

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 717 OSAGE AVE

Seller: SHARIE ANTONYA SCOTT

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

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

SELLER'S INITIALS: SSS ALS



26 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 checked="" type="checkbox"/>	<input type="checkbox"/>		Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump					Type
31	<input checked="" 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"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating System
33				<input checked="" type="checkbox"/>	Type					Type
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect <u>Gas</u>	<u>downstairs</u>	<u>4/17</u>			Age
35	<u>7/21/2017</u>				Size & Age <u>Williamson Plumbing</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier
38					(Circle One) Own Rent/Lease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace
39					Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System				<input checked="" type="checkbox"/>	Chimney/Flue - Date Last Cleaned
42					<input type="checkbox"/> Backflow Device (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter
43					<input type="checkbox"/> Date Last Tested or Inspected	<input checked="" 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"/>	Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot Tub/Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank
46	Comments:									(Circle One) Own Rent/Lease Company
47						Comments:				
48	MEDIA									
		TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	Any Additional Comments For Part I:				
None	Does Not Transfer	Working	Not Working	Don't Know						
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks					
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)					
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)					
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)					
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers					
59	<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: DS TS



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>	Is there insulation in the walls?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?
Additional Comments:			

YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION
			Age: <u>2017</u> Type: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <input checked="" type="checkbox"/> REPLACED? <input 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 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**

121 YES NO DON'T KNOW Is the property connected to City Water?

122 YES NO DON'T KNOW Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____

123 YES NO DON'T KNOW Is the property connected to any private water systems? (Mark all that apply.)

124 Drinking Well Irrigation Well Geo-Thermal Well

125 YES NO DON'T KNOW Working? Type: _____ Location: _____ Depth: _____

126 YES NO DON'T KNOW Working? Type: _____ Location: _____ Depth: _____

127 YES NO DON'T KNOW Working? Type: _____ Location: _____ Depth: _____

128 YES NO DON'T KNOW Has the water in any wells shown test results of contamination? (If YES, explain below.)

129 YES NO DON'T KNOW Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.

130 YES NO DON'T KNOW Is the property connected to a septic system? Date Last Pumped: _____

131 Tank Size: _____ Location: _____

132 # feet laterals: _____ # Feet infiltrators: _____ Location: _____

133 YES NO DON'T KNOW Is the property connected to a lagoon system? Location: _____

134 YES NO DON'T KNOW Is the property connected to some other type of waste disposal system? (If YES, explain below.)

135 YES NO DON'T KNOW Has the main waste disposal line ever been snaked or scoped?

136 YES NO DON'T KNOW To your knowledge, is there any problem relating to the waste disposal system?

137 Additional Comments:

138

139 **SECTION 5**

140 **WATER INTRUSION/LEAKS**

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

142 YES NO DON'T KNOW Any water leakage in or around the fireplace or chimney?

143 YES NO DON'T KNOW Any water leakage around (If YES, mark all that apply.) WINDOWS SKYLIGHTS DOORS?

144 YES NO DON'T KNOW Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?

145 YES NO DON'T KNOW Any leaks caused by appliances?

146 YES NO DON'T KNOW Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

147 YES NO DON'T KNOW Any water leakage into (If YES, mark all that apply.) BASEMENT CRAWL SPACE

148 YES NO DON'T KNOW Any accumulation of water within the basement/crawl space? *cellar*

149 YES NO DON'T KNOW Sump Pump(s) Location(s): _____

150 YES NO DON'T KNOW Drain Tiles (If YES, mark all that apply.) INTERIOR EXTERIOR

151 Additional Comments: *When we had 3 weeks of straight rain. We had*

152 *some water leakage into cellar. We pumped it out & haven't had*

153 *any water since.*

154 **SECTION 6**

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

156 YES NO DON'T KNOW Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)

157 WOOD DESTROYING INSECTS DRY ROT OTHER WOOD INFESTATION

158 YES NO DON'T KNOW Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)

159 WOOD DESTROYING INSECTS DRY ROT OTHER WOOD INFESTATION

160 YES NO DON'T KNOW Have there been any repairs of such damage? (If YES, explain below.)

161 YES NO DON'T KNOW Is the property currently under a termite warranty or other coverage by a licensed pest control company?

162 Company: _____ Warranty Expiration Date: _____

163 YES NO DON'T KNOW Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)

164 YES NO DON'T KNOW Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.)

165 YES NO DON'T KNOW Any pest control reports in the last 5 years? (If YES, explain below.)

166 YES NO DON'T KNOW Any professional pest control treatments in the last 5 years? (If YES, explain below.)

167 Additional Comments:

168

169

170



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.

			SECTION 7	
YES	NO	DON'T KNOW	ENVIRONMENTAL CONDITIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the property located in a subdivision with a master drainage plan?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, is the property in compliance?	
<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.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any producing or non-producing gas/oil wells on the property or adjacent property?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do mineral rights convey to buyer? If NO, please define: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Groundwater contamination has been detected in several areas in the State of Kansas.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of groundwater contamination or other environmental concerns?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any reports or records pertaining to groundwater contamination or other environmental concerns?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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.)				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated soil or water (including drinking water)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landfill or buried materials	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lead-based paint (If YES, attach disclosure.)	
<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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Methane Gas	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oil sheers in wet areas	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Radioactive material	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic material disposal (solvents, chemicals, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground fuel or chemical storage tanks	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMFs (Electro Magnetic Fields)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urea formaldehyde foam insulation (UFFI)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other: _____	
<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?	
<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:				

			SECTION 8	
YES	NO	DON'T KNOW	BOUNDARIES/LAND	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had a survey of the property? (If YES, attach copy if available.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the boundaries of your property marked in any way?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any fencing on the boundaries of the property?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does fencing belong to the property? If YES, which sides? <i>West & South & east & North</i>	
<input checked="" type="checkbox"/>	<input 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.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property owner responsible for maintenance of any such shared feature(s)?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a federally designated flood plain?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you currently, or have you ever, paid flood insurance for the property?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a designated wetlands area?	
<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? (Mark all that apply.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EXPANSIVE SOIL	<input type="checkbox"/> EARTH MOVEMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FILL DIRT	<input type="checkbox"/> UPHEAVAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLIDING	<input type="checkbox"/> EARTH STABILITY PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SETTLING	
224 Comments:				
<i>West of house, chain link fencing is neighbors</i>				



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

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

230 SECTION 9

231 YES NO DON'T KNOW SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION

232 The law requires that the Seller disclose the existence of special assessments against a property.

233 Any current/pending bonds, assessments, or special taxes that apply to property?

234 The property may be subject to special assessments or is located in an Improvement district? (Refer to relevant tax disclosure - Mark One).

235 Owner County Public Record Other: _____

236 Is the property subject to rules or regulations of an active Homeowner's Association?

237 Annual Dues? _____ Initiation Fee? _____

238 Homeowner's Association contact information: _____

239 Is the property subject to a right of first refusal?

240 Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?

241 Any violations of such covenants and restrictions?

242 Comments: _____

243 _____

244 _____

245 SECTION 10

246 YES NO DON'T KNOW MISCELLANEOUS

247 Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property without obtaining required permits?

248 Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?

249 Is the present use of the property a non-conforming use?

250 Have there been any insurance claims during the seller's ownership?

251 Were repairs made? If so, explain: roof repaired replaced

252 Is there any unrepaired damage due to hail, storm, wind, fire or flood?

253 Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?

254 Does a pet(s) reside or has a pet(s) ever resided in or on the property?

255 Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?

256 Do all window and door treatments remain? If NO, please list: _____

257 _____

258 Does any other personal property remain? If YES, please list: _____

259 _____

260 Does the property contain any of the following? (Mark all that apply.)

261 Swimming Pool Spa Hot Tub Sauna Water Feature

262 If YES, are either of the following heated? Swimming Pool Spa If yes, type of heat? _____

263 Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature? Explain: cover damaged by weather, not used in 2 yrs

264 Is the property in a holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?

265 Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?

266 Are there any transferable warranties on the property or any of its components?

267 _____

268 Comments: _____

269 _____

270 _____

271 _____

272 Any Additional Comments For Part II:

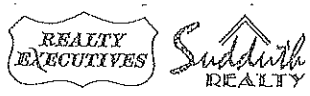
273 _____

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279

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: [Signature] 3-18-22 SELLER: Tanya Scott 3/18/22
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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