

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 13368 121st Rd Winfield

Seller: Lowery's

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			
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"/>	<input type="checkbox"/>	Smoke/Fire Detectors	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)		
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell		
12					Vented Outside (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom		
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: _____		Keypad Entry: (Circle One) YES NO					
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Company					
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: <u>SWITCHES FOR KITCHEN LIGHTS</u>							
24						<u>NEEDS REPAIRED</u>							



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
26										
27										
28										
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33										
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) <u>Elect</u> <u>Gas</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35					Size & Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
36	<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"/>	
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"/>	
38					(Circle One) Own Rent/Lease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
39					Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42					<input checked="" type="checkbox"/> Backflow Device (Circle One) <u>YES</u> <u>NO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43					Date Last Tested or Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
46	Comments:									
47										
48	MEDIA					Comments: <u>INSURE BLUE FLAME HEATER IN CASE ELECTRICITY GOES OUT</u>				
49										
50										
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attached Antennas					
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks					
55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)					
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)					
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)					
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Surround Sound Speakers					
59	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound					
60	Comments:									
61										
62										



PART II

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

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

YES	NO	DON'T KNOW	SECTION 1 STRUCTURAL FOUNDATION/WALLS
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)? If YES, are you aware of any adverse conditions? _____
			Indicate all that apply: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Slab
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any structural engineer's report(s) available? If YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<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 checked="" type="checkbox"/>	<input 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 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? <i>SOME OF THE WALLS ARE INSULATED</i>
<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
			Age: _____ Type: _____
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	During your ownership, has the roof ever been <input checked="" type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: <i>Approx 10 Yrs</i> (Identify details below.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with roof, roof structure or 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Presence of any mold/mildew in the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any problems created by mold or mildew for occupants of the structure during your ownership?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you had any inspections for mold or mildew? If YES, Date: _____ (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the property had any professional mold remediation during your ownership? If YES, Date: _____
Additional Comments: _____			



117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138

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 4 WATER/SEWAGE SYSTEMS	
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to any private water systems? (Mark all that apply.)	
			<input checked="" 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is there any problem relating to the waste disposal system?	
Additional Comments:				

139
140
141
142
143
144
145
146
147
148
149
150
151
152
153

YES	NO	DON'T KNOW	SECTION 5 WATER INTRUSION/LEAKS	
<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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	Any water leakage into (if YES, mark all that apply.) <input type="checkbox"/> BASEMENT <input checked="" type="checkbox"/> CRAWL SPACE	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Drain Tiles (if YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	
Additional Comments:				

154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170

YES	NO	DON'T KNOW	SECTION 6 PEST, WOOD INFESTATION & DRY ROT	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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.)	
Additional Comments:				
WINDOWS AND DOORS RESEALED FALL 2021				

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



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 Is the property located in a subdivision with a master drainage plan?

177 If YES, is the property in compliance?

178 Has the property ever had any drainage problems during your ownership? (If YES, explain below.)

179 Are there any producing or non-producing gas/oil wells on the property or adjacent property?

180 Do mineral rights convey to buyer? If NO, please define: _____

181 Groundwater contamination has been detected in several areas in the State of Kansas.

182 Are you aware of groundwater contamination or other environmental concerns?

183 Any reports or records pertaining to groundwater contamination or other environmental concerns?

184 Are there any diseased or dead trees and shrubs?

185 To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)

186 Asbestos

187 Contaminated soil or water (including drinking water)

188 Landfill or buried materials

189 Lead-based paint (If YES, attach disclosure.)

190 Radon gas in house or well Has a mitigation system been installed? (Mark One) YES NO

191 Methane Gas

192 Oil sheers in wet areas

193 Radioactive material

194 Toxic material disposal (solvents, chemicals, etc.)

195 Underground fuel or chemical storage tanks

196 EMFs (Electro Magnetic Fields)

197 Urea formaldehyde foam insulation (UFFI)

198 Other: _____

199 Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?

200

201 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 Have you had a survey of the property? (If YES, attach copy if available.)

208 Are the boundaries of your property marked in any way?

209 Is there any fencing on the boundaries of the property?

210 Does fencing belong to the property? If YES, which sides? 1/2 ALL SIDES

211 Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)

212 Is the property owner responsible for maintenance of any such shared feature(s)?

213 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?

214 To your knowledge, is any portion of the property located in a federally designated flood plain?

215 Do you currently, or have you ever, paid flood insurance for the property?

216 To your knowledge, is any portion of the property located in a designated wetlands area?

217 Do you know of any of the following items that have occurred on the property or in the immediate area?

218 (Mark all that apply.)

219 EXPANSIVE SOIL EARTH MOVEMENT

220 FILL DIRT UPHEAVAL

221 SLIDING EARTH STABILITY PROBLEMS

222 SETTLING

223

224 Comments:

225

226

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



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 SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION

232 The law requires that the Seller disclose the existence of special assessments against a property.
 233 YES NO DON'T KNOW Any current/pending bonds, assessments, or special taxes that apply to property?
 234 YES NO DON'T KNOW 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 YES NO DON'T KNOW 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 YES NO DON'T KNOW Is the property subject to a right of first refusal?
 240 YES NO DON'T KNOW Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?
 241 YES NO DON'T KNOW Any violations of such covenants and restrictions?
 242 Comments:
 243
 244

245 SECTION 10
 246 MISCELLANEOUS

247 YES NO DON'T KNOW 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 YES NO DON'T KNOW Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?
 249 YES NO DON'T KNOW Is the present use of the property a non-conforming use?
 250 YES NO DON'T KNOW Have there been any insurance claims during the seller's ownership? *None*
 251 YES NO DON'T KNOW Were repairs made? If so, explain: *Water Damage*
 252 YES NO DON'T KNOW Is there any unrepaired damage due to hail, storm, wind, fire or flood?
 253 YES NO DON'T KNOW Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?
 254 YES NO DON'T KNOW Does a pet(s) reside or has a pet(s) ever resided in or on the property?
 255 YES NO DON'T KNOW Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?
 256 YES NO DON'T KNOW Do all window and door treatments remain? If NO, please list: _____
 257 YES NO DON'T KNOW _____
 258 YES NO DON'T KNOW Does any other personal property remain? If YES, please list: _____
 259 YES NO DON'T KNOW _____
 260 YES NO DON'T KNOW Does the property contain any of the following? (Mark all that apply.)
 261 Swimming Pool Spa Hot Tub Sauna Water Feature
 262 YES NO DON'T KNOW If YES, are either of the following heated? Swimming Pool Spa If yes, type of heat? _____
 263 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 feature? Explain:
 264 YES NO DON'T KNOW 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 YES NO DON'T KNOW 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 YES NO DON'T KNOW Are there any transferable warranties on the property or any of its components?
 267 YES NO DON'T KNOW _____
 268 Comments:
 269
 270
 271
 272 Any Additional Comments For Part II:
 273
 274
 275
 276
 277



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
289

Seller is occupant: YES NO

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
293

SELLER: _____ SELLER: _____
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
312

BUYER: _____ BUYER: _____
Date Date

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

