

27	WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS			
28	TRANSFERS TO BUYER				TRANSFERS TO BUYER			
29	None Does Not Transfer	Working Not Working Don't Know			None Does Not Transfer	Working Not Working Don't Know		
30	<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"/>
			Sewage Systems				Cooling System	
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Type	
			Sump Pump				Age	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Heating System	
			Backup Sump Pump/Battery				Type	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Age	
			Plumbing				Window/Wall Air Conditioning Units	
34							Electronic Air Filter	
			Type <u>PVC</u>				Humidifier	
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Fireplace	
			Water Heater (Circle One) <u>Elect</u> Gas				Fireplace Insert	
36							Wood burning Stove	
			Size & Age				Chimney/Floor - Date Last Cleaned	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Gas Log Lighter	
			Instant Hot Water				Whole House Attic Fan	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Solar Equipment - (Circle One) Own Rent/Lease	
			Water Softener				Company	
39							Geothermal	
			(Circle One) Own Rent/Lease				Propane Tank - (Circle One) Own Rent/Lease	
40							Company	
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Comments:	
			Water Purifier/Reverse Osmosis					
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Underground Sprinkler System					
43								
			Backflow Device (Circle One) YES NO					
44								
			Date Last Tested or Inspected					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Pool Equipment					
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Hot Tub/Spa					
47								
48								
49								
50								
51	MEDIA							
52	TRANSFERS TO BUYER							
53	None Does Not Transfer	Working Not Working Don't Know						
54			Indicate the condition of the following items by marking only one appropriate box.		Any Additional Comments For Part I:			
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Satellite Dish					
56								
			_____ # of Remotes/Remotes					
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Attached Antennas					
58	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Cable TV Wiring/Jacks					
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Attached Television Mount(s)					
60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Projector(s)					
61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Projector Screen(s)					
62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Surround Sound Speakers					
63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Wired for Surround Sound					
64	Comments:							
65								
66								
67								
68								



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? _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indicate all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Craw 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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the walls?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?	
Additional Comments:				
YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age: <u>1 yrs</u> Type: <u>3-tab Fiberglass</u>	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <u>REPLACED?</u> <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: <u>May 2015</u> (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:				
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.				
To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)				
<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:				

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

YES	NO	DON'T KNOW	SECTION 4 WATER/SEWAGE SYSTEMS		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128 Is the property connected to City Water?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	129 Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	130 Is the property connected to any private water systems? (Mark all that apply.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drinking Well	<input type="checkbox"/> Irrigation Well	<input type="checkbox"/> Geo-Thermal Well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____	Depth: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____	Depth: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working? Type: _____ Location: _____	Depth: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135 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"/>	136 Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	137 Is the property connected to a septic system? Date Last Pumped: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Size: _____ Location: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# feet laterals: _____ # feet infiltrators: _____ Location: _____		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140 Is the property connected to a lagoon system? Location: <u>east of the house</u>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	141 Is the property connected to some other type of waste disposal system? (If YES, explain below.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	142 Has the main waste disposal line ever been snaked or scoped?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	143 To your knowledge, is there any problem relating to the waste disposal system?		
144 Additional Comments:					
145					
YES	NO	DON'T KNOW	SECTION 5 WATER INTRUSION/LEAKS		
148 To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	149 Any water leakage in or around the fireplace or chimney? <u>N/A</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	150 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"/>	151 Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	152 Any leaks caused by appliances?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	153 Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	154 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"/>	155 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		
158 Additional Comments:					
159					
160					
YES	NO	DON'T KNOW	SECTION 6 PEST, WOOD INFESTATION & DRY ROT		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	163 Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	164 Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WOOD DESTROYING INSECTS	<input type="checkbox"/> DRY ROT	<input type="checkbox"/> OTHER WOOD INFESTATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	167 Have there been any repairs of such damage? (if YES, explain below.) <u>N/A</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	168 Is the property currently under a termite warranty or other coverage by a licensed pest control company?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company: _____	Warranty Expiration Date: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	170 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"/>	171 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"/>	172 Any pest control reports in the last 5 years? (if YES, explain below.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	173 Any professional pest control treatments in the last 5 years? (if YES, explain below.)		
174 Additional Comments:					
175					
176					
177					

178

RELEASE DATE 4/2022 (Rev 11/21)

SELLER'S INITIALS: JE

Pg 4 of 7

BUYER'S INITIALS: _____

#1004

ME

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

182

YES	NO	DON'T KNOW	SECTION 7 ENVIRONMENTAL CONDITIONS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	183 Is the property located in a subdivision with a master drainage plan?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	184 If YES, is the property in compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	185 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"/>	186 Are there any producing or non-producing gas/oil wells on the property or adjacent property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	187 Do mineral rights convey to buyer? If NO, please define: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	188 Groundwater contamination has been detected in several areas in the State of Kansas.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	189 Are you aware of groundwater contamination or other environmental concerns?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	190 Any reports or records pertaining to groundwater contamination or other environmental concerns?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	191 Are there any diseased or dead trees and shrubs?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	192 To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	193 Asbestos
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	194 Contaminated soil or water (including drinking water)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	195 Landfill or buried materials
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	196 Lead-based paint (If YES, attach disclosure.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	197 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"/>	198 Methane Gas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	199 Oil spills in wet areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	200 Radioactive material
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	201 Toxic material disposal (solvents, chemicals, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	202 Underground fuel or chemical storage tanks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	203 EMFs (Electro Magnetic Fields)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	204 Urea formaldehyde foam insulation (UFFI)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	205 Other: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	206 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"/>	207 To your knowledge, are any of the above conditions present near your property?
208 Comments:			
209			
210			
211			
YES	NO	DON'T KNOW	SECTION 8 BOUNDARIES/LAND
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	214 Have you had a survey of the property? (If YES, attach copy if available.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	215 Are the boundaries of your property marked in any way?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	216 Is there any fencing on the boundaries of the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	217 Does fencing belong to the property? If YES, which sides? _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	218 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 checked="" type="checkbox"/>	219 Is the property owner responsible for maintenance of any such shared feature(s)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	221 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"/>	222 Do you currently, or have you ever, paid flood insurance for the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	223 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"/>	224 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"/>	225 <input type="checkbox"/> EXPANSIVE SOIL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	226 <input type="checkbox"/> EARTH MOVEMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227 <input type="checkbox"/> FILL DIRT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228 <input type="checkbox"/> UPHEAVAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	229 <input type="checkbox"/> SLIDING
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	230 <input type="checkbox"/> EARTH STABILITY PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	231 <input type="checkbox"/> SETTLING
232 Comments:			
233 Circle drive access +			

234

RELEASE DATE 4/2012 (Rev 11/11)

SELLER'S INITIALS: JE

Pg 5 of 7

BUYER'S INITIALS: _____

#1004

ME

TRANSACTIONS

285

SELLER'S ACKNOWLEDGEMENT

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

292 Seller is occupant: YES NO

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

294 SELLER: Jean Edwards 6-1-2022 SELLER: Melissa Edwards 6-1-22
 295 Jean Edwards Date Melissa Edwards Date

296

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

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

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

312 BUYER: _____ BUYER: _____
 313 _____ 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 2021