



Salina Board of REALTORS®
SELLERS PROPERTY DISCLOSURE STATEMENT
(To Be Completed by Seller)

Property Address: 4973 N. OHIO, SALINA KS. Date: 7-9-14
SELLER ☐ IS ☐ IS NOT currently occupying the property ☒ HAS NEVER occupied the property

Approximate age of property 23 Date purchased BUILT NEW

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY KNOWN BY THE SELLER ON THE DATE WHICH IT IS SIGNED. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER(S) OR ANY REAL ESTATE LICENSEE IN THIS TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY REAL ESTATE LICENSEE.

THE INFORMATION CONTAINED HEREIN IS INTENDED TO BE A PART OF ANY CONTRACT BETWEEN THE SELLER AND THE PURCHASER.

The Seller discloses the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on this information in deciding whether, and on what terms, to purchase the subject real property. Seller hereby authorizes any real estate licensee in this transaction to provide a copy of this statement to any person or entity in connection with any actual or possible sale of the real property.

Indicate the condition of the following items by marking the appropriate box. Check only one box.

	NOT INCLUDED	WORKING	NOT WORKING	UNKNOWN		NOT INCLUDED	WORKING	NOT WORKING	UNKNOWN
Section A - Appliances:									
1. Built-in vacuum system & equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Microwave oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. TV antenna/satellite dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Trash compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vent hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you aware of any problems or conditions that affect the function of the appliances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If "Yes", explain in detail: _____									

Section B - Electrical Systems:									
1. Electrical service panel (Capacity <u>150</u> AMPS) <input type="checkbox"/> Fuse <input type="checkbox"/> Circuit breakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sauna (<input type="checkbox"/> Steam <input type="checkbox"/> Dry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s) Number: <u>9</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Smoke/fire alarms Number: <u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remotes # remotes <u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Vent fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring/jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. 220 Volt service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cable TV wiring/jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Security system <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Central station - monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					13. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you aware of any problems or conditions that affect the function of the electrical system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If "Yes," explain in detail: _____									

Section C - Heating and Cooling Systems:									
1. Air purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Solar house heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Propane tank <input type="checkbox"/> Own <input checked="" type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central A/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fireplace/fireplace insert <input type="checkbox"/> Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Window air conditioners Number: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating system <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Forced air gas <input type="checkbox"/> Electric <input type="checkbox"/> Boiler: <input type="checkbox"/> Hot water <input type="checkbox"/> Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					14. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you aware of any problems or conditions that affect the function of the heating and cooling systems? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," explain in detail: _____									

Section D - Water Systems:									
1. Hot tub/whirlpool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Water purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Water softener <input type="checkbox"/> Own <input type="checkbox"/> Rent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sump pump Discharges to _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Well system (Potable) <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Swimming pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Sewer (specify) _____ <input type="checkbox"/> Lift <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underground sprinkler <input type="checkbox"/> Auto timer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Lagoon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Back flow Preventer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Septic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water Heater <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Alternative System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					15. Leach Pit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					16. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you aware of any problems or conditions that affect the function of the plumbing systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If "Yes," explain in detail: _____									

Seller's Initials		Buyer's Initials	
<u>BDA</u>	Date <u>7-8-14</u>	_____	Date _____
<u>SAA</u>	Date <u>7-8-14</u>	_____	Date _____

Section E - Structural Conditions:

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
1. Age of the roof (if known) <u>7</u> years				12. Has there been an inspection to determine whether the structure has excessive moisture accumulation, dry rot &/or related damage? If yes, attach the inspection.			
Type <u>SHINGLE</u>				13. Is there any damage to the chimney?			
2. Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Is there any exposed wiring presently in any structure on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the roof been replaced or repaired during your ownership?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Are there any windows or doors which leak or have broken thermopane seals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there present damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Have you ever experienced any moving, settling or cracking in the following:			
5. Have you had any insurance claims? If yes, were all repairs made?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Has there ever been leakage/seeping in the basement or crawl space during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has there been any damage to the real property or any of the improvements due to the following occurrences, including, but not limited to wind, fire, flood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are there any structural problems with the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sidewalks?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is any exterior wall covering of the structure covered with Exterior Insulation and Finishing System (EIFS) or Synthetic stucco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patios?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you aware of any adverse conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driveways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have there been any problems with rain gutters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Retaining Walls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Check if there is insulation in <input checked="" type="checkbox"/> ceiling/attic <input checked="" type="checkbox"/> walls <input type="checkbox"/> floors				Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: SOME MINOR SAGGING IN ROOF OVER HOT-TUB
HAIL DAMAGE ~~REPAIRED~~ REPLACED NEW SHINGLES

Section F - Hazardous Conditions: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following substances, materials, or products on or near the real property which may be an environmental hazard?

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
1. Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Radon gas in house or well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Contaminated soil or water (including drinking water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Toxic materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Expansive soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Underground fuel or chemical storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Landfill or buried materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Gas or oil wells in area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Lead-based paint (See attached lead disclosure form)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				11. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Section G - Title Disclosures: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following which could affect the real Property?

	YES	NO	UNKNOWN		YES	NO	UNKNOWN
1. Features, such as walls, fences, driveways, which are shared in common w/adjoining landowners who use or have responsibility for maintenance of the feature.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Any condominium, regime or other deed restrictions or obligations, or any Homeowner's Association which has authority over the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has a boundary survey been performed? Date: <u>1988</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Current Homeowner's Association? Dues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Any mortgage survey or ILC (Improvement Location Certificate) Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Are you aware of any scheduled maintenance on the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Easements, other than normal utility easements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Is there any condition, claim, or proposed change or improvement which may result in an increase in assessments or fees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Any encroachments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Is there any defect, damage, or problem with any common elements or common areas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Any zoning violations, non-conforming uses, or violations of setback requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas co-owned in individual interests with others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Any lot-line disputes or other unusual claims against the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Any lawsuits against Seller threatening or affecting, this real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Any pending or levied assessments on the real estate, including but not limited to those for sidewalks, streets, sewers, water and gas lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Any notices from any governmental or quasi-governmental agency affecting this real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Any planned road or street expansions, improvements or widenings adjacent to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Any mechanic's lien on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any Federal, State or Local Tax Lien on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Remarks:

Section H - Other Disclosures: For property and improvements thereon:

	YES	NO	UNKNOWN
1. What is the drinking water source: <input checked="" type="checkbox"/> Rural <input type="checkbox"/> City <input type="checkbox"/> Well			
2. If the drinking water source is a private well, when was the water last checked for safety? Date: Results of the test?			
3. If drinking water source is rural, what is the Rural Water District #: <u>OTTAWA</u>			
4. What type of sewage system serves the property? <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Sewer <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Cesspool <input type="checkbox"/> Lagoon			
5. When was the septic tank or cesspool last serviced? <u>NO</u> By whom?			
6. Have you made any additions, structural changes, or other alterations to the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", was all work done with all necessary permits and approvals in compliance with building codes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain:			
7. Are there any trees or shrubs diseased or dead? Scheduled to be removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are there any flooding, draining or grading problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the property in the flood plain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Trash Service <input type="checkbox"/> Public <input type="checkbox"/> Private			
11. Have you ever had a pet in this property? Has there been any damage due to urine, odor, stain or other?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller's Initials

B04 Date 7-8-17
SAA Date 7-8-14

Buyer's Initials

____ Date ____
 ____ Date ____

Section I - Maintenance: Insert the most recent year in which the following occurred:

1. Serviced air conditioner: 2012

Age of unit:
2. Cleaned fireplace, including chimney
3. Serviced furnace:

Age of unit: 23
4. Cleaned woodburning stove, including chimney
5. Has the sewer line been cleaned out during your ownership:

☐ Yes ☒ No

If Yes, when?

By Whom?
6. Do you have a home warranty? ☐ Yes ☒ No

Is it transferable? ☐ Yes ☐ No

Company name(s)

Section J - Infestations:

- | | YES | NO | UNKNOWN | | YES | NO |
|---|--------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|
| 1. Do you have any knowledge of any damage to the property caused by termites, wood infestation, dry rot, or pests? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Have you had any termite/pest control treatments for the property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the property currently under warranty? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | If so, name the company & year treated | | |
| If so, name the company below: | | | | | | |
| 2. Are there any termites, dry rot, wood infestation, or pests on/or affecting the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20 YEAR TREATMENT UNDER FLOOR WHEN BUILT | | |

Miscellaneous:

1. Are you aware of any other facts, conditions or circumstances, on or off-site, which can affect the value, beneficial use, or desirability of property?

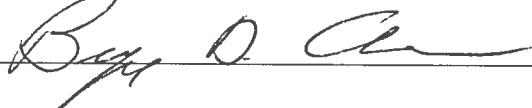
YES

NO
- If Yes, explain:

WE HAVE HAD SOME MINOR FLOOR SETTLING.

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof to the best of Seller's belief and knowledge, as of the date signed by the Seller. (Any substantive changes will be disclosed by the Seller to the Purchaser prior to closing.)

Seller



Date

7-8-14

Seller

Susan A. Arora

Date

7-8-14

1. I acknowledge that I have read and received a signed copy of the Seller's Property Disclosure Statement from the Seller, the Seller's agent, or transaction broker.

2. I agree to verify any of the above information that is important to me by an independent investigation of my own. I have been advised to have the property examined by professional inspectors.

3. I acknowledge that neither Seller nor any real estate licensee involved in this transaction is an expert at detecting or repairing physical defects in the property. I state that no important representations concerning the condition of the property are being relied upon by me except as disclosed above or as fully set forth as follows:
-
4. I acknowledge that I have been informed that Kansas law requires persons who are convicted of certain sexually violent crimes 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 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at <http://www.ink.org/public/kbi> or by contacting the local sheriff's office.

Buyer

Date

Buyer

Date

This form was updated on the following date:

Seller

Date

Seller

Date

Buyer

Receipt Date

Buyer

Receipt Date

Continue on next page



ADDENDUM FOR SELLER'S DISCLOSURE OF INFORMATION
ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS
AS REQUIRED BY FEDERAL LAW

CONCERNING THE PROPERTY AT _____
(Street Address and City)

A. LEAD WARNING STATEMENT: "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based hazards is recommended prior to purchase."

- B. SELLER'S DISCLOSURE:**
- 1. PRESENCE OF LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS (check one box only):
 - ☐ (a) Known lead-based paint and/or lead-based paint hazards are present in the Property (explain): _____
 - ☐ (b) Seller has not actual knowledge of lead-based paint and/or lead-based paint hazards in the Property.
 - 2. RECORDS AND REPORTS AVAILABLE TO SELLER (check one box only):
 - ☐ (a) Seller has provided the purchaser with all available records and reports pertaining to lead-based and/or lead paint hazards in the Property (list documents): _____
 - ☐ (b) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Property.

- C. BUYER'S RIGHTS** (check one box only):
- ☐ 1. Buyer waives the opportunity to conduct a risk assessment or inspection of the Property for the presence of lead-based paint or lead-based paint hazards.
 - ☐ 2. Within ten days after the effective date of this contact, Buyer may have the Property inspected for the presence of lead-based paint and/or lead-based paint hazards. If lead-based paint or lead-based paint hazards are present, Buyer may terminate this contract by giving Seller written notice within 14 days after the effective date of this contract.

- D. BUYER'S ACKNOWLEDGMENT** (check applicable boxes):
- ☐ 1. Buyer has received copies of all information listed above.
 - ☐ 2. Buyer has received the pamphlet *Protect Your Family from Lead in Your Home*.

E. BROKER'S ACKNOWLEDGMENT: Brokers have informed Seller of Seller's obligation under 42 U.S.C. 4852d to: (a) provide Buyer with the federally approved pamphlet on lead poisoning prevention; (b) complete this addendum; (c) disclose any known lead-based paint and/or lead-based paint hazards in the Property; (d) deliver all records and reports to Buyer pertaining to lead-based paint and/or lead-based paint hazards in the Property; (e) provide Buyer a period of up to 10 days to have the Property inspected; and (f) retain a complete copy of this addendum for at least 3 years following the sale. Brokers are aware of their responsibility to ensure compliance.

F. CERTIFICATION OF ACCURACY: The following persons have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Seller	Date	Buyer	Date
Seller	Date	Buyer	Date
Listing Broker	Date	Other Broker	Date