



SELLER'S SUPPLEMENT TO THE REAL ESTATE TRANSFER DISCLOSURE STATEMENT

(Includes additional questions for Condominiums/Cooperatives/Other Associations and Income Property) San Francisco Association of REALTORS® Standard Form

Property Address: 49 Minerva St., S.F., CA 94112
Seller's Name(s): Kai Chen

Under California law (Civil Code §1102, et seq.) most sellers of real property containing one to four residential units are required to furnish prospective buyers with a completed Real Estate Transfer Disclosure Statement ("TDS"). This Supplement to the TDS is intended to expand the disclosures made by sellers in the TDS to matters not covered by that document but of general concern to buyers. The TDS and this Supplement are not substitutes for professional inspections to determine the condition of the property being offered for sale. It is strongly advised that buyers arrange to have any property they are considering purchasing inspected by professional inspectors and that they provide the inspectors with a copy of the TDS and this or any other supplement to the TDS to refer to while conducting their inspections. It also is advised that buyers accompany the inspectors on their inspections.

A. Specific Information Regarding Subject Property and the Neighborhood

Table with 3 columns: Yes, No, Don't Know. Contains 18 numbered questions regarding property details such as court confirmation, bankruptcy, loans, liens, leases, first right of refusal, unreinforced masonry, neighborhood problems, zoning, military ordinance, and insurance claims.

If the answer to any of the above questions is yes, please explain in detail. (Attach additional sheets, if necessary.)

Seller's Initials: [Signature] Buyer's Initials: [Signature]

B. Conditions Affecting the Property or Its Improvements

- | | Yes | No | Don't Know |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Have you made any repairs, additions or alterations to the property during your ownership? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please answer a and b, provide dates and describe the work below. | | | |
| (a) In each case, did you obtain the necessary permit(s) for the work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (b) In each case, did an inspector approve the work in writing after completion? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Any equipment or appliances which are leased? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Any nontempered glass on shower or sliding doors? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Any concealed hardwood floors? If yes, please describe the locations and condition of the wood. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <hr/> | | | |
| 5. Any gutters or downspouts with holes, excessive rust or leakage? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Any past or present leaks or water intrusion from or through the roof(s), skylight(s), or windows, siding, basement, foundation, or any other source? (Please itemize below even if leaks have been stopped) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Any sump pump, underground drains, French drains (i.e., perforated piping), dry wells or surface disposal systems in the crawl space/subarea or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Any water supply problems (i.e., odor, discoloration, sediment, or lack of pressure)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there a low-pressure water-heating or steam-generating boiler in operation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Any animals kept on the property in the past year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Any stains or damage caused by animals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Any current or recent neighborhood animal problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Any presently connected or abandoned tanks, septic systems or leach fields? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Any deaths on the property in the last three years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Any pipelines carrying oil, gas or chemicals underneath or adjacent to the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Any damage relating to trees or plants on the property (e.g. disease, weakened root structure)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Any boundary disputes or third party claims affecting the property (i.e., rights being asserted by parties which might interfere with the use of the property in some way)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Any problems with retaining walls (such as leaning, bulging or cracking)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Any problems with existing underground sprinkler systems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Any problems with automatic garage door or its automatic reversing device? <i>manual door</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions is yes, please explain.

(Attach additional sheets, if necessary.) *Windows were replaced by new double pane windows two years ago. Kitchen counter top and lower cabinets were replaced two years ago, and also some external wood panels at the back of the house were replaced.*

C. Reports, Inspections or Repair Estimates

1. Are you aware of any inspections conducted, or reports or repair estimates prepared for you, any previous owner or any prospective buyer dealing with any of the following subjects? (Check applicable boxes.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Structural/Engineering | <input type="checkbox"/> Property Inspection | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Water Well | <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Soils/Drainage | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Boiler Inspection | <input type="checkbox"/> Environmental Hazards | <input type="checkbox"/> Natural Hazards |

Please describe below all checked subjects and indicate whether copies of the reports are available.

(Attach additional pages, if necessary.)

Type of Report	Inspector	Date	Available	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

XQL
[Signature]

Seller's Initials Buyer's Initials

2. Are you aware of any inspections or reports that pertain to any neighborhood property or condition which may affect the value or desirability of the subject property? If yes, please explain: Yes No

It is recommended that the seller provide the buyer with copies of all reports and repair estimates.

D. Condominiums / Cooperatives / Other Developments or Neighborhood Associations

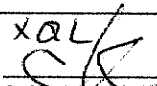
If this property is part of a condominium, cooperative, other development or neighborhood association, please answer the following questions:

1. Type of development: Condominium Cooperative TIC Other (please specify) _____
2. Name of Homeowners' Association: _____
3. Who manages the Homeowners' Association (e.g. owners, management company)? _____
 Name and phone number of management contact: _____

	Yes	No	Don't Know
4. Are there covenants, conditions and restrictions (CC&Rs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there bylaws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there articles of incorporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there house rules in addition to the CC&Rs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a proprietary lease (for cooperatives)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there an ownership agreement (for tenancies-in-common)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is a budget available for this fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is a financial statement available for the last fiscal year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are minutes available for meetings held in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are there master insurance policies on the complex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Name of the carrier(s): _____			
(b) Name and phone number of the agent or broker: _____			
(c) Is earthquake coverage included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are regular assessments or dues levied against the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give amounts and frequency: _____			
15. Are there any approved or proposed increases in regular assessments or dues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are there any approved or proposed special assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you in violation, or are you aware of others in violation, of the CC&Rs, bylaws or house rules which could affect this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there any other written or unwritten restrictions, limitations or rules and regulations affecting the use of this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are there any claims or litigation by, or against, the Homeowners' Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Is a license required for this condominium (e.g. business license for live/work unit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are there any parking spaces designated for the unit? If yes, please give locations below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there any limitations on the parking (e.g. tandem, rotational, low clearance, small car only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are there any storage spaces designated for the unit? If yes, please give locations below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions 15 through 23 is yes, please provide details.

(Attach additional sheets, if necessary.) _____



 Seller's Initials Buyer's Initials

E. Income or Multi-unit Property

For multi-unit or tenant occupied properties, please answer the following questions:

- | | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| 1. Any insurance policy on the building which may be transferable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Name of the carrier(s): | | | |
| (b) Name and phone number of the agent or broker: | | | |
| 2. Is this building currently exempt from San Francisco rent control for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any current code violations for which citations have been issued? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any non-conforming or conditional uses of the building? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any units which will be delivered vacant at close of escrow? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any tenants in the building not covered by a written lease or rental agreement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any occupants residing in the building not named in an original lease or in a notice sent in compliance with Section 6.14 of the San Francisco Rent Board's Rules and Regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any unwritten agreements with tenants (e.g. regarding parking or storage spaces)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any passthrough amounts included in tenant rents as a result of capital improvements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any active or anticipated claims or litigation between owner and any tenants in the building? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Any tenants who are protected from eviction under Sections 37.9 (a)(8) or 37.9(g) of the San Francisco Administrative Code? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any unit been the subject of an owner or relative move-in eviction since December 18, 1998? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions is yes, please explain, with dates and documentation where appropriate.

(Attach additional sheets, if necessary.)

F. Additional Information

In addition to the disclosure statements contained in this Supplement, the following facts, which may affect the value or desirability of the property, now or in the future, are known or suspected to exist. (Attach additional sheets, if necessary.)

As the seller of the property described herein, I have answered the foregoing questions in an effort to fully disclose all material facts relating to the property and hereby certify that the information provided is true and correct to the best of my knowledge.

Seller *[Signature]* Date 1/26/05

Seller Xue Qing Lu Date 1/26/05

As the buyer, I hereby certify that I have read and understood this Seller's Supplement to the Real Estate Transfer Disclosure Statement and any additional sheets attached hereto.

Buyer _____ Date _____

Buyer _____ Date _____