

# REAL ESTATE CONDITION REPORT

## DISCLAIMER

A. THIS CONDITION REPORT CONCERNS THE REAL PROPERTY LOCATED AT N133343Berry Patch Road  
(STREET ADDRESS) IN THE \_\_\_\_\_ Town \_\_\_\_\_ (CITY) (VILLAGE) (TOWN) OF Fifield  
COUNTY OF Price STATE OF WISCONSIN. THIS REPORT IS A DISCLOSURE OF THE CONDITION OF THAT PROPERTY  
IN COMPLIANCE WITH SECTION 709.02 OF THE WISCONSIN STATUTES AS OF \_\_\_\_\_ (MONTH), \_\_\_\_\_ (DAY), \_\_\_\_\_ (YEAR). IT  
IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR ANY AGENTS REPRESENTING ANY PRINCIPAL IN THIS TRANSACTION AND IS NOT A  
SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THAT THE PRINCIPALS MAY WISH TO OBTAIN.

## OWNER'S INFORMATION

B.1. In this form, "am aware" means to have notice or knowledge. In this form, "defect" means a condition that would have a significant adverse effect on the value of the property; that would significantly impair the health or safety of future occupants of the property; or that if not repaired, removed or replaced would significantly shorten or adversely affect the expected normal life of the premises.

B.2. The owner 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 property. The owner hereby authorizes any agent representing any principal in this transaction to provide a copy of this statement, and to disclose any information in the statement, to any person in connection with any actual or anticipated sale of the property.

B.3. The owner represents that to the best of his or her knowledge the responses to the following statements have been accurately noted as "yes", "no" or "not applicable" to the property being sold. If the owner responds to any statement with "yes", the owner shall provide, in the additional information area of this form, an explanation of the reason why the response to the statement is "yes".

B.4. If the transfer is of a condominium unit, the property to which this form applies is the condominium unit, the common elements of the condominium and any limited common elements that may be used only by the owner of the condominium unit being transferred.

## PROPERTY CONDITION STATEMENTS\*

		Yes	No	N/A	See Expert's Report
C.1.	I am aware of defects in the roof.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.2.	I am aware of defects in the electrical system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.3.	I am aware of defects in part of the plumbing system (including the water heater, water softener and swimming pool) that is included in the sale.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.4.	I am aware of defects in the heating and air conditioning system (including the air filters and humidifiers).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.5.	I am aware of defects in the well, including unsafe well water.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.6.	I am aware that this property is served by a joint well.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.7.	I am aware of defects in the septic system or other sanitary disposal system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.8.	I am aware of underground or aboveground fuel storage tanks on or previously located on the property. (If "yes", the owner, by law, may have to register the tanks with the department of commerce at P.O. Box 7970, Madison, Wisconsin, 53707, whether the tanks are in use or not. Regulations of the department of commerce may require the closure or removal of unused tanks).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.9.	I am aware of an "LP" tank on the property. (If "yes", specify in the additional information space whether or not the owner of the property either owns or leases the tank).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.10.	I am aware of defects in the basement or foundation (including cracks, seepage and bulges). Other basement defects might include, but are not limited to, flooding, extreme dampness or wet walls, unsafe concentrations of mold, or defects in drain tiling or sump pumps.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.11.	I am aware that the property is located in a floodplain, wetland or shoreline zoning area.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.12.	I am aware of defects in the structure of the property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.13.	I am aware of defects in mechanical equipment included in the sale either as fixtures or personal property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.14.	I am aware of boundary or lot line disputes, encroachments or encumbrances (including a joint driveway).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.15.	I am aware of a defect caused by unsafe concentrations of, or unsafe conditions relating to, radon, radium in water supplies, high voltage electric (100 KV or greater) or steel natural gas transmission lines located on but not directly serving the property, lead in paint, lead in soil, lead in water supplies or plumbing system or other potentially hazardous or toxic substances on the premises. Such defects might also be caused by unsafe levels of mold. NOTE: specific federal lead paint disclosure requirements must be complied with in the sale of most residential properties built before 1978.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.16.	I am aware of the presence of asbestos or asbestos-containing materials on the premises.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.17.	I am aware of a defect caused by unsafe concentrations of, unsafe conditions relating to, or the storage of, hazardous or toxic substances on neighboring properties.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.18.	I am aware of current or previous termite, powder-post beetle or carpenter ant infestations or defects caused by animal or other insect infestations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.19.	I am aware of defects in a woodburning stove or fireplace or of defects caused by a fire in a stove or fireplace or elsewhere on the property or a violation of applicable state or local smoke detector laws; NOTE: State law requires operating smoke detectors on all levels of all residential properties, and operating carbon monoxide detectors on all levels of most residential properties (see Wis. Stat. §§ 101.149 & 101.647).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.20.	I am aware either that remodeling affecting the property's structure or mechanical systems was done or that additions to this property were made during my period of ownership without the required permits.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.21.	I am aware of federal, state or local regulations requiring repairs, alterations or corrections of an existing condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	N/A	
C.22.	I have received notice of property tax increases, other than normal annual increases, or am aware of a pending property reassessment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.23.	I am aware that remodeling that may increase the property's assessed value was done.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.24.	I am aware of proposed or pending special assessments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.24.m	I am aware that the property is located within a special purpose district, such as a drainage district, that has the authority to impose assessments against the real property located within the district.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.25.	I am aware of the proposed construction of a public project that may affect the use of the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.26.	I am aware of subdivision homeowners' associations, common areas co-owned with others, zoning violations or nonconforming uses, any land division involving the property for which required state or local permits had not been obtained, rights-of-way, easements or another use of a part of the property by nonowners, other than recorded utility easements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.26.m	I am aware that the property is subject to a mitigation plan required under administrative rules of the department of natural resources related to county shoreland zoning ordinances, which obligates the owner of the property to establish or maintain certain measures related to shoreland conditions and which is enforceable by the county.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
C.27.	I am aware of other defects affecting the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**ADDITIONAL INFORMATION**

D.1.	I am aware that a structure on the property is designated as a historic building or that part of the property is in a historic district.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.a	I am aware of a pier attached to the property that is not in compliance with state or local pier regulations. See <a href="http://dnr.wi.gov/">http://dnr.wi.gov/</a> for information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.b	All or part of the land has been assessed as agricultural land under Wis. Stat. § 70.32(2r) (use-value assessment).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.c	The owner has been assessed a use-value assessment conversion charge under Wis. Stat. § 74.485(2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.d	The payment of the use-value assessment conversion charge has been deferred under Wis. Stat. § 74.485(4). Notice: The use value assessment system values agricultural land based on the income that would be generated from its rental for agricultural use rather than its fair market value. When a person converts agricultural land to a non-agricultural use (e.g. residential or commercial development), that person may owe a conversion charge. To obtain more information about the use value law or conversion charge, contact the Wisconsin Department of Revenue's Equalization Section at 608-266-2149 or visit <a href="http://www.revenue.wi.gov/fags/sif/uscassmt.html">http://www.revenue.wi.gov/fags/sif/uscassmt.html</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.e	The property is in a certified farmland preservation zoning district or subject to a farmland preservation agreement. Notice: Rezoning a property zoned farmland preservation to another use or early termination of a farmland preservation agreement or removal of land from such an agreement can trigger payment of a conversion fee equal to 3 times the class 1 "use value" of the land. Call 608-224-4500 or visit <a href="http://www.dnrcp.state.wi.us/workinglands/index.jsp">http://www.dnrcp.state.wi.us/workinglands/index.jsp</a> for more information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.f	I am aware of the presence of unsafe levels of mold, or roof, basement, window or plumbing leaks, or overflow from sinks, bathtubs or sewers, or other water or moisture intrusions or conditions that might initiate the growth of unsafe levels of mold.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.1.g	I am aware that all, or part, of the property is subject to, enrolled in or in violation of a Farmland Preservation Agreement (see D.1.e.), Forest Crop Law, Managed Forest Law see disclosure requirement in Wis. Stat. § 710.12), the Conservation Reserve Program or a comparable program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
D.2.	The owner has lived on the property for <u>1</u> years.				
D.3.	Explanation of "yes" responses. (See B.3.) <u>Leased LP Tank. Stove down draft high setting not working.</u>				

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.widocoffenders.org> or by phone at 608-240-5630.

**OWNER'S CERTIFICATION**

E. The owner certifies that the information in this report is true and correct to the best of the owner's knowledge as of the date on which the owner signs this report. NOTE: Wisconsin Statute §709.035 requires owners who, prior to acceptance, obtain information which would change a response on this report, to submit a new report or an amended report to the prospective buyer.

Owner Mark W. DeL. Date 6-29-11 Owner \_\_\_\_\_ Date \_\_\_\_\_  
Owner Jan Orling Date 6-29-11 Owner \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION BY PERSON SUPPLYING INFORMATION**

F. A person other than the owner certifies that he or she has supplied information on which the owner relied for this report and that information is true and correct to the best of that person's knowledge as of the date on which the person signs this report.

Person \_\_\_\_\_ Items \_\_\_\_\_ Date \_\_\_\_\_ Person \_\_\_\_\_ Items \_\_\_\_\_ Date \_\_\_\_\_  
Person \_\_\_\_\_ Items \_\_\_\_\_ Date \_\_\_\_\_ Person \_\_\_\_\_ Items \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE REGARDING ADVICE OR INSPECTIONS**

G. THE PROSPECTIVE BUYER AND THE OWNER MAY WISH TO OBTAIN PROFESSIONAL ADVICE OR INSPECTIONS OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A CONTRACT BETWEEN THEM WITH RESPECT TO ANY ADVICE, INSPECTIONS, DEFECTS OR WARRANTIES.

**BUYER'S ACKNOWLEDGMENT**

H.1. THE PROSPECTIVE BUYER ACKNOWLEDGES THAT TECHNICAL KNOWLEDGE SUCH AS THAT ACQUIRED BY PROFESSIONAL INSPECTORS MAY BE REQUIRED TO DETECT CERTAIN DEFECTS SUCH AS THE PRESENCE OF ASBESTOS, BUILDING CODE VIOLATIONS AND FLOODPLAIN STATUS.

H.2. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT.

Prospective Buyer \_\_\_\_\_ Date \_\_\_\_\_ Prospective Buyer \_\_\_\_\_ Date \_\_\_\_\_  
Prospective Buyer \_\_\_\_\_ Date \_\_\_\_\_ Prospective Buyer \_\_\_\_\_ Date \_\_\_\_\_

\*NOTE: All information appearing in *italics* in this REAL ESTATE CONDITION REPORT is purely of a supplemental nature and is not required pursuant to Section 709.03 of the Wisconsin Statutes.



## HOMEOWNER DISCLOSURE STATEMENT

Current Date: 10/9/11

Date Purchased: Built 2005Homeowner(s) Name(s): Lisa M. Helmig and Mark W. HelmigProperty Address: N13343 BERRY PATCH ROAD Fifeled, WI 54524

In connection with my/our relocation, I/we make the following disclosures to the best of my/our knowledge regarding my/our property with the knowledge that even though this is not a warranty, prospective buyers may rely on this information in deciding whether or on what terms to purchase the property. I/we further understand that an offer to purchase will not be made until this disclosure is completed.

**1 HOUSE SYSTEMS**

Are there any problems affecting:

- |                                     | Y                        | N                                   |                         | Y                                   | N                                   |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| (a) Electrical Wiring               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (f) Appliances          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Air conditioning/cooling system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (g) Floors              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Plumbing                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (h) Water system (well) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Heating                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (i) Sprinkler system    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) Pool/Hot tubs/Spa               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (j) Chimneys/Fireplaces | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Further Explanation: Stove downdraft vent only works on Low setting.

**2 LAND/FOUNDATION**

- |  | Y                        | N                                   |
|--|--------------------------|-------------------------------------|
| (a) Is the property located on filled or expansive soil?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) Has any sliding, settling, earth movement, upheaval, or earth stability problems occurred on your property or in the immediate neighborhood? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Are there any defects or problems relating to the foundation/basement?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) Has a water or dampness condition ever existed in your basement/crawlspace?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) Is the property a mobile, manufactured, or modular home? If yes, please note details below.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (f) Is this property considered an Earth-born home?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Further explanation:

**3 ROOF**

- |   | Y                                   | N                                   |
|---|-------------------------------------|-------------------------------------|
| (a) Age of current roof?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (b) Is it an overlay?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Has the roof ever leaked during your ownership?               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Has the roof been replaced or repaired during your ownership? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (e) Are there any problems with the roof?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Further explanation: Original metal roof damaged by hail. Replaced with 40yr. shingle.

**4 EXTERIOR SIDING**

- |   | Y                                   | N                                   |
|---|-------------------------------------|-------------------------------------|
| (a) Is any surface of the residence exterior clad with Synthetic Stucco, EIFS (Exterior Insulation Finish System), or dryvit? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) Is Louisiana Pacific Siding (LP Siding) present on the exterior of your residence?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Further explanation: Used on garage. Its the diamond Kote product by LP.

**5 SEWAGE**

- |  | Y                                   | N                                   |
|--|-------------------------------------|-------------------------------------|
| (a) Is the property connected to a public sewer system?                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) Is there a septic tank/cesspool system serving this property?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes, when was it last serviced or pumped?   |                                     | Date                                |
| (c) Do you know of any problems relating to the septic tank/cesspool/sewer system?       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Does the Septic tank/cesspool system meet all required city and county requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Further explanation: Last Serviced Spring 2011.

Homeowner(s) Name(s): Lisa M. Helmig and Mark W. Helmig



# HOMEOWNER DISCLOSURE STATEMENT

Property Address: N13343 BERRY PATCH ROAD Fifield, WI 54524

## 6 DRAINAGE/WATER

- (a) Is this property located in a flood plain zone? ☐ Y ☒ N
- (b) Is this property located near a pond? (Please explain below any ownership rights to the pond) ☐ Y ☒ N
- (c) Has the property ever had drainage or flooding problems? ☐ Y ☒ N
- (d) Have any properties in the immediate neighborhood ever had drainage or flooding problems? ☐ Y ☒ N

Further explanation:

## 7 BOUNDARIES

- (a) Have you ever had a survey of your property done? ☐ Y ☒ N
- (b) Do you have a current survey? (If yes, please provide a copy to your Capital Relocation Manager) ☐ Y ☒ N
- (c) Are the boundaries of your property marked in any way? ☒ Y ☐ N
- (d) Are you aware of any encroachments, easements & right of ways on the property line? ☐ Y ☒ N
- (e) Are you aware of any boundary disputes regarding the property? ☐ Y ☒ N
- (f) Do you share a driveway, road, airstrip, well or septic system with a neighbor? (Note details below and include a copy of the shared agreement) ☐ Y ☒ N

Further explanation: (C) Metal T Post + pipe.

## 8 ADDITIONS/REMODELS

- (a) Are you aware of any structural additions, changes, or repairs to the property made without obtaining all necessary permits and government approvals? ☐ Y ☒ N
- (b) Have you made any structural additions, changes, or repair to the property? ☐ Y ☒ N
- (c) Do you have the required building permits for these changes you did to the property? (If no, please explain below) ☐ Y ☒ N

Further explanation:

## 9 HOMEOWNERS ASSOCIATION

- (a) Is the property subject to rules and regulations of any homeowner's association? ☐ Y ☒ N
- (b) Are there any problems relating to any common area? ☐ Y ☒ N
- (c) Are there any conditions which may result in an increase in taxes or assessments? ☐ Y ☒ N
- (d) Are there any pending or threatened claims or lawsuits against the Homeowners Association? ☐ Y ☒ N

Further explanation:

## 10 NEIGHBORHOOD

- (a) Any unusual amount of noise from any source (i.e. airplanes, traffic, schools, or business) that affects the property? ☐ Y ☒ N
- (b) Are there any other neighborhood conditions or problems affecting the property? (please explain) ☐ Y ☒ N

Further explanation:



## HOMEOWNER DISCLOSURE STATEMENT

Homeowner(s) Name(s): Lisa M. Haimig and Mark W. Haimig

Property Address: N13343 BERRY PATCH ROAD Fife, WI 54524

### 11 MISCELLANEOUS

- |  | Y                                   | N                                   |
|--|-------------------------------------|-------------------------------------|
| (a) Does the property now contain or has it ever contained any mold, toxic substances, UFFI, asbestos or lead paint? If yes, where?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (b) Has the property been mitigated for mold or had water leaks resulting in mold? If yes, please explain below.   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) Does the property now contain or has it ever contained any underground tanks? If so, where?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (d) Are there any violations of local, state or federal government laws or regulations relating to this property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (e) Have any termite/pest control reports on the property been prepared in the last 5 years?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (f) Are there any encroachments, overlaps, boundary line disputes, unrecorded or recent liens (2nd, 3rd, equity mortgages or other services) or unrecorded easements relating to this property? If yes, explain below & please attach deed of trust. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (g) Are there existing or threatened legal actions affecting the property? Yes, explain below  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (h) Are there any past or present problems with driveways, walkways, patios, seawalls, fences, retaining walls, party walls on the property or adjacent properties?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (i) Is the property located on an earthquake fault?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (j) Are there any bonds or assessments affecting this property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (k) Does the house have central air conditioning?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (l) Is the residence equipped with an operable smoke detector?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (m) Is there a security system on the premises? (if yes, answer the following 3 questions)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 1. Is the system <input type="checkbox"/> owned <input type="checkbox"/> leased  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Is monitoring being provided contractually? (if no, skip the third question)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are there special provisions in the contract for cancelling or transferring services?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (n) Have there been any significant repairs made to the property or to any of its systems or components within the last five years? (If yes, please describe using additional sheets if necessary)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 1. Do you have the required building permits for these changes you did to the property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. If no, please explain below.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (o) Is the property located next to or in close proximity of a dump, junk yard or toxic disposal site?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (p) Has the property been tested for radon gas?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (q) Is the well &/or septic tank placement within the boundary lines of the property. (If no, please explain)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (r) Are all parties that have an interest in the subject property (vested, marital or homestead) U.S. Citizens? (if no, provide names: _____)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Further explanation: (n) Original boiler faulty and was replaced.

### 12 REPORTS

Please attach copies of all existing reports and documents now in your possession relating to this property including:

- |                                  |  |
|----------------------------------|--|
| (a) Surveys                      | (j) Homeowner's Associations Documents               |
| (b) Structural Inspection Report | 1. Conditions, Covenants & Restrictions (CC&R's)     |
| (c) Building Permits             | 2. Articles  |
| (d) Septic                       | 3. Bylaws  |
| (e) Soil Report                  | 4. Financial Statements of Homeowner's Association   |
| (f) Termite/Pest Control         | 5. Statement re: Assessments                         |
| (g) Engineering Reports          | (k) Pest control warranties or maintenance contracts |
| (h) Radon Inspection Report      | (l) Title, Abstract, Insurance policy                |
| (i) Disclosure Statements        | (m) Other:   |

Further explanation: \_\_\_\_\_

### 13 GENERAL CONDITION

- |   | Y                                   | N                        |
|---|-------------------------------------|--------------------------|
| (a) Do you know of any other facts, conditions, circumstances which may affect the value, beneficial use or desirability of this property? (If yes, please describe using additional sheets if necessary) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Further explanation: Property very near public hunting land and snowmobile trails. Owner can use outlot to access river.



## HOMEOWNER DISCLOSURE STATEMENT

Homeowner(s) Name(s): Lisa M. Helmig and Mark W. HelmigProperty Address: N13343 BERRY PATCH ROAD Fifeild, WI 54524

## DISCLAIMER

The above information is true and correct to the best of my/our knowledge and, except as set forth herein, no material problems exist with respect to the property as of the date set forth above.

I/we hereby authorize the furnishing of the foregoing information to any prospective purchaser. We authorize Capital Relocation Services to obtain from or disclose to my employer any information concerning me/us in connection with the purchase and resale of this property or other relocation services furnished by Capital Relocation services on behalf of my employer.

Homeowner Signature(s):

Lisa M. Helmig10/9/2011

(Date)

Mark W. Helmig10/9/2011

(Date)

Buyer Signature(s):

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Date)

\*\* Please provide a copy of this completed form to your Capital Relocation Manager along with any state disclosures and addendums signed at time of listing. Please also provide a copy of this disclosure to your Listing Agent.