

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: **10619 N Sterling Rd, Sterling, KS 67579**

Seller: **Harold Pitts**

Date of Purchase: **10/22/1996**

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				
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	Don't Know			Working	Not Working	Don't Know	
<input checked="" type="checkbox"/>	<input 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 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) <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric	<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 needs lcd panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)
				Built in (Circle One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks
<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"/>	Door Bell
				Vented Outside (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Clothes Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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					200 AMP 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"/>	Solar Equipment - (Circle One) Own Rent/Lease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					Company
<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"/>	Wind - (Circle One) Own Rent/Lease
<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"/>	Hydroelectric - (Circle One) Own Rent/Lease
Comments:					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease
									Company
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System

HP



WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS								
None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.			
	Does Not Transfer	Working	Not Working			Don't Know	Does Not Transfer	Working		Not Working	Don't Know	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geo-Thermal Type Electric		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery	3yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating System		
	PVC			<input type="checkbox"/>	Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geo-Thermal Type Electric w/ 115Kw panel		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect Gas	3yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age		
	50G			<input type="checkbox"/>	Size & Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units		
	<input checked="" 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"/>	Electronic Air Filter		
	<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		
				<input type="checkbox"/>	(Circle One) Own Rent/Lease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Pellet Stove		
				<input type="checkbox"/>	Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove Pellet Stove		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney/Flue - Date Last Cleaned 10/20/2021		
				<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		
				<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		
	<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 - (Circle One) Own Rent/Lease		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa					Company		
	Comments:								<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Geothermal
									<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Propane Tank
				<input type="checkbox"/>	(Circle One) Own Rent/Lease					Company		
	MEDIA				Comments:							
None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	Any Additional Comments For Part I:							
	Does Not Transfer	Working	Not Working		Don't Know	Appliances						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	Refrigerator replace in 2018 Water/Sewage Sewer pumped May 2022. Gray water lateral. Has infiltrator lateral system installed needs to be hooked up to sewer Marathon water heater installed with Geo-thermal AC/Heating in 2019 WaterDrop on-demand Reverse Osmosis in Kitchen installed 2020 Heating & Cooling Systems Carrier Geo-Thermal system installed 2019. New ducts in whole house. New well dug. It is a pump and dump geo thermal system. It has a 115Kw supplemental heating strip. US Stove pellet stove in living room 1,000 Gallon Propane tank. Lines and regulators replaced 2019. Only the stove and wall heater in white concrete building use propane. Triple pane Plygem windows in whole house						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennaes							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound							
	Comments: Wireless Internet through MTC Communications											

Authentisign
HP



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 checked="" type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	Is there insulation in the walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?
Additional Comments: New Doors with internal blinds installed 2019 Limestone foundation replaced in 1997 with concrete foundation			

YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION
			Age: ~5yrs Type: Asphalt Architectural Shingles
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input checked="" 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: 2017 (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 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 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: Leak over bay window fixed. Roof replaced around 2017 from hail storm.			

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 checked="" type="checkbox"/>	<input 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: Bathroom had mildew cleaned with mildew cleaner and repainted with mildew resistant paint.			



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

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

126 **SECTION 4**

127 **WATER/SEWAGE SYSTEMS**

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

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

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

131 Drinking Well Irrigation Well Geo-Thermal Well

132 YES NO DON'T KNOW Working? Type: Drilled Location: South of White Building Depth: Unknown

133 YES NO DON'T KNOW Working? Type: Drilled Location: North of White Building Depth: Unknown

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

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

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

137 YES NO DON'T KNOW Is the property connected to a septic system? Date Last Pumped: May 2022

138 Tank Size: 1,000 gal Location: 50' East of Propane Tank

139 # feet laterals: _____ # Feet Infiltrators: 150 Location: South of Tank

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

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

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

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

144 Additional Comments:

145 Gray water lateral. Has infiltrator lateral system installed it needs to be hooked up to sewer

146 **SECTION 5**

147 **WATER INTRUSION/LEAKS**

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

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

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

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

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

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

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

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

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

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

158 Additional Comments:

161 **SECTION 6**

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

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

164 WOOD DESTROYING INSECTS DRY ROT OTHER WOOD INFESTATION

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

166 WOOD DESTROYING INSECTS DRY ROT OTHER WOOD INFESTATION

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

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

169 Company: _____ Warranty Expiration Date: _____

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

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

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

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

174 Additional Comments:



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

180 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do mineral rights convey to buyer? If NO, please define: _____	
<input type="checkbox"/>	<input 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?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)</i>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated soil or water (including drinking water)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landfill or buried materials	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lead-based paint (If YES, attach disclosure.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Methane Gas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil sheers in wet areas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radioactive material	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic material disposal (solvents, chemicals, etc.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Underground fuel or chemical storage tanks	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMFs (Electro Magnetic Fields)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Urea formaldehyde foam insulation (UFFI)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are any of the above conditions present near your property?	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are the boundaries of your property marked in any way?	
<input type="checkbox"/>	<input checked="" 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? _____	
<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.)	
<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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	
Comments:				



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

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

237 SECTION 9

238 **SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION**

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

240 YES NO DON'T KNOW Any current/pending bonds, assessments, or special taxes that apply to property?

241 YES NO DON'T KNOW The property may be subject to special assessments or is located in an improvement district? (Refer to relevant tax

242 Owner County Public Record Other: _____

243 YES NO DON'T KNOW Is the property subject to rules or regulations of an active Homeowner's Association?

244 Annual Dues? _____ Initiation Fee? _____

245 Homeowner's Association contact information: _____

246 YES NO DON'T KNOW Is the property subject to a right of first refusal?

247 YES NO DON'T KNOW Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision

248 YES NO DON'T KNOW Any violations of such covenants and restrictions?

249 Comments:

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252 SECTION 10

253 **MISCELLANEOUS**

254 YES NO DON'T KNOW Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions)

255 YES NO DON'T KNOW Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?

256 YES NO DON'T KNOW Is the present use of the property a non-conforming use?

257 YES NO DON'T KNOW Have there been any insurance claims during the seller's ownership?

258 YES NO DON'T KNOW Were repairs made? If so, explain: Roof and Siding repaired from hail

259 YES NO DON'T KNOW Is there any unrepaired damage due to hail, storm, wind, fire or flood?

260 YES NO DON'T KNOW Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?

261 YES NO DON'T KNOW Does a pet(s) reside or has a pet(s) ever resided in or on the property?

262 YES NO DON'T KNOW Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?

263 YES NO DON'T KNOW Do all window and door treatments remain? If NO, please list: _____

264 YES NO DON'T KNOW Does any other personal property remain? If YES, please list: Kitchen Island, Original Kitchen Hutch/Pantry,

265 YES NO DON'T KNOW

266 YES NO DON'T KNOW Does the property contain any of the following? (Mark all that apply.)

267 YES NO DON'T KNOW Swimming Pool Spa Hot Tub Sauna Water Feature

268 YES NO DON'T KNOW If YES, are either of the following heated? Swimming Pool Spa If yes, type of heat? _____

269 YES NO DON'T KNOW Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water

270 YES NO DON'T KNOW feature? Explain: _____

271 YES NO DON'T KNOW

272 YES NO DON'T KNOW Is the property in a holistic, conservation or special review district, that requires any alterations or improvements

273 YES NO DON'T KNOW to the Property, be approved by a board or commission?

274 YES NO DON'T KNOW Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use,

275 YES NO DON'T KNOW Are there any transferable warranties on the property or any of its components?

276 Comments:

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279 Any Additional Comments For Part II:

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285 RELEASE DATE 4/2022 (Rev 11/21) SELLER'S INITIALS: HP BUYER'S INITIALS: _____ Pg 6 of 7



286

SELLER'S ACKNOWLEDGEMENT

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

294

295

Seller is occupant: [X] YES [] NO

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

298

299

SELLER: Harold Pitts 05/09/22 SELLER: Cheri Pitts 05/09/22
Date Date

300

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

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

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

317

318

BUYER: _____ BUYER: _____
Date Date



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