

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 1156 Ada

Seller: Patric Drew Estate

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 licensees 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					
		TRANSFERS TO BUYER						TRANSFERS TO BUYER			
None	Does Not Transfer	Working	Not Working	Don't Know	Indicate the condition of the following items by marking only one appropriate box.	None	Does Not Transfer	Working	Not Working	Don't Know	Indicate the condition of the following items by marking only one appropriate box.
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	<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"/>	<input type="checkbox"/>	Light Fixtures
7	<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"/>	<input type="checkbox"/>	Switches/Outlets
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) Gas Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bathroom Vent Fan(s)
10	Built in (Circle One) YES NO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone Wiring/Blocks/Jacks
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell
12	Vented Outside (Circle One) YES NO					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: _____ Keypad Entry: (Circle One) YES NO					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Wiring
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copper Wiring
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220 Volt
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill	_____ [] Service Panel Total Amps					
19	<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"/>	<input type="checkbox"/>	Security System
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	(Circle One) Own Rent/Financed					
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	_____ Company					
22	<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"/>	<input type="checkbox"/>	Audio/Video Surveillance System
23	Comments:					Comments:					
24											

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

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SELLER'S INITIALS: MA



WATER/SEWAGE SYSTEMS (See Part II Also)					HEATING & COOLING SYSTEMS																																													
		TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.			TRANSFERS TO BUYER																																										
None	Does Not Transfer	Working	Not Working	Don't Know		None	Does Not Transfer	Working	Not Working	Don't Know																																								
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage Systems																																												
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump																																												
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery																																												
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing																																												
33						<input type="checkbox"/>	Type																																											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect Gas																																												
35						<input type="checkbox"/>	Size & Age																																											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water																																												
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener																																												
38						<input type="checkbox"/>	(Circle One) Own Rent/Lease																																											
39						<input type="checkbox"/>	Company																																											
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis																																												
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System																																												
42						<input type="checkbox"/>	Backflow Device (Circle One) YES NO																																											
43						<input type="checkbox"/>	Date Last Tested or Inspected																																											
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment																																												
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa																																												
46	Comments:																																																	
47																																																		
48	MEDIA					Comments:																																												
49			TRANSFERS TO BUYER			Any Additional Comments For Part I:																																												
50	None	Does Not Transfer	Working	Not Working	Don't Know						Any Additional Comments For Part I:																																							
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											Any Additional Comments For Part I:																																		
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																Any Additional Comments For Part I:																													
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																					Any Additional Comments For Part I:																								
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																										Any Additional Comments For Part I:																			
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																															Any Additional Comments For Part I:														
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				Any Additional Comments For Part I:									
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									Any Additional Comments For Part I:				
58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																													
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Additional Comments For Part I:																																												
60	Comments:										Any Additional Comments For Part I:																																							
61																Any Additional Comments For Part I:																																		
62																					Any Additional Comments For Part I:																													

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

SELLER'S INITIALS: MA



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 checked="" type="checkbox"/>	<input 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 type="checkbox"/> Crawl Space <input type="checkbox"/> Slab			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/> NO
<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>			
<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	Age: <u>3 year</u> Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One) If any, identify details below.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: _____ (Identify details below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you know of any problems with roof, roof structure or rain 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 indoors when mold spores land on surfaces that are wet. Inhaling or touching mold spores may cause allergic reactions in sensitive individuals.			
<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Presence of any mold/mildew in the property?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to City Water?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to any private water systems? (Mark all that apply.) <input type="checkbox"/> Drinking Well <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Geo-Thermal Well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a septic system? Date Last Pumped: _____ Tank Size: _____ Location: _____ # feet laterals: _____ # Feet infiltrators: _____ Location: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a lagoon system? Location: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to some other type of waste disposal system? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Has the main waste disposal line ever been snaked or scoped?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, is there any problem relating to the waste disposal system?

137 Additional Comments:
 138

139 SECTION 5
 140 WATER INTRUSION/LEAKS

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

YES	NO	DON'T KNOW	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any water leakage in or around the fireplace or chimney?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any leaks caused by appliances?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any water leakage into (If YES, mark all that apply.) <input type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any accumulation of water within the basement/crawl space?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s) Location(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR

151 Additional Comments:
 152
 153

154 SECTION 6
 155 PEST, WOOD INFESTATION & DRY ROT

YES	NO	DON'T KNOW	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.) <input type="checkbox"/> WOOD DESTROYING INSECTS <input type="checkbox"/> DRY ROT <input type="checkbox"/> OTHER WOOD INFESTATION
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any knowledge of any damage to the property caused by the following items? (Mark all that apply.) <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"/>	Have there been any repairs of such damage? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property currently under a termite warranty or other coverage by a licensed pest control company? Company: _____ Warranty Expiration Date: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	Any pest control reports in the last 5 years? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any professional pest control treatments in the last 5 years? (If YES, explain below.)

167 Additional Comments:
 168
 169
 170

171 (Rev 10/19) BUYER'S INITIALS: _____ Pg 4 of 7 SELLER'S INITIALS: MA



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
175				ENVIRONMENTAL CONDITIONS
176	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the property located in a subdivision with a master drainage plan?
177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, is the property in compliance?
178	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the property ever had any drainage problems during your ownership? (If YES, explain below.)
179	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any producing or non-producing gas/oil wells on the property or adjacent property?
180	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you aware of groundwater contamination or other environmental concerns?
183	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any reports or records pertaining to groundwater contamination or other environmental concerns?
184	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos
187	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated soil or water (including drinking water)
188	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landfill or buried materials
189	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lead-based paint (If YES, attach disclosure.)
190	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radon gas in house or well Has a mitigation system been installed? (Mark One) <input type="checkbox"/> YES <input type="checkbox"/> NO
191	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Methane Gas
192	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil sheers in wet areas
193	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radioactive material
194	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic material disposal (solvents, chemicals, etc.)
195	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground fuel or chemical storage tanks
196	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMFs (Electro Magnetic Fields)
197	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea formaldehyde foam insulation (UFFI)
198	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
199	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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				
201	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, are any of the above conditions present near your property?
202	Comments:			

203
204

205	YES	NO	DON'T KNOW	SECTION 8
206				BOUNDARIES/LAND
207	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had a survey of the property? (If YES, attach copy if available.)
208	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the boundaries of your property marked in any way?
209	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any fencing on the boundaries of the property?
210	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does fencing belong to the property? If YES, which sides? _____
211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)
212				
213	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the property owner responsible for maintenance of any such shared feature(s)?
214	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
215	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, is any portion of the property located in a federally designated flood plain?
216	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you currently, or have you ever, paid flood insurance for the property?
217	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, is any portion of the property located in a designated wetlands area?
218	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you/know of any of the following items that have occurred on the property or in the immediate area?
219				(Mark all that apply.)
220		<input type="checkbox"/>		EXPANSIVE SOIL
221		<input type="checkbox"/>		FILL DIRT
222		<input type="checkbox"/>		SLIDING
223		<input type="checkbox"/>		SETTLING
224		<input type="checkbox"/>		EARTH MOVEMENT
225		<input type="checkbox"/>		UPHEAVAL
226		<input type="checkbox"/>		EARTH STABILITY PROBLEMS
	Comments:			

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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: Mike Caldwell 12/3/21 SELLER: _____

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 Sedgwick 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

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