



Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 10 E Douglas Parkway, Wichita Ks 67206

Seller: Roger and Paulette Mattingly

Date of Purchase: []

Message to the Seller: This statement is a disclosure of the condition of the above described Property known by the SELLER on the date that it is signed. It is not a warranty of any kind by the SELLER(S) or any real estate licensee 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 AGENT(S).

		PART I								
		APPLIANCES				ELECTRICAL				
None	Does Not Transfer	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box. <i>New Sink & Faucet 2020</i>	None	Does Not Transfer	TRANSFERS TO BUYER		
		Working	Not Working	Don't Know				Working	Not Working	Don't Know
5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Disposal 2 yrs old	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Detectors
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher 3 yrs old	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Fixtures
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) Gas <u>Electric</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Colling Fans
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Microwave 14 yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fans <i>EAST BATH ONLY</i>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built In (Circle One) YES <u>NO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Bell <i>Battery operated</i>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vented Outside (Circle One) YES <u>NO</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Keypad Entry (Circle One) YES <u>NO</u>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aluminum Wiring <i>Revised to</i>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copper Wiring <i>Code - 2023</i>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220 Vols
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill <i>Replaced 2 yrs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Panel Total Amps
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: <u>Ex. Water Filter on Sink</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <u>walk in shower 2022</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company
21	<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
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HydroElectric - (Circle One) Own Rent/Lease
23	Comments:					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease
24	<i>7,000 Shower</i>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company
25						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System

RELEASE DATE 4/2023 (Rev 1/23)

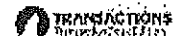
SELLER'S INITIALS: *CPM*

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BUYER'S INITIALS: _____

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	WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS			
	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.
	None Does Not Transfer	Working	Not Working		None Does Not Transfer	Working	Not Working	
27								
28								
29								
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooling System
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump		<input type="checkbox"/>		Type
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery		<input type="checkbox"/>		Age unknown
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating System unknown
34				Type		<input type="checkbox"/>		Type
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect ^{Gas}		<input type="checkbox"/>		Age ?
36				Size & Age <i>New 2023 Summer</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Humidifier
39				(Circle One) Own Rent/Lease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace 2 - gas/wood burn
40				Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis <i>DO WRITE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System		<input checked="" type="checkbox"/>		Chimney/Flue - Date Last Cleaned
43				Backflow Device (Circle One) YES NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter
44				Date Last Tested or Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Attic Fan
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa		<input type="checkbox"/>		Company
47	Comments:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geothermal
48					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank - (Circle One) Own Rent/Lease
49						<input type="checkbox"/>		Company
50					Comments:			
51	MEDIA							
52	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	Any Additional Comments For Part I:			
53	None Does Not Transfer	Working	Not Working					
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58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish				
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ft of Rovers/Remotes				
60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas				
61	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cable TV Wiring/Jacks				
62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)				
63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)				
64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)				
65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers				
66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound				
67	Comments:							
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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.

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YES	NO	DON'T KNOW	SECTION 1 STRUCTURAL FOUNDATION/WALLS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)? If YES, are you aware of any adverse conditions? _____
			Indicate all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any structural engineer's report(s) available? If YES, Date of Report: "_____" Copy Attached? (Mark One): <input type="checkbox"/> YES <input type="checkbox"/> NO
			To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation? SE corner of house
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls? heavy rain causes pooling of water in SW corner of house patio
<input checked="" type="checkbox"/>	<input 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:			

YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION
			Age: approx 4-5 yrs Type: composition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input checked="" type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One) If any, identify details below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <input checked="" type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: approx 4-5 yrs (Identify details below.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.) 7 yrs approx - repaired - no problems since
<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 type="checkbox"/>	<input checked="" 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	
127				WATER/SEWAGE SYSTEMS	
128	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to City Water?	
129	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____	
130	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to any private water systems? (Mark all that apply.)	
131				<input type="checkbox"/> Drinking Well	<input type="checkbox"/> Irrigation Well
132	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
133	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
134	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
135	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the water in any wells shown test results of contamination? (If YES, explain below.)	
136	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.	
137	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a septic system? Date last Pumped: _____	
138				Tank Size: _____	Location: _____
139				# Feet laterals: _____	# Feet infiltrators: _____ Location: _____
140	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a lagoon system? Location: _____	
141	<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.)	
142	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the main waste disposal line ever been snaked or scoped?	
143	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is there any problem relating to the waste disposal system?	
144	Additional Comments:				

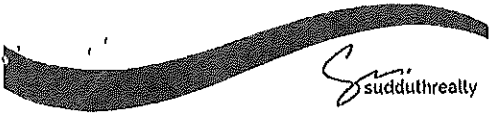
146	YES	NO	DON'T KNOW	SECTION 5	
147				WATER INTRUSION/LEAKS	
148	To your knowledge, indicate any past or present: (Use Comment lines for further explanations)				
149	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leakage in or around the fireplace or chimney? <i>Repaired</i>	
150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leakage around (If YES, mark all that apply.)	<input type="checkbox"/> WINDOWS <input checked="" type="checkbox"/> SKYLIGHTS <input type="checkbox"/> DOORS?
151	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.? <i>NOT NOW</i>	
152	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any leaks caused by appliances? <i>Before we purchased home</i>	
153	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?	
154	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leakage into (If YES, mark all that apply.)	<input checked="" type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE
155	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any accumulation of water within the basement/crawl space?	
156	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s)	Location(s): <i>cellar</i>
157	<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:				

Sump quit replaced 6 yrs + no problems since

161	YES	NO	DON'T KNOW	SECTION 6	
162				PEST, WOOD INFESTATION & DRY ROT	
163	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)	
164				<input type="checkbox"/> WOOD DESTROYING INSECTS	<input type="checkbox"/> DRY ROT
165				<input type="checkbox"/> OTHER WOOD INFESTATION	
166	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)	
167				<input type="checkbox"/> WOOD DESTROYING INSECTS	<input checked="" type="checkbox"/> DRY ROT
168				<input type="checkbox"/> OTHER WOOD INFESTATION	
169	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have there been any repairs of such damage? (If YES, explain below.)	
170	<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?	
171				Company: _____	Warranty Expiration Date: _____
172	<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.)	
173	<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.)	
174	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any pest control reports in the last 5 years? (If YES, explain below.)	
175	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any professional pest control treatments in the last 5 years? (If YES, explain below.)	
176	Additional Comments:				

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

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

			SECTION 7	
YES	NO	DON'T KNOW	ENVIRONMENTAL CONDITIONS	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	185 Has the property ever had any drainage problems during your ownership? [If YES, explain below.] <i>pothole or SW corner of house</i>	
<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: _____	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	191 Are there any diseased or dead trees and shrubs?	
192 To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)				
<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 checked="" 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 shears 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 type="checkbox"/>	<input checked="" type="checkbox"/>	208 To your knowledge, are any of the above conditions present near your property?	
209 Comments:				

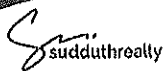
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			SECTION 8	
YES	NO	DON'T KNOW	BOUNDARIES/LAND	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	214 Have you had a survey of the property? (If YES, attach copy if available.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215 Are the boundaries of your property marked in any way? <i>some fencing</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	216 Is there any fencing on the boundaries of the property?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	217 Does fencing belong to the property? If YES, which sides? <i>not sure</i>	
<input checked="" type="checkbox"/>	<input 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"/>	220 Is the property owner responsible for maintenance of any such shared feature(s)?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	221 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	222 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"/>	223 Do you currently, or have you ever, paid flood insurance for the property?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	224 To your knowledge, is any portion of the property located in a designated wetlands area?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225 Do you know of any of the following items that have occurred on the property or in the immediate area? (Mark all that apply.)	
226				
<input type="checkbox"/> EXPANSIVE SOIL		<input checked="" type="checkbox"/> EARTH MOVEMENT		
<input type="checkbox"/> FILL DIRT		<input type="checkbox"/> UPHEAVAL		
<input type="checkbox"/> SLIDING		<input type="checkbox"/> EARTH STABILITY PROBLEMS		
<input checked="" type="checkbox"/> SETTLING				
231 Comments:				
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234 RELEASE DATE 4/2023 (Rev 1/23) SELLER'S INITIALS: CRM Pg 5 of 7 BUYER'S INITIALS: _____ #7004

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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 9 SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The law requires that the Seller disclose the existence of special assessments against a property. Any current/pending bonds, assessments, or special taxes that apply to property? <i>Solid Waste Rec only</i>
<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? (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 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:			

YES	NO	DON'T KNOW	SECTION 10 MISCELLANEOUS
<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 without obtaining required permits?
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have there been any insurance claims during the seller's ownership? Were repairs made? If so, explain: <i>repaired roof</i>
<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? <i>cat 6-7 yrs old</i>
<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 checked="" 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 checked="" 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, historic, 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:
East Bath (Jacklin) added walk-in shower, tall toilet, heater/fan/light Feb 2020
West Bath NEW TALL TOILET 2022

RELEASE DATE 4/2023 (Rev 1/23) SELLER'S INITIALS: *CEM* Pg 6 of 7 BUYER'S INITIALS: _____ #1004
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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: Clyde R. Mattingly 11-8-23 SELLER: Faulette K. Mattingly 11-8-23
297 Date Date

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

298
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: _____
315 Date Date

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