

## Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 355 Cr 3625 Havana, KS 67347

Seller: Sarah and Jesse Hersteller

Date of Purchase: 2012

**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       | 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                                   |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Disposal                                  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Smoke/Fire Detectors                          |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Dishwasher                                | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Light Fixtures                                |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Oven                                      | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Switches/Outlets                              |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Range (Circle One) <u>Gas</u> Electric    | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Ceiling Fan(s)                                |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Microwave                                 | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Bathroom Vent Fan(s)                          |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Built in (Circle One) <u>YES</u> NO       | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Telephone Wiring/Blocks/Jacks                 |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Range Hood                                | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | Door Bell                                     |
|            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | Vented Outside (Circle One) <u>YES</u> NO | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | Intercom                                      |
|            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   | Kitchen Refrigerator                      | <input type="checkbox"/>  | <input checked="" 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: <u>1</u> Keypad Entry: (Circle One) <u>YES</u> NO |                                     |                                     |  |   |
|            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   | Clothes Dryer                             | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   | 220 Volt                                      |
|            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   | Exterior Attached Gas Grill               | <u>1</u> 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   |
|            | <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"/>   | Security System - (Circle One) Own Rent/Lease |
|            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   | Comments:                                 | Company   |                                     |                                     |  |   |
|            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>   |   | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>   | Audio/Video Surveillance System               |

| WATER/SEWAGE SYSTEMS (See Part II Also)                      |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
| None<br>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"/> | Sewage Systems   |
| <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"/> | Backup Sump Pump/Battery   |
| <input type="checkbox"/>                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing   |
| FVC  |                          | <input type="checkbox"/>            | <input type="checkbox"/> | Type   |
| <input type="checkbox"/>                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Heater (Circle One) Elect <u>Gas</u>   |
| 40ish  |                          | 3yrs                                | <input type="checkbox"/> | Size & Age   |
| <input checked="" type="checkbox"/>                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Instant Hot Water  |
| <input checked="" type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Water Softener   |
| (Circle One) Own Rent/Lease                                  |                          |                                     |                          |  |
| Company  |                          |                                     |                          |  |
| <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"/> | 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"/> | Pool Equipment   |
| <input checked="" type="checkbox"/>                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Hot Tub/Spa  |
| Comments:  |                          |                                     |                          |  |

| HEATING & COOLING SYSTEMS                                 |                          |                                     |                          |  |
|---|--------------------------|-------------------------------------|--------------------------|--|
| None<br>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"/> | Cooling System   |
| Central   |                          | <input type="checkbox"/>            | <input type="checkbox"/> | Type   |
|   |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Age  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Heating System   |
| Propane   |                          | <input type="checkbox"/>            | <input type="checkbox"/> | Type   |
|   |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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"/> | Electronic Air Filter  |
| <input checked="" 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"/> | Fireplace  |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Fireplace Insert   |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wood burning Stove   |
| <input type="checkbox"/> Chimney/Flue - Date Last Cleaned |                          |                                     |                          |  |
| <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Gas Log Lighter  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Whole House Attic Fan  |
| <input checked="" 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"/> | Geothermal   |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Propane Tank - (Circle One) <u>Own</u> Rent/Lease                                  |
| Company   |                          |                                     |                          |  |
| Comments:   |                          |                                     |                          |  |

| MEDIA   |                          |                                     |                                     |  |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| None<br>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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Satellite Dish   |
| <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 Antennas  |
| <input type="checkbox"/>                            | <input type="checkbox"/> | <input checked="" 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: Never had Satellite Tv. But dish present. |                          |                                     |                                     |  |

Any Additional Comments For Part I:



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                          |  |
|--|-------------------------------------|-------------------------------------|--|
|  |                                     |                                     | <b>SECTION 1</b>   |
|  |                                     |                                     | <b>STRUCTURAL FOUNDATION/WALLS</b>   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?<br>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?<br>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 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 type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is there insulation in the floors?   |
| Additional Comments:   |                                     |                                     |  |
|  |                                     |                                     |  |
|  |                                     |                                     | <b>SECTION 2</b>   |
|  |                                     |                                     | <b>ROOF/INSULATION</b>   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Age: _____ Type: <u>Asphalt Shingles</u>   |
| <input 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)<br>If any, identify details below.                          |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input checked="" type="checkbox"/> REPAIRED? (Mark One)<br>If YES, Date: <u>2022</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 checked="" type="checkbox"/>  | <input 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:   |                                     |                                     |  |
| <u>Two small leaks repaired with tar.</u>  |                                     |                                     |  |
| <u>Two downspouts missing.</u>   |                                     |                                     |  |
|  |                                     |                                     | <b>SECTION 3</b>   |
|  |                                     |                                     | <b>MOLD/MILDEW</b>   |
| 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:   |                                     |                                     |  |
| <u>Small portion under bathroom sink. Sprayed + treated with mold armor.</u>   |                                     |                                     |  |

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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<br>WATER/SEWAGE SYSTEMS  |  |   |
|-------------------------------------|-------------------------------------|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property connected to City Water?   |  |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____              |  |   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property connected to any private water systems? (Mark all that apply.)                     |  |   |
|                                     |                                     |                                     | <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"/>            | 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: <u>5 yrs</u>                       |  |   |
|                                     |                                     |                                     | 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 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:                |                                     |                                     |  |  |   |

| YES  | NO                                  | DON'T KNOW               | SECTION 5<br>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 checked="" 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 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:   |                                     |                          |   |  |  |

Previous upstairs sink fitting replaced.

| YES                      | NO                                  | DON'T KNOW               | SECTION 6<br>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:     |                                     |                          |   |                                  |   |

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

|  | YES | NO | DON'T KNOW |                                 |
|--|-----|----|------------|---------------------------------|
|  |     |    |            | SECTION 7                       |
|  |     |    |            | <b>ENVIRONMENTAL CONDITIONS</b> |

183

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property located in a subdivision with a master drainage plan? |
|--|--------------------------|-------------------------------------|--------------------------|---|

184

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | If YES, is the property in compliance? |
|--|--------------------------|-------------------------------------|--------------------------|--|

185

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <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.) |
|--|--------------------------|-------------------------------------|--------------------------|---|

186

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <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? |
|--|--------------------------|-------------------------------------|--------------------------|--|

187

|  |                          |                          |                                     |  |
|--|--------------------------|--------------------------|-------------------------------------|--|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are you aware of groundwater contamination or other environmental concerns? |
|--|--------------------------|-------------------------------------|--------------------------|---|

190

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any reports or records pertaining to groundwater contamination or other environmental concerns? |
|--|--------------------------|-------------------------------------|--------------------------|---|

191

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are there any diseased or dead trees and shrubs? |
|--|--------------------------|-------------------------------------|--------------------------|--|

192

|  |  |  |  |  |
|--|--|--|--|--|
|  | <i>To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)</i> |  |  |  |
|--|--|--|--|--|

193

|  |                          |                                     |                          |          |
|--|--------------------------|-------------------------------------|--------------------------|----------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos |
|--|--------------------------|-------------------------------------|--------------------------|----------|

194

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contaminated soil or water (including drinking water) |
|--|--------------------------|-------------------------------------|--------------------------|---|

195

|  |                          |                                     |                          |                              |
|--|--------------------------|-------------------------------------|--------------------------|------------------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Landfill or buried materials |
|--|--------------------------|-------------------------------------|--------------------------|------------------------------|

196

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Lead-based paint (If YES, attach disclosure.) |
|--|--------------------------|-------------------------------------|--------------------------|---|

197

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <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 |
|--|--------------------------|-------------------------------------|--------------------------|---|

198

|  |                          |                                     |                          |             |
|--|--------------------------|-------------------------------------|--------------------------|-------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Methane Gas |
|--|--------------------------|-------------------------------------|--------------------------|-------------|

199

|  |                          |                                     |                          |                         |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Oil sheers in wet areas |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------|

200

|  |                          |                                     |                          |                      |
|--|--------------------------|-------------------------------------|--------------------------|----------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Radioactive material |
|--|--------------------------|-------------------------------------|--------------------------|----------------------|

201

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toxic material disposal (solvents, chemicals, etc.) |
|--|--------------------------|-------------------------------------|--------------------------|---|

202

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Underground fuel or chemical storage tanks |
|--|--------------------------|-------------------------------------|--------------------------|--|

203

|  |                          |                                     |                          |                                |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------------|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | EMFs (Electro Magnetic Fields) |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------------|

204

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Urea formaldehyde foam insulation (UFFI) |
|--|--------------------------|-------------------------------------|--------------------------|--|

205

|  |                          |                          |                          |              |
|--|--------------------------|--------------------------|--------------------------|--------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
|--|--------------------------|--------------------------|--------------------------|--------------|

206

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <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? |
|--|--------------------------|-------------------------------------|--------------------------|--|

207

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | To your knowledge, are any of the above conditions present near your property? |
|--|--------------------------|-------------------------------------|--------------------------|--|

208

|  |           |  |  |  |
|--|-----------|--|--|--|
|  | Comments: |  |  |  |
|--|-----------|--|--|--|

209

210

211

212

|  | YES | NO | DON'T KNOW |                        |
|--|-----|----|------------|------------------------|
|  |     |    |            | SECTION 8              |
|  |     |    |            | <b>BOUNDARIES/LAND</b> |

213

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you had a survey of the property? (If YES, attach copy if available.) |
|--|--------------------------|-------------------------------------|--------------------------|--|

214

|  |                                     |                          |                          |  |
|--|-------------------------------------|--------------------------|--------------------------|--|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the boundaries of your property marked in any way? |
|--|-------------------------------------|--------------------------|--------------------------|--|

215

|  |                                     |                          |                          |   |
|--|-------------------------------------|--------------------------|--------------------------|---|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there any fencing on the boundaries of the property? |
|--|-------------------------------------|--------------------------|--------------------------|---|

216

|  |                                     |                          |                          |   |
|--|-------------------------------------|--------------------------|--------------------------|---|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does fencing belong to the property? If YES, which sides? <u>East, South, west, cross fence</u> |
|--|-------------------------------------|--------------------------|--------------------------|---|

217

|  |                                     |                          |                          |   |
|--|-------------------------------------|--------------------------|--------------------------|---|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.) |
|--|-------------------------------------|--------------------------|--------------------------|---|

218

|  |                                     |                          |                          |  |
|--|-------------------------------------|--------------------------|--------------------------|--|
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the property owner responsible for maintenance of any such shared feature(s)? |
|--|-------------------------------------|--------------------------|--------------------------|--|

219

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements? |
|--|--------------------------|-------------------------------------|--------------------------|---|

220

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <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? |
|--|--------------------------|-------------------------------------|--------------------------|--|

221

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you currently, or have you ever, paid flood insurance for the property? |
|--|--------------------------|-------------------------------------|--------------------------|--|

222

|  |                          |                                     |                          |  |
|--|--------------------------|-------------------------------------|--------------------------|--|
|  | <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? |
|--|--------------------------|-------------------------------------|--------------------------|--|

223

|  |                          |                                     |                          |   |
|--|--------------------------|-------------------------------------|--------------------------|---|
|  | <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.) |
|--|--------------------------|-------------------------------------|--------------------------|---|

224

|  |                          |                          |                          |                    |
|--|--------------------------|--------------------------|--------------------------|--------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] EXPANSIVE SOIL |
|--|--------------------------|--------------------------|--------------------------|--------------------|

225

|  |                          |                          |                          |                    |
|--|--------------------------|--------------------------|--------------------------|--------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] EARTH MOVEMENT |
|--|--------------------------|--------------------------|--------------------------|--------------------|

226

|  |                          |                          |                          |               |
|--|--------------------------|--------------------------|--------------------------|---------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] FILL DIRT |
|--|--------------------------|--------------------------|--------------------------|---------------|

227

|  |                          |                          |                          |              |
|--|--------------------------|--------------------------|--------------------------|--------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] UPHEAVAL |
|--|--------------------------|--------------------------|--------------------------|--------------|

228

|  |                          |                          |                          |             |
|--|--------------------------|--------------------------|--------------------------|-------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] SLIDING |
|--|--------------------------|--------------------------|--------------------------|-------------|

229

|  |                          |                          |                          |                              |
|--|--------------------------|--------------------------|--------------------------|------------------------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] EARTH STABILITY PROBLEMS |
|--|--------------------------|--------------------------|--------------------------|------------------------------|

230

|  |                          |                          |                          |              |
|--|--------------------------|--------------------------|--------------------------|--------------|
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [ ] SETTLING |
|--|--------------------------|--------------------------|--------------------------|--------------|

231

|  |           |  |  |  |
|--|-----------|--|--|--|
|  | Comments: |  |  |  |
|--|-----------|--|--|--|

232

233

|  |                            |  |  |  |
|--|----------------------------|--|--|--|
|  | <u>North fence shared.</u> |  |  |  |
|--|----------------------------|--|--|--|

234

|                                |                              |           |                         |
|--------------------------------|------------------------------|-----------|-------------------------|
| RELEASE DATE 4/2023 (Rev 1/23) | SELLER'S INITIALS: <u>SK</u> | Pg 5 of 7 | BUYER'S INITIALS: _____ |
|--------------------------------|------------------------------|-----------|-------------------------|

#1004

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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.

| SECTION 9  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| YES  | NO                                  | DON'T KNOW                          |
| <b>SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION</b>   |                                     |                                     |
| The law requires that the Seller disclose the existence of special assessments against a property.   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Any current/pending bonds, assessments, or special taxes that apply to property?   |                                     |                                     |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| The property may be subject to special assessments or is located in an improvement district?<br>(Refer to relevant tax disclosure - Mark One).   |                                     |                                     |
| <input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other: _____  |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the property subject to rules or regulations of an active Homeowner's Association?  |                                     |                                     |
| Annual Dues? _____ Initiation Fee? _____   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Homeowner's Association contact information: _____   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is the property subject to a right of first refusal?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Any violations of such covenants and restrictions?   |                                     |                                     |
| Comments:  |                                     |                                     |
|  |                                     |                                     |
| <b>SECTION 10</b>  |                                     |                                     |
| YES  | NO                                  | DON'T KNOW                          |
| <b>MISCELLANEOUS</b>   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property <b>without obtaining required permits</b> ? |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the present use of the property a non-conforming use?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Have there been any insurance claims during the seller's ownership?  |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Were repairs made? If so, explain: _____   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is there any unrepaired damage due to hail, storm, wind, fire or flood?  |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?   |                                     |                                     |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Does a pet(s) reside or has a pet(s) ever resided in or on the property?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?  |                                     |                                     |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Do all window and door treatments remain? If NO, please list: _____  |                                     |                                     |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Does any other personal property remain? If YES, please list: _____  |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Does the property contain any of the following? (Mark all that apply.)   |                                     |                                     |
| <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water Feature               |                                     |                                     |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If YES, are either of the following heated? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa If yes, type of heat? _____  |                                     |                                     |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?   |                                     |                                     |
| Explain: _____   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is the property in a historic, holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?   |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?                                  |                                     |                                     |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Are there any transferable warranties on the property or any of its components?  |                                     |                                     |
| Comments:  |                                     |                                     |
|  |                                     |                                     |
| Any Additional Comments For Part II:   |                                     |                                     |
|  |                                     |                                     |
|  |                                     |                                     |
|  |                                     |                                     |
|  |                                     |                                     |

287

### SELLER'S ACKNOWLEDGEMENT

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

294 Seller is occupant:  YES  NO

295 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.

296 SELLER: *[Signature]* SELLER: \_\_\_\_\_ Date  
297 7-1-23 Date

### 298 BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

305 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes  
306 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  
307 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at  
308 <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

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

314 BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_ Date Date  
315

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