basement rec room with additional 1/2 bath. Updated gas heat (~2016), central Air conditioning (~2020) and roof (~2008). Hurry to schedule your private tour today!

For More Information Contact:

## **Dave Landon**

**Direct:** 302-218-8473

**Office:** 302-733-7000

**Toll-free:** 800-220-7028

**Fax:** 302-733-7046

**e-mail:** [dlandon@psre.com](mailto:dlandon@psre.com)

Information set forth is deemed reliable, but there is no guarantee as to its accuracy and no warranties are made.

*Printed on 5/22/2024 by Dave Landon*



16 E Galloway Court



Living Room



Kitchen



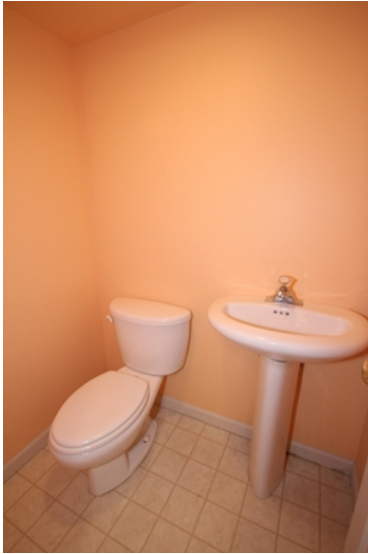
Dining Room



Main Level Powder Room



Family Room



Lower Level Powder Room



Primary Bedroom



Bedroom



Full Bath



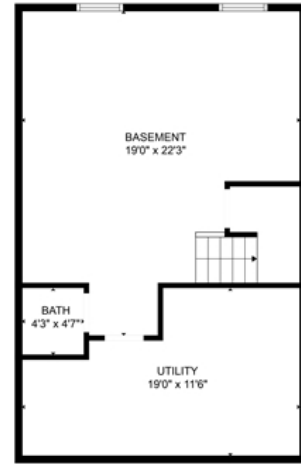
Utility Room



Rear of home



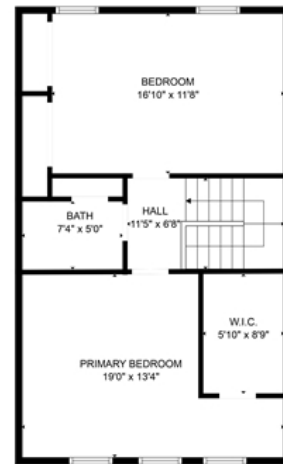
Yard



MEASUREMENTS ARE CALCULATED BY CUBICASA TECHNOLOGY. DEEMED HIGHLY RELIABLE BUT NOT GUARANTEED.



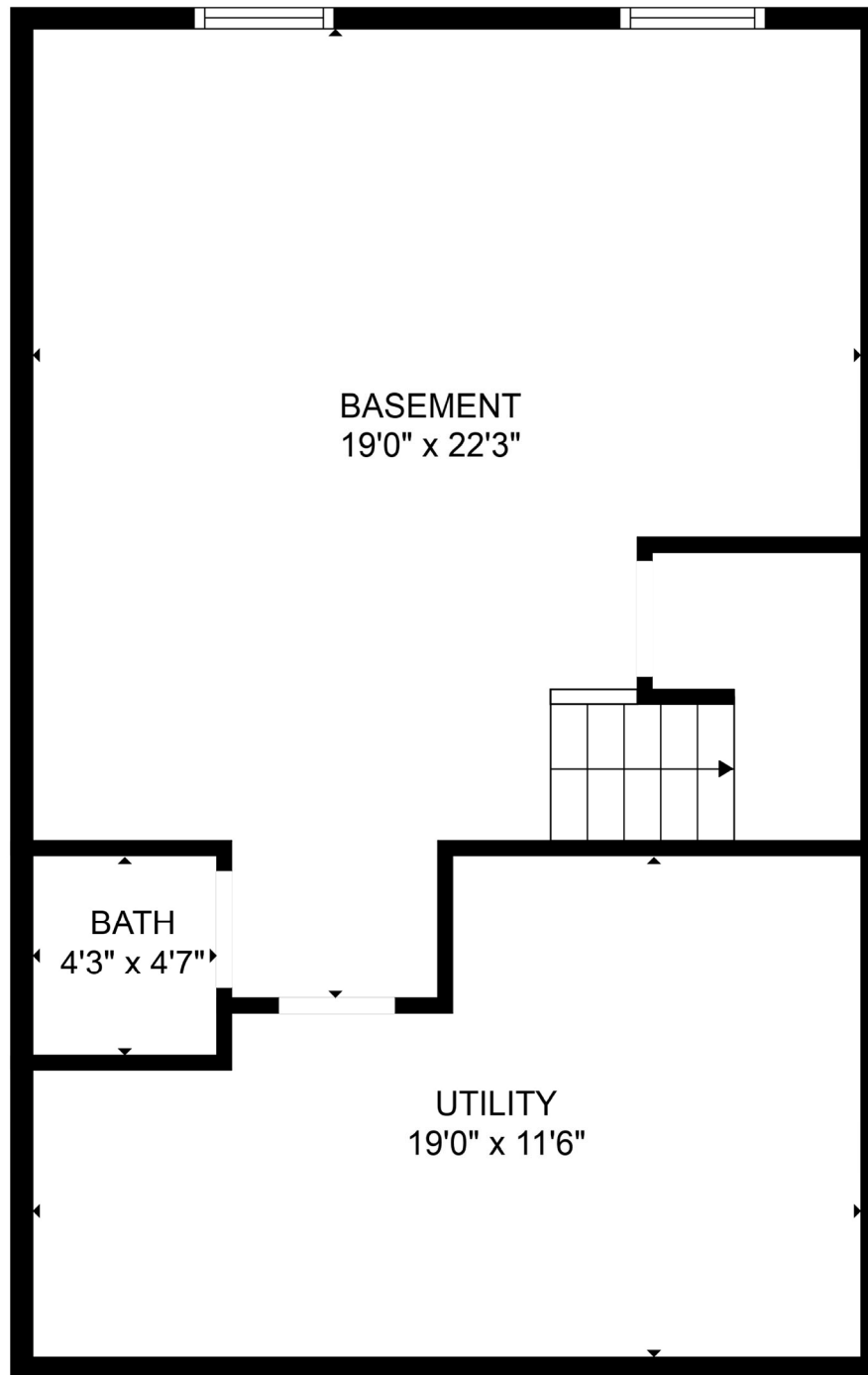
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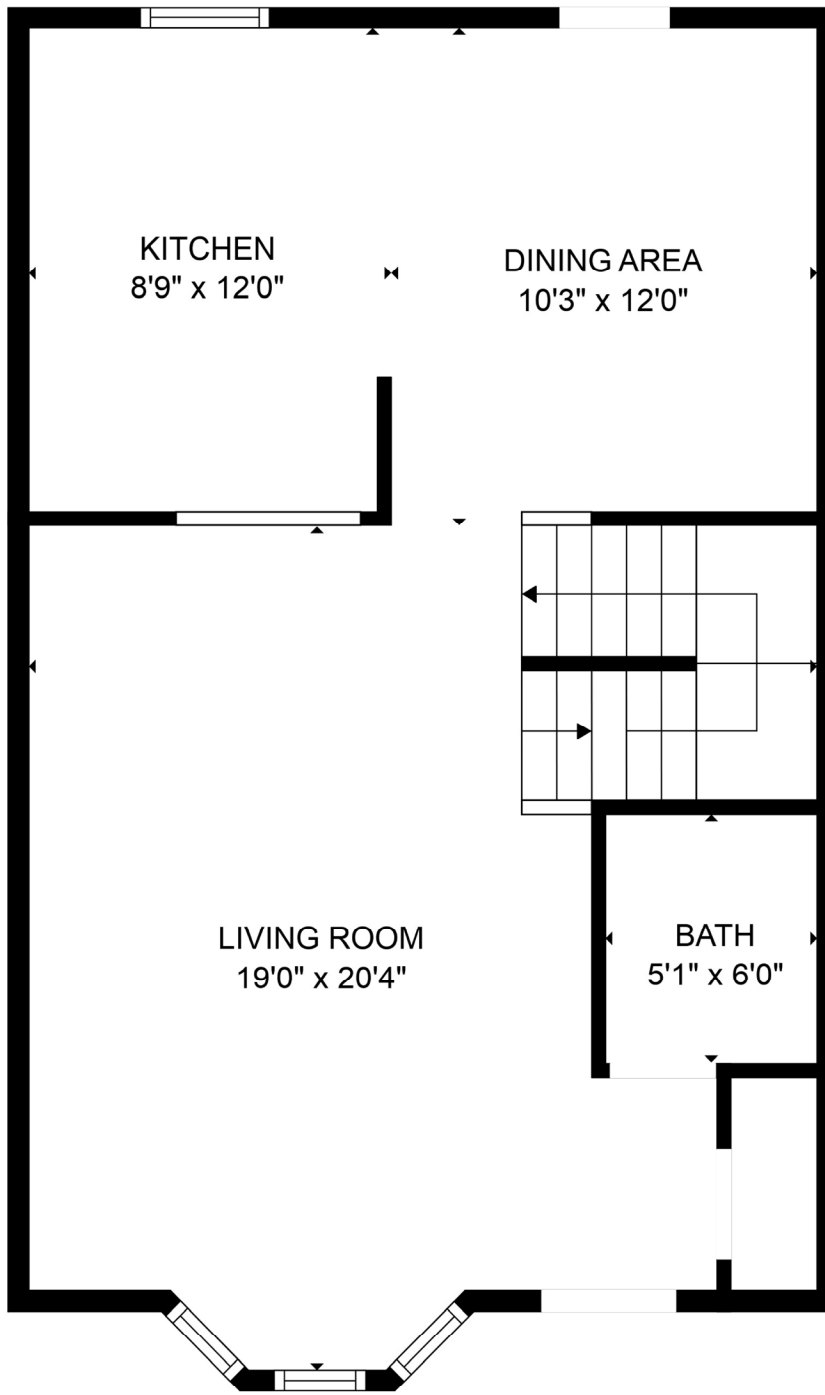


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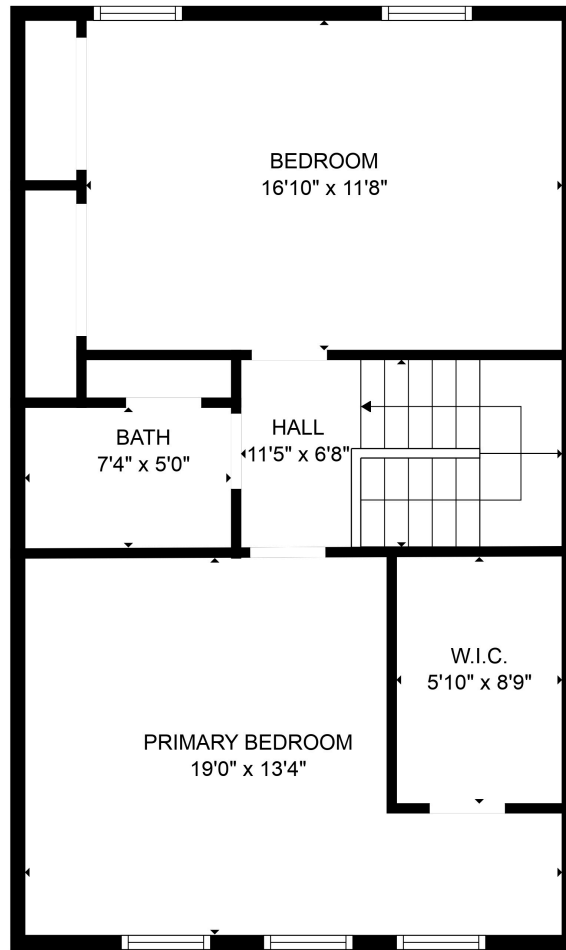
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## SELLER'S DISCLOSURE OF REAL PROPERTY CONDITION REPORT State of Delaware

Approved by the Delaware Real Estate Commission (Effective Date: July 1, 2023)

**Seller(s) Name:** Susan M. Baldwin

**Property Address:** 16 E Galloway Court, Newark, DE 19711

**Approximate Age of Building(s):** 32 yrs **Date Purchased:** 1992

**Chapter 25, Title 6 of the Delaware Code**, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement. Government websites containing helpful information include: Office of State Planning Coordination [www.stateplanning.delaware.gov](http://www.stateplanning.delaware.gov), Delaware Department of Natural Resources and Environmental Control [dnrec.alpha.delaware.gov](http://dnrec.alpha.delaware.gov), Delaware Division of Public Health [www.dhss.delaware.gov/dhss/dph](http://www.dhss.delaware.gov/dhss/dph), Delaware State Police Sex Offender Registry [www.sexoffender.dsp.delaware.gov](http://www.sexoffender.dsp.delaware.gov), Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on [www.delaware.gov](http://www.delaware.gov).

**Seller shall answer the following questions based on Seller's knowledge of the property.**

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			<b>I. OCCUPANCY</b>
	X		1. How do you currently use this property? As a: ( <input checked="" type="checkbox"/> Primary Residence) ( <input type="checkbox"/> Second/Vacation Home) ( <input type="checkbox"/> Rental Property) ( <input type="checkbox"/> Inherited Property) ( <input checked="" type="checkbox"/> Other: <u>N/A</u> ).
	X		If not your Primary Residence, how long has it been since you occupied the property? _____.
	X		2. Is the property encumbered by a ( <input type="checkbox"/> rental/lease), ( <input type="checkbox"/> option to purchase), or ( <input type="checkbox"/> first right of refusal)? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request.
	X		3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained?
	X		4. If the property is a rental/lease, is the property subject to a rental/lease management agreement?
	X		5. If #4 is yes, is the agreement binding upon the purchaser? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the management agreement to Buyer upon request.
	X		6. Is the property new construction?
	X		7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____.
			If no, <b>STOP USING THIS FORM</b> and complete the Seller's Disclosure of Real Property Condition Report <b>New Construction Only</b> .

Page 1 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

Seller's Initials [Signature] Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Seller's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Yes	No	*	* Write in U if Unknown or NA if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			8. If #6 is yes, Seller warrants that the property (___ is) or (___ is not) exempt from providing the Buyer with a <b>Public Offering Statement</b> as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents.
			<b>II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS</b>
X			9. Is the property subject to any deed restrictions? (e.g., rental restrictions, pet restrictions, fence requirements, etc.) <b>If yes, describe in XVI.</b>
	X		10. Are you in violation of any deed restrictions at this time? <b>If yes, describe in XVI.</b>
	X		11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? <b>If yes, describe in XVI.</b>
	X		12. Is the property subject to any private, public, or historic architectural review control other than building codes? <b>If yes, describe in XVI.</b>
	X		13. Is the property part of a condominium or cooperative (Co-op) ownership?
X			14. Is there a (X Homeowners Association), (___ Condominium Association), (___ Cooperative (Co-op), (___ Civic Association), or (___ Maintenance Corporation)?
			15. If #14 is yes, are there any (X Fees), (___ Dues), or (___ Assessments) involved? If yes, how much? \$12.00; Frequency of payments: (___ Monthly), (___ Quarterly), (X Yearly), (___ Other: _____); Are they (___ Mandatory) or (___ Voluntary)?
	X		16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____?
	X		17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. <b>If yes, describe in XVI.</b>
	X		18. Has there been a special assessment in the past 12 months? <b>If yes, describe in XVI.</b>
	X		19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? <b>If yes, describe in XVI.</b>
	X		20. Management Company Name: _____
	X		21. Representative Name: _____ Phone # _____
	X		22. Representative E-mail Address: _____
			<b>III. TITLE / ZONING INFORMATION</b>
	X		23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement? _____
X			24. Is your property owned (X In fee simple) or (___ Leasehold/Ground Lease) or (___ Cooperative)?
			25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____; Frequency of payments: (___ Weekly), (___ Monthly), (___ Quarterly), (___ Yearly), (___ Other: _____) <b>Note to Buyer:</b> May be subject to change.
X	X		26. If a Leasehold/Ground Lease, when does it expire? _____
	X		27. Are there any rights-of-way, easements, or similar matters that affect the property? <b>If yes, describe in XVI.</b>
	X		28. Are there any shared maintenance agreements affecting the property? <b>If yes, describe in XVI.</b>
	X		29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? <b>If yes, describe in XVI.</b>
			30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? <b>If yes, describe in XVI.</b>
	X		31. Is your property currently covered by a title insurance policy?
	X		32. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? <b>If yes, describe in XVI.</b>
	X		33. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? <b>If yes, describe in XVI.</b>

Page 2 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

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Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			<b>IV. ADDITIONAL INFORMATION</b>
	X		34. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? <b>If yes, describe in XVI.</b>
	X		35. Is there any existing legal action affecting this property? <b>If yes, describe in XVI.</b>
	X		36. Are there any violations of local, state or federal laws or regulations relating to this property? <b>If yes, describe in XVI.</b>
	X		37. Does your current real estate tax amount reflect any non-transferrable exemptions or discounts? <b>If yes, describe in XVI.</b>
	X		38. Have you received formal notice of any changes that may materially or adversely affect the property? e.g., zoning changes, road changes, proposed utility changes, etc. <b>If yes to any, describe in XVI.</b>
	X		39. Are all the exterior door locks in the house in working condition? <b>If no, describe in XVI.</b>
X			40. Will keys be provided for each lock?
	X		41. During your ownership, are there now or have there been animals (pets) living in the house? If yes, what type? _____.
	X		42. Is there now or has there ever been a (___Swimming pool), (___Hot tub), (___Spa), or (___Whirlpool) on the property? <b>If yes and there are any defects, describe in XVI.</b>
	X		43. If there is a pool, does it conform to all local ordinances? <b>If no, describe in XVI.</b>
X			44. What is the type of trash disposal? (___Private), (X)Municipal), (___County), (___Community) or (___Other _____).
			45. The cost of repairing and repaving the streets adjacent to the property is paid for by: ___ The property owner(s), estimated fees: \$ _____ ___ Delaware Department of Transportation or the State of Delaware (X)Municipal ___ Community/HOA ___ Other ___ Unknown <b>Note to Buyer:</b> Repairing and repaving of the streets can be very costly. (6 Delaware Code§ 2578) <b>Note to Buyer:</b> Please check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal.
	X		46. Is off street parking available for this property? If yes, number of spaces available: _____
			<b>V. ENVIRONMENTAL CONCERNS</b>
	X		47. Are there now or have there been any underground storage tanks on the property? (___ Heating fuel), (___ Propane), (___ Septic), or (___ Other: _____). <b>If yes, describe locations in XVI.</b>
	X		48. If the tank was abandoned, was it done with all necessary permits and properly abandoned?
	X		49. Are asbestos-containing materials present? <b>If yes, describe in XVI.</b>
	X		50. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) <b>If yes, describe in XVI.</b>
	X		51. Has the property been tested for toxic or hazardous substances? <b>If yes, describe in XVI and provide the test results.</b>
	X		52. Has the property ever been tested for mold? <b>If yes, provide the test results.</b>
	X		53. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? <b>If yes, describe in XVI.</b>
	X		54. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property?
			<b>VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)</b>
	X		55. Is there fill soil or other fill material on the property?
	X		56. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? <b>If yes, describe in XVI.</b>
	X		57. Is any part of the property located in (___ a flood zone) and/or (___ a wetlands area)?
	X		58. Are there drainage or flood problems affecting the property? <b>If yes, describe in XVI.</b>
	X		59. Do you carry flood insurance? Agent: _____ Policy # _____
	X		60. If #59 is yes, what is the annual cost of this policy? _____
			<b>Note to Buyer:</b> Public and/or private flood insurance options exist for most properties regardless if property is located in a flood zone. Inquire about options with a qualified insurance agent.

Page 3 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

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Yes	No	*	
	X		61. Have you made any insurance claims on the property in the past 5 years? <b>If yes, describe in XVI.</b>
	X		62. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? <b>If yes, describe in XVI.</b>
	X		63. Are there encroachments or boundary line disputes affecting the property? <b>If yes, describe in XVI?</b>
	X		64. Are there any ditches crossing or bordering the property? <b>If yes, describe in XVI.</b>
	X		65. Are there any swales crossing the property that are under the control of a Soil and Conservation District? <b>If yes, describe in XVI.</b>
X			66. Have you ever had the property surveyed?
	X		67. Are the boundaries of the property marked in any way? <b>If yes, describe in XVI.</b>
<b>VII. STRUCTURAL ITEMS</b>			
	X		68. Have you made any additions or structural changes? <b>If yes, describe in XVI.</b>
		U	69. If #68 is yes, was all work done with all necessary permits and approvals in compliance with building codes?
			70. If #69 is yes, are the permits closed?
	X		71. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? <b>If yes, describe in XVI.</b>
	X		72. Has the property, or any improvements thereon, ever been damaged by (___ Fire), (___ Smoke), (___ Wind), or (___ Flood)? <b>If yes, describe in XVI.</b>
	X		73. Was the structure moved to this site? (___ Double Wide), (___ Modular), (___ Other: _____)
X			74. Is there now or has there ever been any non-plumbing water leakage in the house? <b>If yes, describe in XVI.</b>
	X		75. Are there any problems with (___ Exterior walls), (___ Driveways), (X Walkways), (___ Patios), (___ Decks), (___ Porches) or (___ Retaining walls) on the property? <b>If yes, describe in XVI.</b>
	X		76. Are there any problems with (___ Interior walls), (___ Ceilings), (___ Floors), or (___ Windows) on the property? <b>If yes, describe in XVI.</b>
	X		77. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 74, 75, and 76? <b>If yes, describe in XVI.</b>
	X		78. Is there insulation in the: (___ Ceiling/attic), (___ Exterior walls), (___ Crawlspace/basement), or (___ Other: _____)
	X		What type(s) of insulation does your property have? <u>don't know</u>
<b>VIII. TERMITES, INSECTS, AND WILDLIFE</b>			
	X		79. Is there now or has there ever been any infestation by termites or other wood destroying insects? <b>If yes, describe in XVI.</b>
	X		80. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? <b>If yes, describe in XVI.</b>
	X		81. Is there now or has there ever been any damage to the property caused by (___ Termites), (___ Other wood destroying insects), or (___ Wildlife)? <b>If yes, describe in XVI.</b>
	X		82. Have there ever been any termite or wood destroying insect treatments made on the property? <b>If yes, describe in XVI.</b>
	X		83. Is there or has there ever been an infestation of insects? <b>If yes, describe in XVI.</b>
	X		84. During your ownership, have there been any insect control inspections made on the property. <b>If yes, describe in XVI.</b>
	X		85. Are you aware of any insect control treatments made on the property? <b>If yes, describe in XVI.</b>
	X		86. Are there now or have there ever been any bat colonies present on the property? <b>If yes, describe in XVI.</b>
	X		87. Is your property currently under warranty, or other coverage, by a professional pest control company? <b>If yes, name of exterminating company:</b> _____
<b>IX. BASEMENT AND CRAWL SPACES</b>			
	X		88. Does the property have a sump pump? If yes, where does it drain? _____
	X		89. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>
	X		90. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>
	X		91. Are there any cracks or bulges in the floors or foundation walls? <b>If yes, describe in XVI.</b>

Page 4 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

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			<p><b>X. ROOF</b></p> <p>92. Date last roof surface installed: <u>2008</u>. If all roof surfaces not the same age, explain in XVI.</p> <p>93. How many layers of roof material are there (e.g., new shingles over old shingles)? _____</p> <p>94. Are there any problems with the roof, flashing, rain gutters, or skylights? If yes or repaired under your ownership, explain in XVI.</p> <p>95. If under warranty, is warranty transferable? _____</p> <p>96. Where do your gutters drain? (<input checked="" type="checkbox"/> Surface), (<input type="checkbox"/> Drywell), (<input checked="" type="checkbox"/> Storm Sewers), (<input type="checkbox"/> Other: _____)</p> <p><b>XI. PLUMBING-RELATED ITEMS</b></p> <p>97. What is the drinking water source? (<input checked="" type="checkbox"/> Municipal), (<input type="checkbox"/> County), (<input type="checkbox"/> Public Utility), (<input type="checkbox"/> Private Well), (<input type="checkbox"/> Other: _____)</p> <p>98. If drinking water is supplied by public utility, name of utility: <u>CITY OF NEWARK</u></p> <p>99. Is there a water treatment system? If yes, (<input type="checkbox"/> Leased) or (<input type="checkbox"/> Owned)?</p> <p>100. If water source is a well, when was it installed? _____ Location of well? _____ Depth of well? _____ If more than one well, describe in XVI.</p> <p>101. What type of plumbing is used for the Water Supply? (<input checked="" type="checkbox"/> Copper), (<input type="checkbox"/> Lead), (<input type="checkbox"/> Cast Iron), (<input type="checkbox"/> PVC), (<input type="checkbox"/> PEX), (<input type="checkbox"/> Polybutylene), (<input type="checkbox"/> Galvanized), (<input type="checkbox"/> Other/Unknown: _____)</p> <p>102. What type of plumbing is used for Drainage? (<input checked="" type="checkbox"/> Copper), (<input type="checkbox"/> Lead), (<input type="checkbox"/> Cast Iron), (<input checked="" type="checkbox"/> PVC), (<input type="checkbox"/> Galvanized), (<input type="checkbox"/> Other/Unknown: _____)</p> <p>103. Age of Water Heater? <u>20 yrs</u> Water heater type: (<input checked="" type="checkbox"/> Tank), (<input type="checkbox"/> Tankless), (<input type="checkbox"/> Other: _____)</p> <p>104. Water Heater Fuel: (<input type="checkbox"/> Electric), (<input type="checkbox"/> Oil), (<input type="checkbox"/> Propane Gas), (<input checked="" type="checkbox"/> Natural Gas) or (<input type="checkbox"/> Other: _____)</p> <p>105. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? If yes, describe in XVI.</p> <p>106. Are there any additions and/or upgrades to the original service? If yes, describe in XVI.</p> <p>107. If #106 is yes, was the work done by a licensed contractor?</p> <p>108. If #106 is yes, were the required permits obtained?</p> <p>109. If #108 is yes, are the permits closed?</p> <p>110. If your drinking water is from a well, when was your water last tested and what were the results of the test? Tested on: _____ Results: _____</p> <p>111. What is the type of sewage system? (<input checked="" type="checkbox"/> Public Sewer), (<input type="checkbox"/> Community Sewer), (<input type="checkbox"/> Septic System), (<input type="checkbox"/> Cesspool), (<input type="checkbox"/> Other: _____)</p> <p>112. If a septic system, type: (<input type="checkbox"/> Gravity Fed), (<input type="checkbox"/> Capping Fill), (<input type="checkbox"/> LPP), (<input type="checkbox"/> Mound), (<input type="checkbox"/> Holding Tank), (<input type="checkbox"/> Other: _____)</p> <p>113. If a septic system, when was it last pumped? _____</p> <p>114. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? If yes, describe in XVI and provide the test results.</p> <p>115. If a septic system, how many bedrooms is the septic permitted to service? _____</p> <p>116. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? If yes, describe locations in XVI.</p> <p>117. If #116 is yes, were they abandoned with all necessary permits and properly abandoned?</p> <p><b>XII. HEATING AND AIR CONDITIONING</b></p> <p>118. How many heating and/or air conditioning systems are on the property? <u>2</u>. If more than 2, explain in XVI.</p> <p>119. Type of heating system for system #1 (<input checked="" type="checkbox"/> Forced air), (<input type="checkbox"/> Heat pump), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Baseboard), (<input type="checkbox"/> Radiator), (<input type="checkbox"/> Other: _____) Type of heating system for system #2 (<input type="checkbox"/> Forced air), (<input type="checkbox"/> Heat pump), (<input type="checkbox"/> Mini-Split), (<input type="checkbox"/> Baseboard), (<input type="checkbox"/> Radiator), (<input type="checkbox"/> Other: _____)</p> <p>120. Type of heating fuel for system #1 (<input type="checkbox"/> Oil), (<input type="checkbox"/> Propane Gas), (<input checked="" type="checkbox"/> Natural Gas), (<input type="checkbox"/> Electric), (<input type="checkbox"/> Solar), (<input type="checkbox"/> Other: _____) Type of heating fuel for system #2 (<input type="checkbox"/> Oil), (<input type="checkbox"/> Propane Gas), (<input type="checkbox"/> Natural Gas), (<input type="checkbox"/> Electric), (<input type="checkbox"/> Solar), (<input type="checkbox"/> Other: _____)</p>

Page 5 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

Seller's Initials [Signature] Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Yes	No	*	* Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI. Seller shall answer the following questions based on Seller's knowledge of the property.
			221. Fuel provider for: Heating system #1 <u>DEL MARVA</u> Heating System #2: _____
			222. Age of furnace #1: <u>8 YEARS</u> Date of last service: <u>1 YEAR</u> Age of furnace #2: _____ Date of last service: _____
			223. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? <b>If yes, describe in XVI.</b>
			224. Type of air conditioning for system #1 ( <input checked="" type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____) Type of air conditioning for system #2 ( <input type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split), ( <input type="checkbox"/> Other: _____)
	<input checked="" type="checkbox"/>		225. Are there any contractual obligations affecting the heating/air conditioning system(s)? <b>If yes, describe in XVI.</b>
			226. Age of air conditioning system #1: <u>4 YEAR</u> Date of last service: <u>2 YEARS</u> Age of air conditioning system #2: _____ Date of last service: _____
<input checked="" type="checkbox"/>			227. Have there been any additions and/or upgrades to the original heating or air conditioning? <b>If yes, describe in XVI.</b>
			228. If #227 is yes, was the work done by a licensed contractor?
			229. If #227 is yes, were the required permits obtained?
	<input checked="" type="checkbox"/>		230. If #229 is yes, are the permits closed?
			231. Are there any problems with the heating or air conditioning systems? <b>If yes, describe in XVI.</b>
			<b>XIII. ELECTRICAL SYSTEM</b>
			232. Who is the electric provider for the property? <u>CITY OF NEWARK</u>
			233. What type of wiring is in the house? ( <input checked="" type="checkbox"/> copper), aluminum, other, etc.) _____
		<input checked="" type="checkbox"/>	234. What is the amp service? ( <input type="checkbox"/> 60), ( <input checked="" type="checkbox"/> 100), ( <input type="checkbox"/> 150), ( <input type="checkbox"/> 200), ( <input type="checkbox"/> Other: _____)
			235. Does the property have ( <input checked="" type="checkbox"/> Circuit Breakers) or ( <input type="checkbox"/> Fuses)? <b>If more than one electrical panel, describe in XVI.</b>
<input checked="" type="checkbox"/>			236. Are there any 220/240 volt circuits? (Other: _____)
	<input checked="" type="checkbox"/>		237. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? <b>If yes, describe in XVI.</b>
	<input checked="" type="checkbox"/>		238. Are there wall switches, light fixtures, or electrical outlets in need of repair? <b>If yes, explain in XVI.</b>
	<input checked="" type="checkbox"/>		239. Is there a permanently affixed generator on the property? What is the fuel source? _____
	<input checked="" type="checkbox"/>		240. Have there been any additions to the original service?
	<input checked="" type="checkbox"/>		241. Have any ( <input type="checkbox"/> solar) and/or ( <input type="checkbox"/> wind powered) enhancements been made to supplement service? <b>If yes, describe in XVI.</b> Name of solar company? _____; If leased, what is the term? _____.
			<b>Note to Buyer:</b> Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission.
			242. If #239, #240, or #241 is yes, was work done by a licensed electrician?
			243. If #239, #240, or #241 is yes, were the required permits obtained?
			244. If #243 is yes, is the permit closed?
			<b>XIV. FIREPLACE OR HEATING STOVE</b>
		<input checked="" type="checkbox"/>	245. How many fireplaces and/or heating stoves are on the property? <u>NA</u> . <b>If more than 2, explain in XVI.</b>
			246. Type of fuel for fireplace 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)? Type of fuel for fireplace 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas), ( <input type="checkbox"/> Other: _____)?
			247. Type of fuel for heating stove 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)? Type of fuel for heating stove 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)?
			248. Was the fireplace or heating stove part of the original house design?
			249. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?
			250. Are there any problems? <b>If yes, explain in XVI.</b>
			251. When were the flues/chimneys last cleaned, serviced, or repaired? _____. <b>Explain nature of service or repair in XVI.</b>

Page 6 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

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 Seller's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_



**XV. MAJOR APPLIANCES AND OTHER ITEMS**

Are the following items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not exist, leave the yes/no fields blank.		
YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range with oven
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood-exhaust fan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooktop-stand alone
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Oven(s) #___
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator
<input type="checkbox"/>	<input type="checkbox"/>	with ice maker
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerator(s)-additional #___
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Freezer -free standing
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ice Maker-free standing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Microwave
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dryer
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trash Compactor
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Filter
<input type="checkbox"/>	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump
<input type="checkbox"/>	<input type="checkbox"/>	Storm Windows/Doors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screens
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Draperies/Curtains
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drapery/Curtain rods
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shades/Blinds
<input type="checkbox"/>	<input type="checkbox"/>	Cornices/Valances
<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide Detectors
<input type="checkbox"/>	<input type="checkbox"/>	Wood Stove
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Screen/Doors
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
<input type="checkbox"/>	<input type="checkbox"/>	Window A/C Units #___
<input type="checkbox"/>	<input type="checkbox"/>	Attic fan
<input type="checkbox"/>	<input type="checkbox"/>	Whole house fan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom Vents/Fans
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Fan(s) #___
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s) #___
<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum
<input type="checkbox"/>	<input type="checkbox"/>	with attachments
<input type="checkbox"/>	<input type="checkbox"/>	Intercoms
<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish
<input type="checkbox"/>	<input type="checkbox"/>	with controls & Remote(s)
<input type="checkbox"/>	<input type="checkbox"/>	Wall Mounted Flat Screen TV #___
<input type="checkbox"/>	<input type="checkbox"/>	Wall brackets for TV #___
<input type="checkbox"/>	<input type="checkbox"/>	Surround sound system & controls
<input type="checkbox"/>	<input type="checkbox"/>	Attached Antenna/Rotor
<input type="checkbox"/>	<input type="checkbox"/>	Garage Opener(s) #___
<input type="checkbox"/>	<input type="checkbox"/>	with remote(s) #___
<input type="checkbox"/>	<input type="checkbox"/>	Electronic/Smart Door Locks
<input type="checkbox"/>	<input type="checkbox"/>	Smart Cameras/Doorbells
<input type="checkbox"/>	<input type="checkbox"/>	Smart Thermostat
<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Pool cover
<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub, Equipment
<input type="checkbox"/>	<input type="checkbox"/>	with cover
<input type="checkbox"/>	<input type="checkbox"/>	Sheds/Outbuildings #___
<input type="checkbox"/>	<input type="checkbox"/>	Playground Equipment
<input type="checkbox"/>	<input type="checkbox"/>	Irrigation System
<input type="checkbox"/>	<input type="checkbox"/>	Backup Generator
<input type="checkbox"/>	<input type="checkbox"/>	Water Conditioner (owned)
<input type="checkbox"/>	<input type="checkbox"/>	Water Conditioner (leased)
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Storage Tank(s) (owned)
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Storage Tank(s) (leased)
<input type="checkbox"/>	<input type="checkbox"/>	Security/Monitoring Systems (owned)
<input type="checkbox"/>	<input type="checkbox"/>	Security/Monitoring Systems (leased)
<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment (owned)
<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment (leased)


Page 7 of 9 Property Address: 16 E Galloway Court, Newark, DE 19711

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 Seller's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_



**ACKNOWLEDGMENT OF SELLER**

Seller has provided the information contained in this report. This information is, to the best of Seller’s knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller’s Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

DocuSigned by:  5/21/2024 | 3:06:53 PM EDT  
SELLER \_\_\_\_\_ Date \_\_\_\_\_ SELLER \_\_\_\_\_ Date \_\_\_\_\_  
7CECBAC4B1114A5...

SELLER \_\_\_\_\_ Date \_\_\_\_\_ SELLER \_\_\_\_\_ Date \_\_\_\_\_

Date the contents of this Report were last updated: \_\_\_\_\_.

**ACKNOWLEDGMENT OF BUYER**

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer’s responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER \_\_\_\_\_ Date \_\_\_\_\_ BUYER \_\_\_\_\_ Date \_\_\_\_\_


BUYER \_\_\_\_\_ Date \_\_\_\_\_ BUYER \_\_\_\_\_ Date \_\_\_\_\_

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards  
Sale of Residential Property

Property: 16 E Galloway Court, Newark, DE 19711

Susan M. Baldwin  
Seller's Name:

**Seller Instructions:** Check the box indicating the age of your property and initial. If you checked either box 1 or 3, continue to complete the *Seller's Disclosure* section below and sign this form at the bottom. If you checked box 2, sign below to complete this form.

  
\_\_\_\_\_  
(Check one of the boxes to the right and initial here)

Year Dwelling Was Constructed:

1. was constructed prior to January 1, 1978  
 2. was constructed after January 1, 1978  
 3. uncertain as to when constructed

**Lead Warning Statement** - Every Purchaser of any interest in residential property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in very young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Purchaser with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Purchaser of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure** - Unless box 2 is checked above, each Seller is required to complete sections (a and b) by selecting an answer and then by initialing in each of these two sections (if more than one owner, all owners must select and initial)

(a) Presence of lead-based paint and/or lead-based paint hazards (CHECK ONE BOX BELOW AND INITIAL):

\_\_\_\_\_  
Select answer and initial  Known lead-based paint and/or lead-based paint hazards are present in the housing. (explain)

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the Seller. (CHECK ONE BOX AND INITIAL):

\_\_\_\_\_  
Select answer and initial  Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (list documents below):

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgement** - Unless box 2 is checked above, all purchaser(s) must initial c, d, e and f

(c) \_\_\_\_\_ Purchaser(s) has read the Lead Warning Statement above.

(d) \_\_\_\_\_ Purchaser(s) has received copies of all information listed above.


(e) \_\_\_\_\_ Purchaser(s) has received the pamphlet *Protect Your Family From Lead In Your Home*.

(f) \_\_\_\_\_ Purchaser(s) has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgement** - Initial below

(g)  The Listing Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852(d), and the Seller is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy** The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

 5/21/24  
Seller Date

\_\_\_\_\_  
Seller Date

Purchaser Date

\_\_\_\_\_  
Purchaser Date

 5/21/24  
Agent Date

\_\_\_\_\_  
Agent Date



# SCHOOL FEEDER PATTERN

## Christina School District 2023-2024 School Year

Downes (John R.) Elementary School  
Grades: KN-05  
Address: 220 Casho Mill Road  
City: Newark  
Zip Code: 19711

Shue-Medill Middle School  
Grades: 06-08  
Address: 1500 Capitol Trail  
City: Newark  
Zip Code: 19711

Newark High School  
Grades: 09-12  
Address: 750 East Delaware Avenue  
City: Newark  
Zip Code: 19711