

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 9518 SW Peoria Springs Rd Augusta GA 30606

Seller: KERMIT & MARY HENDRICK

Date of Purchase: _____

Message to the Seller: This statement is a disclosure of the condition of the above described Property known by the SELLER on the date that it is signed. It is not a warranty of any kind by the SELLER(S) or any real estate licensee involved in this transaction, and should not be accepted as a substitute for any inspections or warranties the BUYER(S) may wish to obtain. If you know something important about the Property that is not addressed on the Seller's Property Disclosure, add that information to the form. Prospective Buyers may rely on the information you provide.

Instructions: (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the comment lines to explain.

By signing below you acknowledge that the failure to disclose known material information about the Property may result in liability.

Message to the Buyer: Although Seller's Property Disclosure is designed to assist the SELLER in disclosing all known material (important) facts about the Property, there are likely facts about the Property that the SELLER does not know. Therefore, it is important that you take an active role in obtaining the information about the Property.

Instructions: (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the Seller's Property Disclosure. (5) Obtain professional inspections of the Property. (6) Investigate the surrounding area.

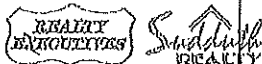
THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT INDEPENDENTLY VERIFIED BY THE BROKER(S) OR AGENTS(S).

PART I

APPLIANCES						ELECTRICAL					
None	Does Not Transfer	TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.	None	Does Not Transfer	TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.		
		Working	Not Working				Working	Not Working			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke/Fire Detectors		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Fixtures		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) Gas <u>Electric</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)		
				Built In (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell		
				Vented Outside (Circle One) YES <u>NO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: _____		Keypad Entry: (Circle One) YES <u>NO</u>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aluminum Wiring		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copper Wiring		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	220 Volt		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Panel Total Amps		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					(Circle One) Own Rent/Financed Company		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					Audio/Video Surveillance System		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Comments:					Comments:						

25 (Rev 10/19) BUYER'S INITIALS: _____

SELLER'S INITIALS: KERMIT MARY



InstantFORMS

WATER/SEWAGE SYSTEMS (See Part II Also)					HEATING & COOLING SYSTEMS										
		TRANSFERS TO BUYER													
		None	Working	Not Working	Don't Know	Indicate the condition of the following items by marking only one appropriate box.									
		Does Not Transfer	Working	Not Working	Don't Know			None	Working	Not Working	Don't Know	Indicate the condition of the following items by marking only one appropriate box.			
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System	good		
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump						Type	central		
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery						Age			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating System	Type central heat & air		
33						Type						Type	central heat & air		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) <u>Elect</u> , Gas						Age			
35						Size & Age <u>40 gal</u> 2016?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Softener <u>2012?</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	worst great		
38						(Circle One) <u>Own</u> Rent/Lease	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace			
39						Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert			
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove			
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System						Chimney/Flue - Date Last Cleaned			
42						Backflow Device (Circle One) YES <u>NO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter			
43						Date Last Tested or Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Attic Fan			
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment			
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank			
46	Comments: <u>water heater was working fine</u>												(Circle One) <u>Own</u> Rent/Lease		
47							Comments: <u>new propane line installed OCT 2021</u>								
48	MEDIA														
		TRANSFERS TO BUYER													
		None	Working	Not Working	Don't Know	Indicate the condition of the following items by marking only one appropriate box.					Any Additional Comments For Part II:				
		Does Not Transfer	Working	Not Working	Don't Know			None	Working	Not Working	Don't Know				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish						we used the fireplace for much of our heat.			
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes									
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas									
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks									
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)									
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)									
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)									
58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers									
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound									
60	Comments:														
61															
62															

63 (Rev 10/19) BUYER'S INITIALS: _____

SELLER'S INITIALS: KEM MRWED



InstantFORMS

PART II

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

YES	NO	DON'T KNOW	SECTION 1	
			STRUCTURAL FOUNDATION/WALLS	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?	
			IF YES, are you aware of any adverse conditions?	
			Indicate all that apply: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Slab	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any structural engineer's report(s) available?	
			IF YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
To your knowledge, indicate any past or present (Use Comment lines for further explanations)				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with operation of windows or doors, or broken seals?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any corrective actions to items in this section? (Example: Piering, bracing, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there insulation in the walls?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there insulation in the floors?	
Additional Comments:				
YES	NO	DON'T KNOW	SECTION 2	
			ROOF/INSULATION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Age: _____ Type: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input checked="" type="checkbox"/> PAST <input type="checkbox"/> PRESENT <input type="checkbox"/> roof leaks? (Mark One)	
			If any, identify details below.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input checked="" type="checkbox"/> REPAIRED? (Mark One)	
			If YES, Date: _____ (Identify details below.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with roof, roof structure or eave gutters? (If YES, explain below.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the ceiling/attic?	
Additional Comments:				
YES	NO	DON'T KNOW	SECTION 3	
			MOLD/MILDEW	
According to the EPA, molds are part of the natural environment. Molds reproduce by means of tiny spores that are invisible to the naked eye, and float through outdoor and indoor air. Mold may begin growing in foods when mold spores land on surfaces that are wet. Inhaling or touching mold spores may cause allergic reactions in sensitive individuals.				
To your knowledge, indicate any past or present: (Use Comment lines for further explanations)				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Presence of any mold/mildew in the property?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any problems created by mold or mildew for occupants of the structure during your ownership?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had any inspections for mold or mildew? If YES, Date: _____ (If YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the property had any professional mold remediation during your ownership? If YES, Date: _____	
Additional Comments:				



117 Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
 118 Attach all relevant documentation for further explanation, including any and all repair reports.

119 **SECTION 4**

120 **WATER/SEWAGE SYSTEMS**

YES	NO	DON'T KNOW	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	121 Is the property connected to City Water?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	122 Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123 Is the property connected to any private water systems? (Mark all that apply.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124 <input checked="" type="checkbox"/> Drinking Well <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Geo-Thermal Well
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	125 Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126 Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127 Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128 Has the water in any wells shown test results of contamination? (If YES, explain below.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	129 Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130 Is the property connected to a septic system? Date Last Pumped: <u>Week of JAN 22</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	131 Tank Size: <u>?</u> Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	132 # feet laterals: <u>4 IN RADIUS</u> Location: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	133 Is the property connected to a lagoon system? Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	134 Is the property connected to some other type of waste disposal system? (If YES, explain below.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	135 Has the main waste disposal line ever been snaked or scoped?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	136 To your knowledge, is there any problem relating to the waste disposal system?
137 Additional Comments:			

139 **SECTION 5**

140 **WATER INTRUSION/LEAKS**

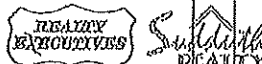
141 To your knowledge, indicate any past or present. (Use Comment Lines for further explanations)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	142 Any water leakage in or around the fireplace or chimney?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	143 Any water leakage around (If YES, mark all that apply.) <input type="checkbox"/> WINDOWS <input type="checkbox"/> SKYLIGHTS <input type="checkbox"/> DOORS?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	144 Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	145 Any leaks caused by appliances?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	146 Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	147 Any water leakage into (If YES, mark all that apply.) <input type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	148 Any accumulation of water within the basement/crawl space?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	149 Sump Pump(s) Location(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	150 Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR
151 Additional Comments:			

154 **SECTION 6**

155 **PEST, WOOD INFESTATION & DRY ROT**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	156 Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	157 <input type="checkbox"/> WOOD DESTROYING INSECTS <input type="checkbox"/> DRY ROT <input type="checkbox"/> OTHER WOOD INFESTATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	158 Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	159 <input type="checkbox"/> WOOD DESTROYING INSECTS <input type="checkbox"/> DRY ROT <input type="checkbox"/> OTHER WOOD INFESTATION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	160 Have there been any repairs of such damage? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	161 Is the property currently under a termite warranty or other coverage by a licensed pest control company?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	162 Company: _____ Warranty Expiration Date: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	163 Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	164 Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	165 Any pest control reports in the last 5 years? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	166 Any professional pest control treatments in the last 5 years? (If YES, explain below.)
167 Additional Comments:			



172 Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
 173 Attach all relevant documentation for further explanation, including any and all repair reports.

174 YES NO DON'T KNOW SECTION 7 ENVIRONMENTAL CONDITIONS

175

176 Is the property located in a subdivision with a master drainage plan?
 177 If YES, is the property in compliance?

178 Has the property ever had any drainage problems during your ownership? (If YES, explain below.)
 179 Are there any producing or non-producing gas/oil wells on the property or adjacent property?
 180 Do mineral rights convey to buyer? If NO, please define:
 181 Groundwater contamination has been detected in several areas in the State of Kansas.
 182 Are you aware of groundwater contamination or other environmental concerns?
 183 Any reports or records pertaining to groundwater contamination or other environmental concerns?
 184 Are there any diseased or dead trees and shrubs?
 185 To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)
 186 Asbestos
 187 Contaminated soil or water (including drinking water)
 188 Landfill or buried materials
 189 Lead-based paint (If YES, attach disclosure.)
 190 Radon gas in house or well Has a mitigation system been installed? (Mark One) YES NO
 191 Methane Gas
 192 Oil sheers in wet areas
 193 Radioactive material
 194 Toxic material disposal (solvents, chemicals, etc.)
 195 Underground fuel or chemical storage tanks
 196 EMFs (Electro Magnetic Fields)
 197 Urea formaldehyde foam insulation (UFFI)
 198 Other:
 199 Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?
 200 To your knowledge, are any of the above conditions present near your property?
 201
 202 Comments:
 203
 204

205 YES NO DON'T KNOW SECTION 8 BOUNDARIES/LAND

206

207 Have you had a survey of the property? (If YES, attach copy if available.)
 208 Are the boundaries of your property marked in any way?
 209 Is there any fencing on the boundaries of the property?
 210 Does fencing belong to the property? If YES, which sides?
 211 Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)
 212 Is the property owner responsible for maintenance of any such shared feature(s)?
 213 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
 214 To your knowledge, is any portion of the property located in a federally designated flood plain?
 215 Do you currently, or have you ever, paid flood insurance for the property?
 216 To your knowledge, is any portion of the property located in a designated wetlands area?
 217 Do you know of any of the following items that have occurred on the property or in the immediate area?
 218 (Mark all that apply.)
 219 EXPANSIVE SOIL EARTH MOVEMENT
 220 FILL DIRT UPHEAVAL
 221 SLIDING EARTH STABILITY PROBLEMS
 222 SETTLING
 223
 224 Comments:
 225
 226

227 (Rev 10/19) BUYER'S INITIALS: _____ PG 5 of 7 SELLER'S INITIALS: RSN MK



InstinctFORMS

228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277

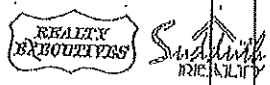
Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
Attach all relevant documentation for further explanation, including any and all repair reports.

YES	NO	DON'T KNOW	SECTION 9
SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The law requires that the Seller disclose the existence of special assessments against a property.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any current/pending bonds, assessments, or special taxes that apply to property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The property may be subject to special assessments or is located in an improvement district? (Refer to relevant tax disclosure - Mark One).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of an active Homeowner's Association?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Annual Dues? _____ Initiation Fee? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeowner's Association contact information: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to a right of first refusal?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any violations of such covenants and restrictions?
Comments:			

YES	NO	DON'T KNOW	SECTION 10
MISCELLANEOUS			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property without obtaining required permits?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the present use of the property a non-conforming use?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have there been any insurance claims during the seller's ownership?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were repairs made? If so, explain: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any unrepaired damage due to hail, storm, wind, fire or flood?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does a pet(s) reside or has a pet(s) ever resided in or on the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any damage due to pets, interior/exterior, including but not limited to, odors, stains, etc.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all window and door treatments remain? If NO, please list: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does any other personal property remain? If YES, please list: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the property contain any of the following? (Mark all that apply.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water Feature
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, are either of the following heated? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa If yes, type of heat? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature? Explain: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property in a historic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties on the property or any of its components?
Comments:			

Any Additional Comments For Part II:

278 (Rev 10/19) BUYER'S INITIALS: _____ Pg 6 of 7 SELLER'S INITIALS: KEA NRH



InstantFORMS

278

SELLER'S ACKNOWLEDGEMENT

280 Seller acknowledges that: the information contained in this disclosure is accurate, true and complete to the best
 281 of Seller's knowledge, information and belief; Seller has provided all the information contained in this Seller's
 282 Property Disclosure; and that the Broker/Realtor® has not prepared, nor assisted in the preparation of this
 283 Disclosure. Seller hereby indemnifies, holds harmless and releases all Brokers/Realtors® involved in the sale of
 284 the property from all liability, claims, loss, cost, or damage in connection with the information contained in this
 285 Disclosure. Seller hereby authorizes the listing broker to provide copies of this Disclosure to other real estate
 286 brokers and agents and prospective buyers of the property.

287
 288 Seller is occupant: YES NO
 289

290 Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date
 291 signed by Seller.

292 SELLER: Hermit & Headrick / 10/4/2022 SELLER: Mary R. Headrick / 10/4/2022
 293 Date Date

294

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

295 1. I have personally inspected the property. I have been advised to have the property examined by professional
 296 inspectors. Subject to any inspections, I agree to purchase the property in its present condition without
 297 representations or guarantees of any kind by the Seller or any REALTORS® concerning the condition or value of
 298 the property, except as given above or as stated in my contract with the Seller.

299 2. I acknowledge that neither Seller nor any REALTORS® involved in this transaction is an expert at detecting or
 300 repairing physical defects in the property.

301 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain
 302 sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. I have
 303 been advised that if I desire information regarding those registrants, I may find information on the home page of
 304 the Kansas Bureau of Investigation (KBI) at <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

305 4. I acknowledge that McConnell Air Force Base is located within Sedgewick County and is an operational military
 306 Air Force base that is open 24 hours a day and activity at that base may generate noise. The volume, pitch,
 307 amount and frequency of noise may be affected by future changes in McConnell Air Force Base activity. I have
 308 been informed that if I desire information regarding potential for noise caused by the aircraft operations
 309 associated with McConnell Air Force Base and its operations, I may find information by contacting the
 310 Metropolitan Area Planning Department.

311 BUYER: _____ BUYER: _____
 312 Date Date

This form is approved by legal counsel for the REALTORS® of South Central Kansas exclusively for use by members of the REALTORS® of South Central Kansas and other authorized REALTORS®. No warranty is made or implied as to the legal validity or adequacy of this form, or that its use is appropriate for all situations. Copyright 2019.

