

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 402 SOUTH JENNINGS AVE

Seller: MARK AND ANNETTA MEELS

Date of Purchase: 8-9-2021

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

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke/Fire Detectors		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Light Fixtures		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Switches/Outlets		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range (Circle One) Gas Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Fan(s)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Built in (Circle One) YES NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone Wiring/Blocks/Jacks		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Bell		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vented Outside (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intercom		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garage Door Opener		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clothes Washer	# of Remotes: _____ Keypad Entry: (Circle One) YES NO				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Wiring		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copper Wiring		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220 Volt		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Panel Total Amps		
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease		
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Company _____				
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wind - (Circle One) Own Rent/Lease		
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hydroelectric - (Circle One) Own Rent/Lease		
Comments:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease		
			Company _____				
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System		



WATER/SEWAGE SYSTEMS (See Part II Also)

HEATING & COOLING SYSTEMS

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		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Backup Sump Pump/Battery
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing
City _____					Type _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect <u>Gas</u>
Sogal _____					Size & Age <u>1 year old</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener
(Circle One) <u>own</u> Rent/Lease					
Company _____					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System
<input type="checkbox"/> Backflow Device (Circle One) YES NO					
<input type="checkbox"/> Date Last Tested or Inspected					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa

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		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System
Central AC _____					Type <u>2 Heat</u>
<u>1 year</u> _____					Age <u>New - 10 year warranty</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating System
Central _____					Type _____
<u>1 year</u> _____					Age _____
<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Electronic Air Filter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove
_____					Chimney/Flue - Date Last Cleaned
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Whole House Attic Fan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
Company _____					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geothermal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank
(Circle One) _____ Own Rent/Lease					
Company _____					

MEDIA

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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Attached Antennas
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Attached Television Mount(s)
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Projector Screen(s)
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Wired for Surround Sound

Comments:

Any Additional Comments For Part I:

Double AC + Heat  
unit 1 year old  
with smart thermostat  
connect to phone  
New Sogal water heater  
New 220 Amp service  
and Breaker Box  
wiring

Comments:





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 type="checkbox"/> Crawl Space <input type="checkbox"/> Slab		
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> NO		
<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?		
<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties? Date: <u>Ac unit</u> (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?		
Additional Comments:					

YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Age: <u>13 year</u> Type: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One) If any, identify details below.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: _____ (Identify details below.)		
<input type="checkbox"/>	<input 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Has the property had any professional mold remediation during your ownership? If YES, Date: _____		
Additional Comments:					



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: C&T Location: \_\_\_\_\_ Depth: \_\_\_\_\_

133  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

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: \_\_\_\_\_

138 Tank Size: \_\_\_\_\_ Location: \_\_\_\_\_

139 # feet laterals: \_\_\_\_\_ # Feet Infiltrators: \_\_\_\_\_ Location: \_\_\_\_\_

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:

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.

181 SECTION 7

182 ENVIRONMENTAL CONDITIONS

183  YES  NO  DON'T KNOW Is the property located in a subdivision with a master drainage plan?

184  YES  NO  DON'T KNOW If YES, is the property in compliance?

185  YES  NO  DON'T KNOW Has the property ever had any drainage problems during your ownership? (If YES, explain below.)

186  YES  NO  DON'T KNOW Are there any producing or non-producing gas/oil wells on the property or adjacent property?

187  YES  NO  DON'T KNOW Do mineral rights convey to buyer? If NO, please define: \_\_\_\_\_

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

189  YES  NO  DON'T KNOW Are you aware of groundwater contamination or other environmental concerns?

190  YES  NO  DON'T KNOW Any reports or records pertaining to groundwater contamination or other environmental concerns?

191  YES  NO  DON'T KNOW Are there any diseased or dead trees and shrubs?

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

193  YES  NO  DON'T KNOW Asbestos

194  YES  NO  DON'T KNOW Contaminated soil or water (including drinking water)

195  YES  NO  DON'T KNOW Landfill or buried materials

196  YES  NO  DON'T KNOW Lead-based paint (If YES, attach disclosure.)

197  YES  NO  DON'T KNOW Radon gas in house or well Has a mitigation system been installed? (Mark One)  YES  NO

198  YES  NO  DON'T KNOW Methane Gas

199  YES  NO  DON'T KNOW Oil sheers in wet areas

200  YES  NO  DON'T KNOW Radioactive material

201  YES  NO  DON'T KNOW Toxic material disposal (solvents, chemicals, etc.)

202  YES  NO  DON'T KNOW Underground fuel or chemical storage tanks

203  YES  NO  DON'T KNOW EMFs (Electro Magnetic Fields)

204  YES  NO  DON'T KNOW Urea formaldehyde foam insulation (UFFI)

205  YES  NO  DON'T KNOW Other: \_\_\_\_\_

206  YES  NO  DON'T KNOW 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?

207

208  YES  NO  DON'T KNOW To your knowledge, are any of the above conditions present near your property?

209 Comments: \_\_\_\_\_

210

211

212 SECTION 8

213 BOUNDARIES/LAND

214  YES  NO  DON'T KNOW Have you had a survey of the property? (If YES, attach copy if available.)

215  YES  NO  DON'T KNOW Are the boundaries of your property marked in any way?

216  YES  NO  DON'T KNOW Is there any fencing on the boundaries of the property?

217  YES  NO  DON'T KNOW Does fencing belong to the property? If YES, which sides? all side

218  YES  NO  DON'T KNOW Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)

219  YES  NO  DON'T KNOW Is the property owner responsible for maintenance of any such shared feature(s)?

220  YES  NO  DON'T KNOW To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?

221  YES  NO  DON'T KNOW To your knowledge, is any portion of the property located in a federally designated flood plain?

222  YES  NO  DON'T KNOW Do you currently, or have you ever, paid flood insurance for the property?

223  YES  NO  DON'T KNOW To your knowledge, is any portion of the property located in a designated wetlands area?

224  YES  NO  DON'T KNOW Do you know of any of the following items that have occurred on the property or in the immediate area?

225 (Mark all that apply.)

226  EXPANSIVE SOIL  EARTH MOVEMENT

227  FILL DIRT  UPHEAVAL

228  SLIDING  EARTH STABILITY PROBLEMS

229  SETTLING

230

231 Comments: \_\_\_\_\_

232

233

234 RELEASE DATE 4/2022 (Rev 11/21) SELLER'S INITIALS: MM BUYER'S INITIALS: \_\_\_\_\_ Pg 5 of 7



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:  
250  
251

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  Were repairs made? If so, explain: \_\_\_\_\_  
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  
265  YES  NO  DON'T KNOW Does any other personal property remain? If YES, please list: \_\_\_\_\_  
266

267  YES  NO  DON'T KNOW Does the property contain any of the following? (Mark all that apply.)  
268  Swimming Pool  Spa  Hot Tub  Sauna  Water Feature  
269  YES  NO  DON'T KNOW If YES, are either of the following heated?  Swimming Pool  Spa If yes, type of heat? \_\_\_\_\_  
270 Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water  
271  YES  NO  DON'T KNOW feature? Explain:  
  
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  
277  
278

279 Comments:  
280 *A/C + Water Heater*  
281  
282  
283  
284

Any Additional Comments For Part II:



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.

295 Seller is occupant: [ ] 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 SELLER: [Signature] 8-31-22 SELLER: Annetta Meeks 8-31-22
299 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 BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_
318 Date Date



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