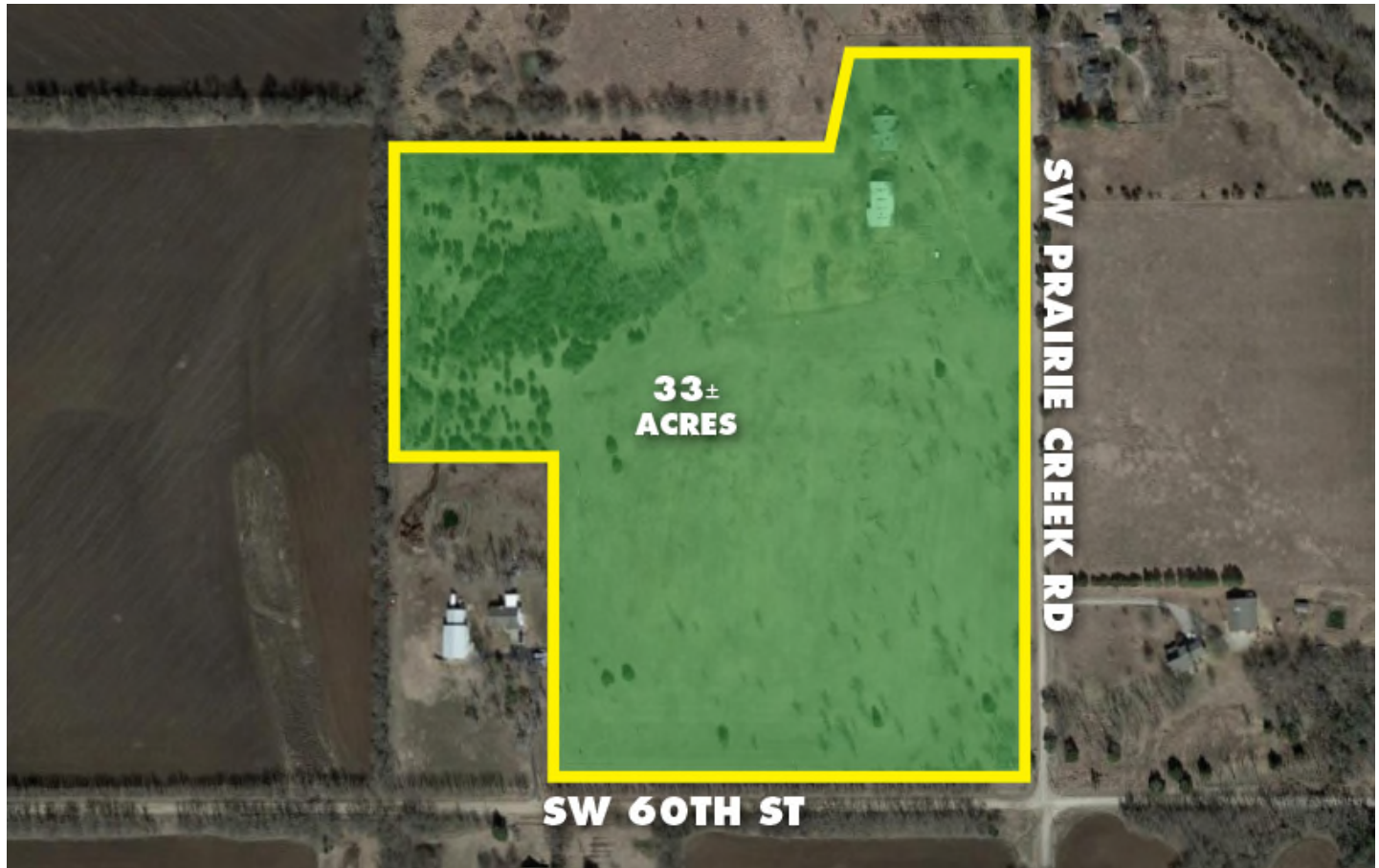


# PROPERTY INFORMATION PACKET

**THE DETAILS**



**5769 SW Prairie Creek Rd. | Andover, KS 67002**

**AUCTION: Saturday, July 14th @ 3:30 PM**

12041 E. 13th St. N., Wichita, KS, 67206  
316.683.0612 • 800.544.4489  
[www.McCurdyAuction.com](http://www.McCurdyAuction.com)



**McCurdy**  
AUCTION  
REAL ESTATE SPECIALISTS



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- AVERAGE UTILITIES
- ZONING MAP
- FLOOD ZONE MAP
- AERIAL
- TERMS AND CONDITIONS
- GUIDE TO AUCTION COSTS

The real estate is offered at public auction in its present, "as is where is" condition and is accepted by the buyer without any expressed or implied warranties or representations from the seller or McCurdy Auction, LLC. It is incumbent upon buyer to exercise buyer's own due diligence, investigation, and evaluation of suitability of use for the real estate prior to bidding. It is buyer's responsibility to have any and all desired inspections completed prior to bidding including, but not limited to, the following: roof; structure; termite; environmental; survey; encroachments; groundwater; flood designation; presence of lead-based paint or lead based paint hazards; presence of radon; presence of asbestos; presence of mold; electrical; appliances; heating; air conditioning; mechanical; plumbing (including water well, septic, or lagoon compliance); sex offender registry information; flight patterns, or any other desired inspection. Any information provided or to be provided by seller or McCurdy was obtained from a variety of sources and seller and McCurdy have not made any independent investigation or verification of such information and make no representation as to the accuracy or completeness of such information. Auction announcements take precedence over anything previously stated or printed. Total purchase price will include a 10% buyer's premium (\$1,500.00 minimum) added to the final bid.

## ALL FIELDS CUSTOMIZABLE



**MLS #** 552913  
**Status** Active  
**Contingency Reason**  
**Area** B01 - NW Suburban BTL  
**Address** 5769 S PRAIRIE CREEK RD  
**Address 2**  
**City** Andover  
**Zip** 67002  
**Asking Price** \$0  
**Original Price** \$0  
**Picture Count** 36



## KEYWORDS

**AG Bedrooms** 3  
**Total Bedrooms** 3.00  
**AG Full Baths** 2  
**AG Half Baths** 0  
**Garage Size** 0  
**Basement** None  
**Levels** One Story  
**Approximate Age** 51 - 80 Years  
**Acreage** 10.01 or More  
**Total Baths** 2

**Approx. AGLA** 2170  
**AGLA Source** Court House  
**Approx. BFA** 0.00  
**BFA Source** Court House  
**Approx. TFLA** 2,170  
**Lot Size/SqFt** 1437480  
**Number of Acres** 33.00

## GENERAL

**List Agent - Agent Name and Phone** Ty Patton  
**List Office - Office Name and Phone** McCurdy Auction, LLC - OFF: 316-683-0612  
**Showing Phone** 316-945-7400  
**Year Built** 1950  
**Parcel ID** 20015-199-32-0-00-00-007.00  
**School District** Andover School District (USD 385)  
**Elementary School** Prairie Creek  
**Middle School** Andover Central  
**High School** Andover Central  
**Subdivision** OTHER  
**Legal** S32 , T26 , R03E , ACRES 33.0 , BEG SE/C SE4 W990 N660 W330 N596.12 E943.38 N205.42 E382.49 S1461.14

**Realtor.com Y/N** Yes  
**Display on Public Website** Yes  
**Display Address** Yes  
**VOW: Allow AVM** Yes  
**VOW: Allow 3rd Party Comm** Yes  
**Sub-Agent Comm** 0  
**Buyer-Broker Comm** 3  
**Transact Broker Comm** 3  
**Variable Comm** Non-Variable  
**Virtual Tour Y/N** No  
**Virtual Tour 2 Label**  
**Virtual Tour 3 Label**  
**Virtual Tour 4 Label**

**Master Bedroom Level** Main  
**Master Bedroom Dimensions** 14' x 17'1"  
**Master Bedroom Flooring** Wood  
**Living Room Level** Main  
**Living Room Dimensions** 19'4" x 25'3"  
**Living Room Flooring** Wood  
**Kitchen Level** Main  
**Kitchen Dimensions** 10'8" x 18'7"  
**Kitchen Flooring** Tile  
**Room 4 Type** Dining Room  
**Room 4 Level** Main  
**Room 4 Dimensions** 19'8" x 8'6"  
**Room 4 Flooring** Wood  
**Room 5 Type** Bedroom  
**Room 5 Level** Main  
**Room 5 Dimensions** 15'2" x 11'6"  
**Room 5 Flooring** Wood  
**Room 6 Type** Bedroom  
**Room 6 Level** Main  
**Room 6 Dimensions** 12'2" x 13'3"  
**Room 6 Flooring** Wood  
**Room 7 Type**  
**Room 7 Level**  
**Room 7 Dimensions**  
**Room 7 Flooring**  
**Room 8 Type**  
**Room 8 Level**  
**Room 8 Dimensions**  
**Room 8 Flooring**  
**Room 9 Type**  
**Room 9 Level**  
**Room 9 Dimensions**  
**Room 9 Flooring**  
**Room 10 Type**  
**Room 10 Level**  
**Room 10 Dimensions**  
**Room 10 Flooring**  
**Room 11 Type**  
**Room 11 Level**  
**Room 11 Dimensions**  
**Room 11 Flooring**

Room 12 Type  
Room 12 Level  
Room 12 Dimensions  
Room 12 Flooring

## DIRECTIONS

**Directions** 21st & Andover Road - North to 60th, East to Prairie Creek, & North to home.

## FEATURES

### ARCHITECTURE

Ranch

### EXTERIOR CONSTRUCTION

Frame w/Less than 50% Mas

### ROOF

Composition

### LOT DESCRIPTION

Irregular

Wooded

### FRONTAGE

Unpaved Frontage

### EXTERIOR AMENITIES

Covered Patio

Fence-Other/See Remarks

Guttering

Security Light

Sidewalks

Storm Door(s)

Storm Windows/Ins Glass

Other/See Remarks

### GARAGE

None

### FLOOD INSURANCE

Unknown

### UTILITIES

Alternative Septic

Lagoon

Rural Water

### BASEMENT / FOUNDATION

Crawl Space

### BASEMENT FINISH

None

### COOLING

Central

Electric

### HEATING

Forced Air

Gas

### DINING AREA

Eating Space in Kitchen

Kitchen/Dining Combo

### FIREPLACE

One

Living Room

Woodburning

### KITCHEN FEATURES

Desk

Eating Bar

Island

Range Hood

Electric Hookup

### APPLIANCES

Microwave

Refrigerator

Range/Oven

### MASTER BEDROOM

Master Bdrm on Main Level

Master Bedroom Bath

Sep. Tub/Shower/Mstr Bdrm

### LAUNDRY

Main Floor

Separate Room

220-Electric

### INTERIOR AMENITIES

Ceiling Fan(s)

Closet-Walk-In

Fireplace Doors/Screens

Hardwood Floors

Security System

Vaulted Ceiling

Window Coverings-All

### POSSESSION

At Closing

### PROPOSED FINANCING

Other/See Remarks

### WARRANTY

No Warranty Provided

### OWNERSHIP

Individual

### PROPERTY CONDITION REPORT

Yes

### DOCUMENTS ON FILE

Additional Photos

Lead Paint

Sellers Prop. Disclosure

### SHOWING INSTRUCTIONS

Appt Req-Call Showing #

### LOCKBOX

SCKMLS

### TYPE OF LISTING

Excl Right w/o Reserve

### AGENT TYPE

Sellers Agent

## FINANCIAL

|                               |            |
|-------------------------------|------------|
| <b>Assumable Y/N</b>          | No         |
| <b>Currently Rented Y/N</b>   | No         |
| <b>Rental Amount</b>          |            |
| <b>General Property Taxes</b> | \$1,904.56 |
| <b>General Tax Year</b>       | 2017       |
| <b>Yearly Specials</b>        | \$0.00     |
| <b>Total Specials</b>         | \$0.00     |

|                                  |                           |
|----------------------------------|---------------------------|
| <b>HOA Y/N</b>                   | No                        |
| <b>Yearly HOA Dues</b>           | \$0.00                    |
| <b>HOA Initiation Fee</b>        | \$0.00                    |
| <b>Home Warranty Purchased</b>   | No                        |
| <b>Earnest \$ Deposited With</b> | McCurdy Auction LLC Trust |

## PUBLIC REMARKS

Public Remarks ONSITE REAL ESTATE AUCTION ON SATURDAY JULY 14TH AT 3:30 PM. CLEAR TITLE AT CLOSING, NO BACK TAXES, PREVIEW AVAILABLE. Fantastic opportunity to purchase this beautiful, 2,170 square foot home with 3-Bedrooms, 2-Bathrooms and a barn. This peaceful, 33+/- acre property is conveniently located only moments away from Andover and Wichita, KS and offers everything you need for quiet country living! The boundaries of this land are completely marked with wire fencing and the the property includes a huge barn. There are many amenities and security features offered such as security lights, storm doors and windows, and a protection one security system. A stone and wood pathway lead to the covered porch which wraps around the entire home. The exterior construction of the home features Redwood siding, accented with stone. Per the seller, the current roof is approximately 12 years old, however, a new roof is being installed and will be completed prior to the date of the auction. Rustic charm abounds with vaulted, Shiplap ceilings made from reclaimed barn wood featuring wood accent beams and hardwood floors made from reclaimed Oak. A wood burning fireplace with screens and stone surround is the focal point of the living room/dining room which also offers space for a dining table. Enjoy cooking in the adjacent kitchen featuring the following stainless steal appliances: refrigerator, built-in oven, microwave, and range hood. The kitchen also includes an electric stovetop, large island, built-in desk, an eating bar, and plenty of cabinets offering ample storage space. The main floor master bedroom boasts a large walk-in closet access to the wrap-around covered porch. The walk-in closet can also function as a safe room if the steel door is secured. A separate tub and walk-in shower are located in the master en suit bathroom. The home offers two additional bedrooms and a second full bathroom. The separate laundry room features counter-space with a sink and cabinetry below for storage. The home includes central heat and air, ceiling fans, and all window coverings. \$15,000 anticipates closing on or before 30 days from the date of sale. A 45 day close is available at the discretion of purchaser with deposit of \$22,500 in earnest money at the time of contracting. \*Buyer should verify school assignments as they are subject to change. The real estate is offered at public auction in its present, "as is where is" condition and is accepted by the buyer without any expressed or implied warranties or representations from the seller or seller's agents. It is incumbent upon buyer to exercise buyer's own due diligence, investigation, and evaluation of suitability of use for the real estate prior to bidding. It is buyer's responsibility to have any and all desired inspections completed prior to bidding including, but not limited to, the following: roof; structure; termite; environmental; survey; encroachments; groundwater; flood designation; presence of lead-based paint or lead based paint hazards; presence of radon; presence of asbestos; presence of mold; electrical; appliances; heating; air conditioning; mechanical; plumbing (including water well, septic, or lagoon compliance); sex offender registry information; flight patterns, or any other desired inspection. Any information provided or to be provided by seller or seller's agents was obtained from a variety of sources and neither seller nor seller's agents have made any independent investigation or verification of such information and make no representation as to the accuracy or completeness of such information. Auction announcements take precedence over anything previously stated or printed. Total purchase price will include a 10% buyer's premium (\$1,500.00 minimum) added to the final bid. Earnest money is due from the high bidder at the auction in the form of cash, check, or immediately available, certified funds in the amount \$15,000.

## AUCTION

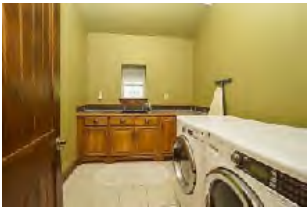
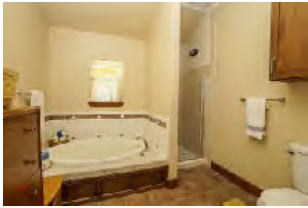
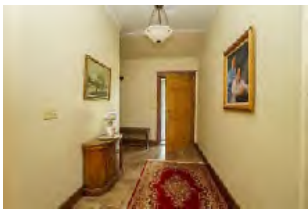
|                         |                  |
|-------------------------|------------------|
| Type of Auction Sale    | Reserve          |
| Method of Auction       | Live Only        |
| Auction Location        | Onsite           |
| Auction Offering        | Real Estate Only |
| Auction Date            | 7/14/2018        |
| Auction Start Time      | 3:30 PM          |
| Broker Registration Req | Yes              |
| Buyer Premium Y/N       | Yes              |
| Premium Amount          | 0.10             |
| Earnest Money Y/N       | Yes              |
| Earnest Amount %/\$     | 15,000.00        |
| 1 - Open for Preview    | Yes              |
| 1 - Open/Preview Date   | 7/14/2018        |
| 1 - Open Start Time     | 2:30 PM          |
| 1 - Open End Time       | 3:30 PM          |
| 2 - Open for Preview    |                  |
| 2 - Open/Preview Date   |                  |
| 2 - Open Start Time     |                  |
| 2 - Open End Time       |                  |

## TERMS OF SALE

Terms of Sale

## ADDITIONAL PICTURES







**DISCLAIMER**

This information is not verified for authenticity or accuracy and is not guaranteed. You should independently verify the information before making a decision to purchase. © Copyright 2018 South Central Kansas MLS, Inc. All rights reserved. Please be aware, property may have audio/video recording devices in use.

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 5769 SW Prairie Creek Rd - Andover, KS 67002

Seller:

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 licensees involved in this transaction, and should not be accepted as a substitute for any inspections or warranties the BUYER(S) may wish to obtain. If you know something important about the Property that is not addressed on the Seller's Property Disclosure, add that information to the form. Prospective Buyers may rely on the information you provide.

**Instructions:** (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the comment lines to explain.

**By signing below you acknowledge that the failure to disclose known material information about the Property may result in liability.**

**Message to the Buyer:** Although Seller's Property Disclosure is designed to assist the SELLER in disclosing all known material (important) facts about the Property, there are likely facts about the Property that the SELLER does not know. Therefore, it is important that you take an active role in obtaining the information about the Property.

**Instructions:** (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the Seller's Property Disclosure. (5) Obtain professional inspections of the Property. (6) Investigate the surrounding area.

THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT INDEPENDENTLY VERIFIED BY THE BROKER(S) OR AGENTS(S).

## PART I

| APPLIANCES                          |                                     |                                     |                          |                          | ELECTRICAL                                                                                      |                                     |                          |                                     |                          |                          |                                                                                                |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------|
|                                     |                                     | 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              | Don't Know               |                                                                                                 | None                                | Does Not Transfer        | Working                             | Not Working              | Don't Know               |                                                                                                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disposal                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke/Fire Detectors                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Light Fixtures                                                                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oven                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Switches/Outlets                                                                               |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Range (Circle One) <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling Fan(s)                                                                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Microwave                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bathroom Vent Fan(s)                                                                           |
|                                     |                                     |                                     |                          |                          | Built in (Circle One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telephone Wiring/Blocks/Jacks <i>service available</i>                                         |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Range Hood                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Door Bell                                                                                      |
|                                     |                                     |                                     |                          |                          | Vented Outside (Circle One) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Intercom                                                                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen Refrigerator                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Garage Door Opener                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clothes Washer <i>auctioned separately</i>                                                      | # of Remotes:                       |                          |                                     |                          |                          | Keypad Entry: (Circle One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clothes Dryer                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Aluminum Wiring                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Trash Compactor                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copper Wiring                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Central Vacuum                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 220 Volt                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Attached Gas Grill                                                                     | 206                                 |                          |                                     |                          |                          | Service Panel Total Amps                                                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Security System                                                                                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                                                                                    | Protection One                      |                          |                                     |                          |                          | (Circle One) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent/Financed    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                                                                                    | Company                             |                          |                                     |                          |                          |                                                                                                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                                                                                    | Comments:                           |                          |                                     |                          |                          |                                                                                                |
| Comments:                           |                                     |                                     |                          |                          |                                                                                                 |                                     |                          |                                     |                          |                          |                                                                                                |

BUYER'S INITIALS: \_\_\_\_\_

Pg 1 of 7

SELLER'S INITIALS: M.C. 6/15/18

| 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<br>Does Not Transfer                                                     | Working<br>Not Working<br>Don't Know |                                                                                                  | None<br>Does Not Transfer                                                     | Working<br>Not Working<br>Don't Know |                                                                                    |  |  |  |  |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Sewage Systems                                                                                   | <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Cooling System                                                                     |  |  |  |  |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Sump Pump                                                                                        | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Type                                                                               |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Backup Sump Pump/Battery                                                                         | <input type="checkbox"/>                                                      | <input type="checkbox"/>             | Age                                                                                |  |  |  |  |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Plumbing                                                                                         | <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Heating System                                                                     |  |  |  |  |
| <i>Septic/Flt</i>                                                             |                                      | Type                                                                                             | <i>electric</i>                                                               |                                      | Type                                                                               |  |  |  |  |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Water Heater (Circle One) <input type="checkbox"/> Elect <input type="checkbox"/> Gas            | <i>1 1/2 yrs.</i>                                                             |                                      | Age                                                                                |  |  |  |  |
| <i>40/7 yr.</i>                                                               |                                      | Size & Age                                                                                       | <i>15 yrs</i>                                                                 |                                      | Age                                                                                |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Instant Hot Water                                                                                | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Window/Wall Air Conditioning Units                                                 |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Water Softener                                                                                   | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Electronic Air Filter                                                              |  |  |  |  |
| (Circle One) <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease |                                      | Company                                                                                          | <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Humidifier                                                                         |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Water Purifier/Reverse Osmosis                                                                   | <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Fireplace                                                                          |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Underground Sprinkler System                                                                     | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Fireplace Insert                                                                   |  |  |  |  |
|                                                                               |                                      | Backflow Device (Circle One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input checked="" type="checkbox"/>                                           | <input checked="" type="checkbox"/>  | Wood burning Stove                                                                 |  |  |  |  |
|                                                                               |                                      | Date Last Tested or Inspected                                                                    | <i>N.A.</i>                                                                   |                                      | Chimney/Flue - Date Last Cleaned                                                   |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Pool Equipment                                                                                   | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Gas Log Lighter                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Hot Tub/Spa                                                                                      | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Whole House Attic Fan                                                              |  |  |  |  |
| Comments:                                                                     |                                      |                                                                                                  | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Solar Equipment                                                                    |  |  |  |  |
|                                                                               |                                      |                                                                                                  | <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Propane Tank                                                                       |  |  |  |  |
|                                                                               |                                      |                                                                                                  | (Circle One) <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease |                                      | Company                                                                            |  |  |  |  |
|                                                                               |                                      |                                                                                                  | Comments:                                                                     |                                      |                                                                                    |  |  |  |  |
| MEDIA                                                                         |                                      |                                                                                                  |                                                                               |                                      | Any Additional Comments for Part I:                                                |  |  |  |  |
| 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<br>Does Not Transfer                                                     | Working<br>Not Working<br>Don't Know |                                                                                                  | None<br>Does Not Transfer                                                     | Working<br>Not Working<br>Don't Know |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Satellite Dish                                                                                   |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | _____ # of Rcvs/Remotes                                                                          |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>  | Attached Antennas <i>(Attic Tv.)</i>                                                             |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Cable TV Wiring/Jacks                                                                            |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Attached Television Mount(s)                                                                     |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Projector(s)                                                                                     |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Projector Screen(s)                                                                              |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Surround Sound Speakers                                                                          |                                                                               |                                      |                                                                                    |  |  |  |  |
| <input checked="" type="checkbox"/>                                           | <input type="checkbox"/>             | Wired for Surround Sound                                                                         |                                                                               |                                      |                                                                                    |  |  |  |  |
| Comments: <i>wired for speakers in certain rooms</i>                          |                                      |                                                                                                  |                                                                               |                                      |                                                                                    |  |  |  |  |

BUYER'S INITIALS: \_\_\_\_\_

SELLER'S INITIALS: *M.S.G.* *6/15/18*

## PART II

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

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

| YES                                                                                                                                                                                                                                                                                                                                                            | NO                                  | DON'T KNOW                          | SECTION 1<br>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)?<br>If YES, are you aware of any adverse conditions? _____                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Indicate all that apply: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Slab                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any structural engineer's report(s) available?<br>If YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</b>                                                                                                                                                                                                                                                           |                                     |                                     |                                                                                                                                                                               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Movement, shifting, deterioration or other problems with walls or foundation?                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Cracks or flaws in the walls, floors or foundation?                                                                                                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Problems with driveways, walkways, patios, retaining walls, party walls?                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Problems with operation of windows or doors, or broken seals?                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any corrective actions to items in this section? (Example - Piering, bracing, etc.)                                                                                           |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there insulation in the floors?                                                                                                                                            |
| Additional Comments: <i>new Roof (warranty) when installed by Dolphin Construction<br/>HVAC extraction pump<br/>Call Mills Heating and Air 316-788-1347<br/>Sunflower Septic Systems 316-322-7878</i>                                                                                                                                                          |                                     |                                     |                                                                                                                                                                               |
| YES                                                                                                                                                                                                                                                                                                                                                            | NO                                  | DON'T KNOW                          | SECTION 2<br>ROOF/INSULATION                                                                                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | Age: <i>12 yrs</i> Type: <i>composition</i>                                                                                                                                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One)                                                        |
| If any, identify details below.                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                                                                                                                                                               |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input checked="" type="checkbox"/> REPAIRED? (Mark One)                                     |
| If YES, Date: <i>2012</i> (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 type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you know of any problems with chimneys or chases? (If YES, explain below.)                                                                                                 |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)                                                                               |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | Is there insulation in the ceiling/attic?                                                                                                                                     |
| Additional Comments: <i>Roof/guttering/facia &amp; soffit will be replaced<br/>or repaired. roof guttering &amp; facia will be replaced<br/>and after replacement before auction<br/>it will be 40 yr warranted.</i>                                                                                                                                           |                                     |                                     |                                                                                                                                                                               |
| YES                                                                                                                                                                                                                                                                                                                                                            | NO                                  | DON'T KNOW                          | SECTION 3<br>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. |                                     |                                     |                                                                                                                                                                               |
| <b>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</b>                                                                                                                                                                                                                                                           |                                     |                                     |                                                                                                                                                                               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Presence of any mold/mildew in the property?                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any problems created by mold or mildew for occupants of the structure during your ownership?                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have you had any inspections for mold or mildew? If YES, Date: _____ (If YES, explain below.)                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the property had any professional mold remediation during your ownership? If YES, Date: _____                                                                             |
| Additional Comments: _____                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                                                                                                                                                               |

BUYER'S INITIALS: *[Signature]*

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SELLER'S INITIALS: *[Signature]*

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

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

| YES                                 | NO                                  | DON'T KNOW                          | SECTION 4<br>WATER/SEWAGE SYSTEMS                                                                  |                                                                                    |
|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property connected to City Water?                                                           |                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____              |                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property connected to any private water systems? (Mark all that apply.)                     |                                                                                    |
|                                     |                                     |                                     | <input type="checkbox"/> Drinking Well                                                             | <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Geo-Thermal Well |
|                                     |                                     |                                     | Type: _____ Location: _____ Depth: _____                                                           |                                                                                    |
|                                     |                                     |                                     | Type: _____ Location: _____ Depth: _____                                                           |                                                                                    |
|                                     |                                     |                                     | Type: _____ Location: _____ Depth: _____                                                           |                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the water in any wells shown test results of contamination? (If YES, explain below.)           |                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property connected to a public sewer system? If shared lagoon/septic system, explain below. |                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to a septic system? Date Last Pumped: <u>March, 2017</u>                 |                                                                                    |
|                                     |                                     |                                     | Tank Size: <u>4,000 gal</u> Location: <u>S. of residence</u>                                       |                                                                                    |
|                                     |                                     |                                     | # feet laterals: _____ # Feet infiltrators: _____ Location: _____                                  |                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to a lagoon system? Location: <u>W. of residence / 200 ft</u>            |                                                                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to some other type of waste disposal system? (If YES, explain below.)    |                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, is there any problem relating to the waste disposal system?                     |                                                                                    |
| Additional Comments:                |                                     |                                     |                                                                                                    |                                                                                    |

| YES                                                                                           | NO                                  | DON'T KNOW               | SECTION 5<br>WATER INTRUSION/LEAKS                                                                                                                          |  |
|-----------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| To your knowledge, indicate any past or present: (Use Comment Lines for further explanations) |                                     |                          |                                                                                                                                                             |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any water leakage in or around the fireplace or chimney?                                                                                                    |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any water leakage around (If YES, mark all that apply.) <input type="checkbox"/> WINDOWS <input type="checkbox"/> SKYLIGHTS <input type="checkbox"/> DOORS? |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?                                                                         |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any leaks caused by appliances?                                                                                                                             |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?                                                                                |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any water leakage into (If YES, mark all that apply.) <input type="checkbox"/> BASEMENT <input checked="" type="checkbox"/> CRAWL SPACE                     |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any accumulation of water within the basement/crawl space?                                                                                                  |  |
| <input checked="" type="checkbox"/>                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | Sump Pump(s) Location(s): <u>2 in crawl space</u>                                                                                                           |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR                                              |  |
| Additional Comments: <u>French drain</u>                                                      |                                     |                          |                                                                                                                                                             |  |

| YES                                                                                                  | NO                                  | DON'T KNOW               | SECTION 6<br>PEST, WOOD INFESTATION & DRY ROT                                                             |                                                                                  |
|------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)        |                                                                                  |
|                                                                                                      |                                     |                          | <input type="checkbox"/> WOOD DESTROYING INSECTS                                                          | <input type="checkbox"/> DRY ROT <input type="checkbox"/> OTHER WOOD INFESTATION |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)         |                                                                                  |
|                                                                                                      |                                     |                          | <input type="checkbox"/> WOOD DESTROYING INSECTS                                                          | <input type="checkbox"/> DRY ROT <input type="checkbox"/> OTHER WOOD INFESTATION |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have there been any repairs of such damage? (If YES, explain below.)                                      |                                                                                  |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property currently under a termite warranty or other coverage by a licensed pest control company?  |                                                                                  |
|                                                                                                      |                                     |                          | Company: _____ Warranty Expiration Date: _____                                                            |                                                                                  |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)                 |                                                                                  |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.) |                                                                                  |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any pest control reports in the last 5 years? (If YES, explain below.)                                    |                                                                                  |
| <input type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any professional pest control treatments in the last 5 years? (If YES, explain below.)                    |                                                                                  |
| Additional Comments: <u>preventative termite treatment 2010</u><br><u>holes drilled around house</u> |                                     |                          |                                                                                                           |                                                                                  |

BUYER'S INITIALS: \_\_\_\_\_

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SELLER'S INITIALS: MDL 6/15/18

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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 7<br>ENVIRONMENTAL CONDITIONS                                                                                                                                                                              |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in a subdivision with a master drainage plan?                                                                                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | If YES, is the property in compliance?                                                                                                                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the property ever had any drainage problems during your ownership? (If YES, explain below.)                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any producing or non-producing gas/oil wells on the property or adjacent property?                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Do mineral rights convey to buyer? If NO, please define:                                                                                                                                                           |
|                                     |                                     |                                     | <b>Groundwater contamination has been detected in several areas in the State of Kansas.</b>                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of groundwater contamination or other environmental concerns?                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any reports or records pertaining to groundwater contamination or other environmental concerns?                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any diseased or dead trees and shrubs?                                                                                                                                                                   |
|                                     |                                     |                                     | <b>To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)</b>                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Asbestos                                                                                                                                                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Contaminated soil or water (including drinking water)                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Landfill or buried materials                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Lead-based paint (If YES, attach disclosure.)                                                                                                                                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Radon gas in house or well If YES, has mitigation been performed? (Mark One) <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Methane Gas                                                                                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Oil sheers in wet areas                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Radioactive material                                                                                                                                                                                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Toxic material disposal (solvents, chemicals, etc.)                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Underground fuel or chemical storage tanks                                                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | EMFs (Electro Magnetic Fields)                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Urea formaldehyde foam insulation (UFFI)                                                                                                                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other:                                                                                                                                                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances? |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, are any of the above conditions present near your property?                                                                                                                                     |
| Comments:                           |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
| SECTION 8<br>BOUNDARIES/LAND        |                                     |                                     |                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have you had a survey of the property? (If YES, attach copy if available.)                                                                                                                                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Are the boundaries of your property marked in any way?                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is there any fencing on the boundaries of the property?                                                                                                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Does fencing belong to the property? If YES, which sides? <u>all</u>                                                                                                                                               |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property owner responsible for maintenance of any such shared feature(s)?                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, is any portion of the property located in a federally designated flood plain?                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you currently, or have you ever, paid flood insurance for the property?                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, is any portion of the property located in a designated wetlands area?                                                                                                                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you know of any of the following items that have occurred on the property or in the immediate area?                                                                                                             |
|                                     |                                     |                                     | (Mark all that apply.)                                                                                                                                                                                             |
|                                     |                                     |                                     | <input type="checkbox"/> EXPANSIVE SOIL <input type="checkbox"/> EARTH MOVEMENT                                                                                                                                    |
|                                     |                                     |                                     | <input type="checkbox"/> FILL DIRT <input type="checkbox"/> UPHEAVAL                                                                                                                                               |
|                                     |                                     |                                     | <input type="checkbox"/> SLIDING <input type="checkbox"/> EARTH STABILITY PROBLEMS                                                                                                                                 |
|                                     |                                     |                                     | <input type="checkbox"/> SETTLING                                                                                                                                                                                  |
| Comments:                           |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |

BUYER'S INITIALS: \_\_\_\_\_

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SELLER'S INITIALS: MAC 6/15/18

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                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION</b>                                                                                      |                                     |                                     |                                                                                                                                             |
| The law requires that the Seller disclose the existence of special assessments against a property.                                          |                                     |                                     |                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any current/pending bonds, assessments, or special taxes that apply to property?                                                            |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input 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? _____                                                                                                    |                                     |                                     |                                                                                                                                             |
| Homeowner's Association contact information: _____                                                                                          |                                     |                                     |                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the property subject to a right of first refusal?                                                                                        |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?                |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any violations of such covenants and restrictions?                                                                                          |
| Comments:                                                                                                                                   |                                     |                                     |                                                                                                                                             |

| YES                                                                                                                                                                        | NO                                  | DON'T KNOW                          | SECTION 10                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MISCELLANEOUS</b>                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property without obtaining required permits? |
| <input type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" 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 you had any insurance claims in the past five years?                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Were repairs made? If so, <i>claim on roof pending adjuster inspection</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?                                                                                                         |
| <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 checked="" type="checkbox"/>                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Does any other personal property remain? If YES, please list: <i>refrigerator</i>                                                                                                |
| <input type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does the property contain any of the following? (Mark all that apply.)                                                                                                           |
| <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water Feature |                                     |                                     |                                                                                                                                                                                  |
| 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 checked="" 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, 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 checked="" type="checkbox"/>                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Are there any transferable warranties on the property or any of its components?                                                                                                  |
| Comments: <i>roof / HVAC / septic extraction pump / 1 1/2 yrs old</i>                                                                                                      |                                     |                                     |                                                                                                                                                                                  |
| <i>Roof - Dolphin Construction HVAC - Mills Heating and Air</i>                                                                                                            |                                     |                                     |                                                                                                                                                                                  |
| <i>Septic extraction pump - Sunflower Septic</i>                                                                                                                           |                                     |                                     |                                                                                                                                                                                  |
| Any Additional Comments For Part II:                                                                                                                                       |                                     |                                     |                                                                                                                                                                                  |

BUYER'S INITIALS: \_\_\_\_\_

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SELLER'S INITIALS: *M.D.C.* *6/15/18*

216

**SELLER'S ACKNOWLEDGEMENT**

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

224

Seller is occupant: ☒ YES ☐ NO

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

227

SELLER:

*Mary S. Vriep**6/15/18*

SELLER:

228

Date

Date

229

**BUYER'S ACKNOWLEDGEMENT AND AGREEMENT**

230 1. I have personally inspected the property. I will rely upon the inspections encouraged under my contract with  
 231 Seller. Subject to any inspections, I agree to purchase the property in its present condition without  
 232 representations or guarantees of any kind by the Seller or any REALTORS® concerning the condition or value of  
 233 the property.

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

236 3. I acknowledge that neither Seller nor any REALTORS® involved in this transaction is an expert at detecting or  
 237 repairing physical defects in the property. I state that no important representations concerning the condition of  
 238 the property are being relied upon by me except as disclosed above or as fully set forth as  
 239 follows: \_\_\_\_\_

240 4. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain  
 241 sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. I have  
 242 been advised that if I desire information regarding those registrants, I may find information on the home page of  
 243 the Kansas Bureau of Investigation (KBI) at [www.ink.org/public/kbi](http://www.ink.org/public/kbi) or by contacting the local sheriff's office.

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

250 BUYER: \_\_\_\_\_

BUYER: \_\_\_\_\_

251

Date

Date

252 This form is approved by legal counsel for the Wichita Area Association of REALTORS® exclusively for use by members of the Wichita Area  
 253 Association of REALTORS® and other authorized REALTORS®. No warranty is made or implied as to the legal validity or adequacy of this  
 254 form, or that its use is appropriate for all situations. Copyright March 2014.

255

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# SELLER'S PROPERTY DISCLOSURE STATEMENT

For Land Only  
(To be completed by Seller)

Seller: Mary S. Crisp

Property Address: 5769 SW Prairie Creek Rd - Andover, KS 67002 Date of Purchase: \_\_\_\_\_

Property currently zoned as: residential 5 acres, agriculture 28 acres  
It has been our experience that the transaction runs smoother if all pertinent information to the property is disclosed prior to the actual contract date. Please be as complete and accurate as possible. Attach additional sheets if space is insufficient for all applicable comments. Seller acknowledges and understands that the Broker(s) and potential buyer of the property will rely upon the accuracy of facts and opinions set forth in this statement.

**PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.**

|                                                                                                                                        | None/<br>Not<br>Incl.    | Included                            |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
|                                                                                                                                        |                          | Working                             | Not<br>Working           | Don't<br>Know            |
| <b>WATER SYSTEMS</b>                                                                                                                   |                          |                                     |                          |                          |
| Well/Pump _____                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking _____ Irrigation <u>yes</u>                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Location <u>S. of residence</u>                                                                                                        |                          |                                     |                          |                          |
| Depth <u>don't know</u>                                                                                                                |                          |                                     |                          |                          |
| Type <u>one electric / windmill driven</u>                                                                                             |                          |                                     |                          |                          |
| If on well water, has water ever shown test results of contamination? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                          |                                     |                          |                          |
| Is the property connected to <input type="checkbox"/> city <input checked="" type="checkbox"/> rural water systems?                    |                          |                                     |                          |                          |
| Rural Water Transfer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Transfer Fee \$ <u>2,</u>                    |                          |                                     |                          |                          |
| Other _____                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____                                                                                                                        |                          |                                     |                          |                          |

|                                                           |                          |                                     |                          |                          |
|-----------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>DRAINAGE/SEWAGE SYSTEMS</b>                            |                          |                                     |                          |                          |
| Sewer Lines _____                                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Septic/Laterals _____                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Lagoon _____                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank Size <u>4000 gal</u> Location <u>S. of residence</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| # Feet of Laterals _____                                  |                          |                                     |                          |                          |
| Other _____                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: _____                                           |                          |                                     |                          |                          |

| Yes                                 | No                                  | Don't<br>Know | Part II - Answer questions to the best of your (Seller's) knowledge.                                                   |
|-------------------------------------|-------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               | <b>GAS/ELECTRIC</b>                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               | Is there a propane tank on the property? If yes, is it <input type="checkbox"/> owned <input type="checkbox"/> leased? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |               | Is gas connected to property?                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               | If not, distance to nearest source? _____                                                                              |
|                                     |                                     |               | Is electricity connected to property?                                                                                  |
|                                     |                                     |               | If not, distance to nearest source? _____                                                                              |
|                                     |                                     |               | To your knowledge, is there any additional costs to hook up utilities?                                                 |
|                                     |                                     |               | If yes, please explain: _____                                                                                          |
|                                     |                                     |               | Comments: _____                                                                                                        |

Seller's Initials MSC 6/15/18  
Rev 5/01

Buyer's Initials \_\_\_\_\_  
Form #2532

Yes No Don't Know **Part II (cont'd) - Answer questions to the best of your (Seller's) knowledge.**

### DRAINAGE/SEWAGE SYSTEMS

- ☐ ☒ ☐ Is property connected to a public sewer system?  
If yes, no explanation required.
- ☒ ☐ ☐ Is there a septic tank/cesspool system serving this property?  
If yes, when was it last serviced? Date \_\_\_\_\_
- ☐ ☒ ☐ To your knowledge, is there any problems relating to the septic tank/cesspool/sewer system?
- ☐ ☒ ☐ To your knowledge, is the property located in a federally designated flood plain or wetlands area?
- ☐ ☒ ☐ Is the property located in a subdivision with a master drainage plan?
- ☐ ☒ ☐ Is so, is this property in compliance?
- ☐ ☒ ☐ Has the property ever had a drainage problem during your ownership?
- ☐ ☒ ☐ Do you currently pay flood insurance?

Other drainage/sewage systems and their conditions: French drain around house  
Comments: drainage of dehumidifier goes into sump pump which pumps it outside

### BOUNDARIES/LAND

- ☒ ☒ ☐ Have you had a survey of your property?
- ☒ ☐ ☐ Are the boundaries of your property marked in any way?
- ☒ ☐ ☐ Is there any fencing on the boundary (ies) of the property?
- ☒ ☐ ☐ If yes, does the fencing belong to the property?
- ☐ ☒ ☐ To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
- ☐ ☒ ☐ Are there any features of the property shared in common with adjoining landowners, such as walls, fences, roads, driveways?
- ☐ ☒ ☐ Is this property owner responsible for maintenance of any such shared feature?
- ☐ ☒ ☐ Do you know of any expansive soil, fill dirt, sliding, settling, earth movement, upheaval, or earth stability problems that have occurred on the property or in the immediate neighborhood?

Comments: \_\_\_\_\_

### HOMEOWNER'S ASSOCIATION

- ☐ ☒ ☐ Is the property subject to rules or regulations of any homeowner's association?  
Annual dues \$ \_\_\_\_\_ Initiation Fee \$ \_\_\_\_\_
- ☐ ☒ ☐ To your knowledge, are there any problem relating to any common area?
- ☐ ☒ ☐ Have you been notified of any condition which may result in an increase in assessments?

Comments: \_\_\_\_\_

### ENVIRONMENTAL CONDITIONS

To your knowledge, are any of the following substances, materials, or products present on the real property?

- | Yes                      | No                                  |                                                           |
|--------------------------|-------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos                                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contaminated soil or water (including drinking water)     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Landfill or buried materials                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Methane gas                                               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Oil sheers in wet areas                                   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Radioactive material                                      |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Toxic material disposal (e.g., solvents, chemicals, etc.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Underground fuel or chemical storage tanks                |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | EMF's (Electro Magnetic Fields)                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gas or oil wells in area                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Other                                                     |

To your knowledge, are any of the above conditions present near your property?  
Comments: \_\_\_\_\_

Seller's Initials MLC  
Rev 5/01

Buyer's Initials \_\_\_\_\_  
Form #2532

## MISCELLANEOUS

To your knowledge:

- | Yes                                 | No                                  |                                                                                                                                                                                 |
|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any gas/oil wells on the property or adjacent property?                                                                                                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the present use of the property a non-conforming use?                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any violations of local, state or federal government laws or regulations relating to this property?                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is there any existing or threatened legal or regulatory action affecting this property?                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any current special assessments or do you have knowledge of any future assessments?                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any proposed or pending zoning changes on this or adjacent property?                                                                                                  |
| <input type="checkbox"/>            | <input checked="" 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"/> | Are there any diseased or dead trees or shrubs?                                                                                                                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Is the property located in an area where public authorities have or are contemplating condemnation proceedings?                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property? If yes, please explain below. |
|                                     |                                     | Seller owns:                                                                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Mineral Rights                                                                                                                                                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Crops                                                                                                                                                                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Water Rights                                                                                                                                                                    |
|                                     |                                     | Comments: <u>Lagoon needs fencing</u>                                                                                                                                           |

## SELLER'S ACKNOWLEDGMENT

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

Seller Mary S. Crisp 6/15/18

Seller \_\_\_\_\_  
**OR**

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. I have not occupied this property in \_\_\_\_\_ years and am not familiar with all conditions represented in this form.

Seller \_\_\_\_\_

Seller \_\_\_\_\_

## BUYER'S ACKNOWLEDGMENT AND AGREEMENT

1. I personally have carefully inspected the property. I will rely upon the inspections encouraged under my contract with Seller. Subject to any inspections, I agree to purchase the property in its present condition without representations or guarantees of any kind by the Seller or any REALTOR® concerning the condition or value of the property.
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 REALTOR® 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 [www.ink.org/public/kbi](http://www.ink.org/public/kbi) or by contacting the local sheriff's office.

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

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

Rev 5/01

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Form #2532

Approved by Legal Counsel Wichita Area Association of REALTORS®

This contract is for use by Lonny Ray McCurdy. Use by any other party is illegal and voids the contract.

**Instant  
forms**

**DISCLOSURE OF INFORMATION AND ACKNOWLEDGMENT  
LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS**

Property Address 5769 SW Prairie Creek Rd - Andover, KS 67002

**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 paint hazards is recommended prior to purchase.

**SELLER'S DISCLOSURE (please complete both a and b below)**

(a) Presence of lead-based paint and/or lead-based paint hazards (*initial one*):

*M. G.*  
*M. G.*

Seller has no knowledge of lead-based paint and/or lead based paint hazards in the housing; *or*

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

(b) Records and Reports available to the Seller (*initial one*):

*M. G.*

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing; *or*

Seller has provided the Buyer with all available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing (list documents below):

**BUYER'S ACKNOWLEDGMENT (please complete c, d, and e below)**

\_\_\_\_\_ (c) Buyer has received copies of all information listed above. (*initial*)

\_\_\_\_\_ (d) Buyer has received the pamphlet *Protect Your Family from Lead Paint in Your Home*. (*initial*)

(e) Buyer has (*initial one*):

\_\_\_\_\_ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint or lead-based paint hazards; *or*

\_\_\_\_\_ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**AGENT'S/LICENSEE'S ACKNOWLEDGMENT (initial below)**

*DA*

(f) Agent/Licensee has informed the Seller of the Seller's obligation under 42 U.S.C. 4852 d and is aware of his/her responsibility to ensure compliance.

**CERTIFICATION OF ACCURACY**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

*May L. Wright* *6/15/18*  
Seller Date

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

\_\_\_\_\_  
Seller Date

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

*[Signature]* *6/15/18*  
Agent/Licensee Date

\_\_\_\_\_  
Agent/Licensee Date

5/03

This contract is for use by Lonny Ray McCurdy. Use by any other party is illegal and voids the contract.

Form # 2534

**Instant  
Forms**



## WATER WELL AND WASTEWATER SYSTEM INFORMATION

Property Address: 5769 SW Prairie Creek Rd - Andover, KS 67002

DOES THE PROPERTY HAVE A WELL? YES X NO       

If yes, what type? Irrigation X Drinking        Other       

Location of Well: 1) near barn 2) pasture (windmill)

DOES THE PROPERTY HAVE A LAGOON OR SEPTIC SYSTEM? YES X NO       

If yes, what type? Septic X Lagoon X

Location of Lagoon/Septic Access: West of home

Mary L. Craig  
Owner

6/15/18  
Date

Owner

Date



## AVERAGE MONTHLY UTILITIES/MISCELLANEOUS INFORMATION

Property Address: 5769 SW Prairie Creek Rd. - Andover, KS 67002 (the "Real Estate")

Please provide below, to the best of your knowledge, the requested information related to the Real Estate.

|                | Utility Provider/Company   | Amount       |
|----------------|----------------------------|--------------|
| Electric:      | <u>Butler County</u>       | <u>\$240</u> |
| Water & Sewer: | <u>Butler County Rural</u> | <u>\$420</u> |
| Gas/Propane:   | <u>NA</u>                  | <u></u>      |

If propane, is tank owned or leased? ☐ owned ☐ leased

If leased, please provide company name and monthly lease amount:

Other:

### Homeowners Association Dues:

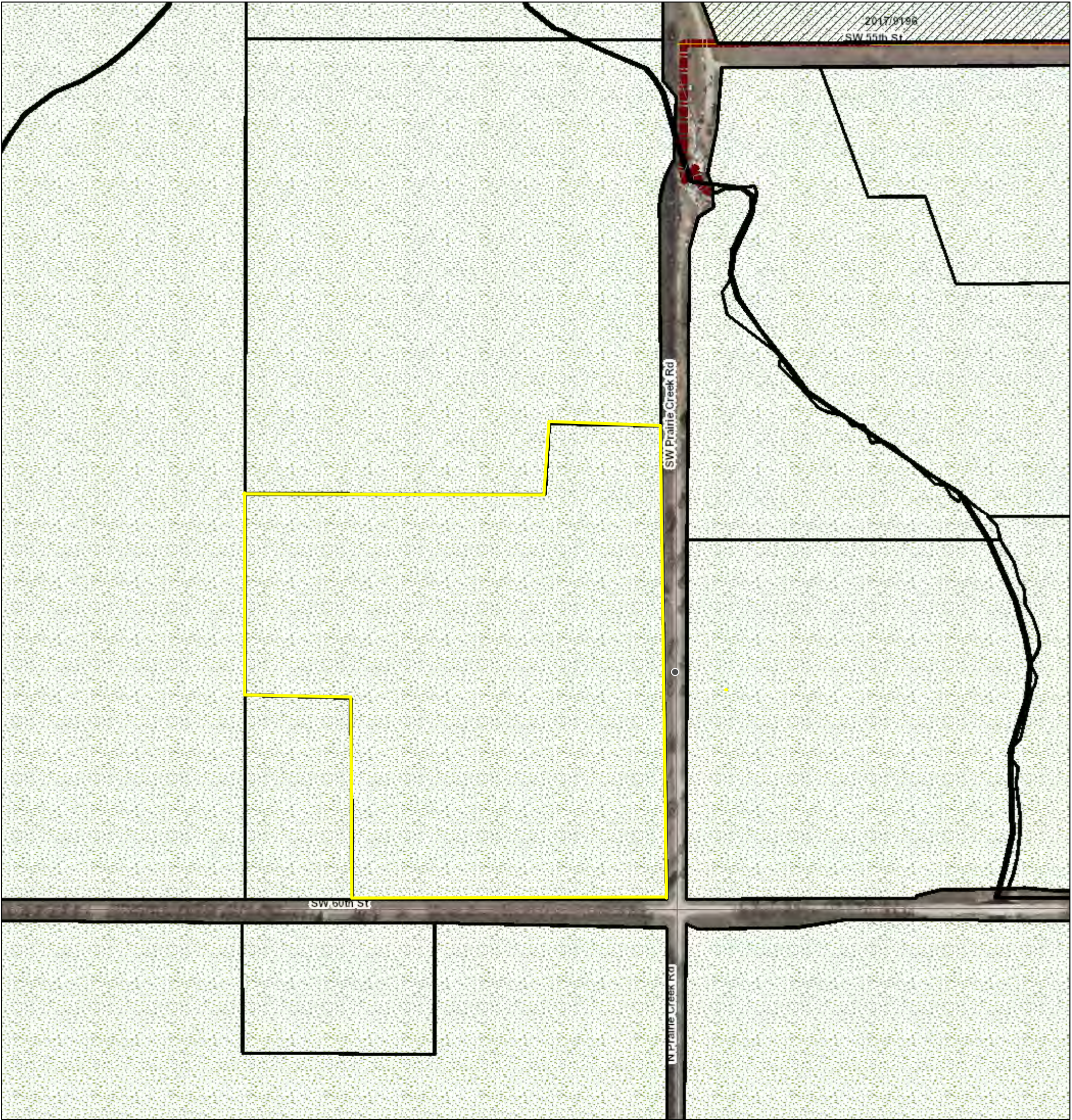
Amount: NA ☐ Yearly ☐ Monthly

Homeowners Association Initiation Fee:

Are there any permanently attached items that will not transfer with the Real Estate (e.g. theatre projector, chandelier, etc.)?

Information provided has been obtained from a variety of sources. McCurdy has not made any independent investigation or verification of the information and make no representation as to its accuracy or completeness.

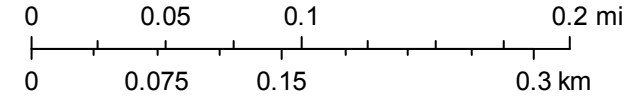
5769 SW Prairie Creek Rd - Andover, KS - Zoning AG-40



5/16/2018, 4:36:26 PM

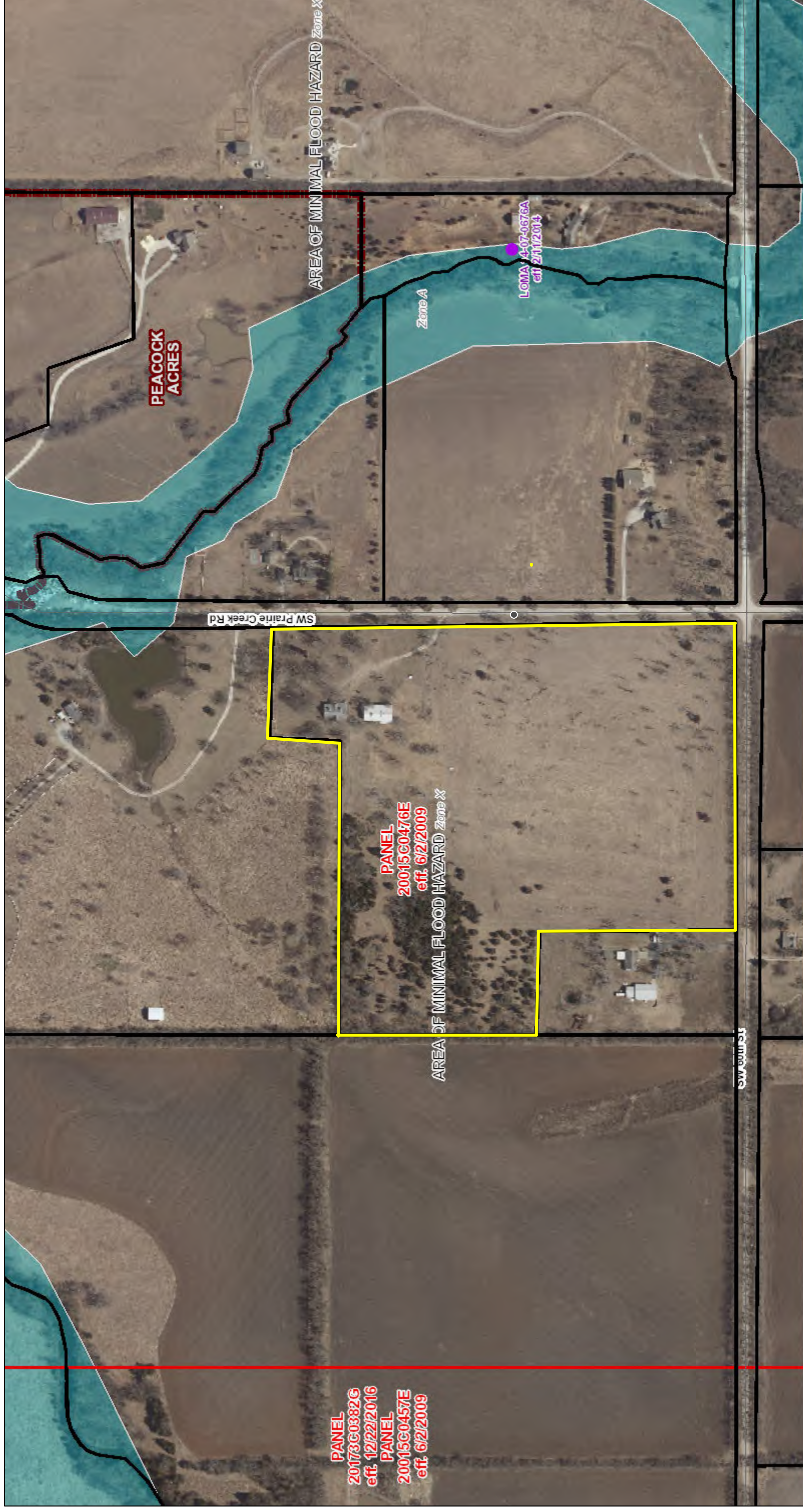
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|                                 |                                         |                                        |
|---------------------------------|-----------------------------------------|----------------------------------------|
| Parcel Data                     | KANSAS TURNPIKE                         | C (Commercial District)                |
| Fee Simple                      | PAPER                                   | I (Industrial District)                |
| Bldgs Only                      | PRIVATE                                 | MH (Manufactured Home District)        |
| Contiguous Lot and Parcel Lines | STATE HWY                               | PRD-A (Planned Residential District A) |
| Contiguous Parcel Lines         | TOWNSHIP                                | PRD-B (Planned Residential District B) |
| Lot and Parcel Lines            | US HWY                                  | R (Residential Estate District)        |
| Lot Lines                       | UrbanGrowthBoundary                     | RE                                     |
| Parcel Lines                    | PlattingJurisdiction                    | RR (Rural Residential District)        |
| MunicipalBoundary               | APO (Agricultural Preservation Overlay) | T (Town District)                      |
| CITY                            | CUP (Conditional Use Permit)            | UJ (Urban Jurisdiction)                |
| COUNTY ASPHALT                  | Updates in Progress                     | URB (Urban District)                   |
| COUNTY GRAVEL                   | AG-40 (Agricultural District - 40)      |                                        |
|                                 | AG-80 (Agricultural District - 80)      |                                        |



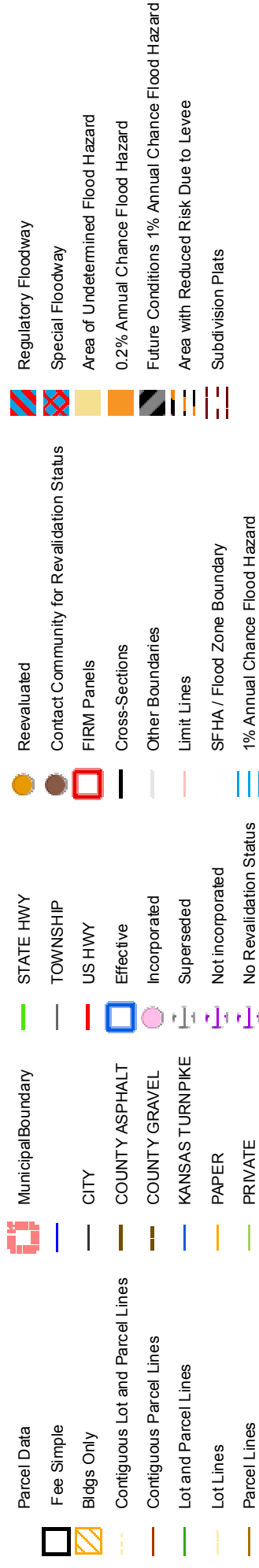
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, © OpenStreetMap contributors, and the GIS User Community

5769 SW Prairie Creek Rd - Andover, KS - Flood Zone



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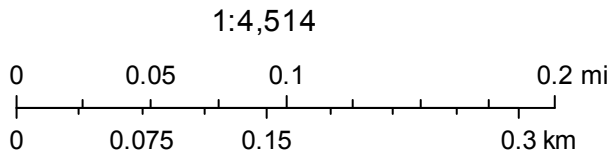
The information contained on this map is to locate, identify and inventory real property for taxing purposes, and not to be utilized in place of a survey for boundary determinations.

5769 SW Prairie Creek Rd - Andover, KS - Aerial



5/16/2018, 4:34:24 PM

- |                                 |                   |
|---------------------------------|-------------------|
| Parcel Data                     | KANSAS TURNPIKE   |
| Fee Simple                      | PAPER             |
| Bldgs Only                      | PRIVATE           |
| Contiguous Lot and Parcel Lines | STATE HWY         |
| Contiguous Parcel Lines         | TOWNSHIP          |
| Lot and Parcel Lines            | US HWY            |
| Lot Lines                       | Subdivision Plats |
| Parcel Lines                    |                   |
| MunicipalBoundary               |                   |
| CITY                            |                   |
| COUNTY ASPHALT                  |                   |
| COUNTY GRAVEL                   |                   |



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, © OpenStreetMap contributors, and the GIS User Community

## TERMS AND CONDITIONS

Thank you for participating in today's auction. The auction will be conducted by McCurdy Auction, LLC ("McCurdy") on behalf of the owner of the real estate (the "Seller"). The real estate offered for sale at auction (the "Real Estate") is fully described in the Contract for Purchase and Sale, a copy of which is available for inspection from McCurdy.

1. Any person who registers or bids at this Auction (the "Bidder") agrees to be bound by these Terms and Conditions, the auction announcements, and the Contract for Purchase and Sale.
2. The Real Estate is not offered contingent upon inspections. The Real Estate is offered at public auction in its present, "as is where is" condition and is accepted by Bidder without any expressed or implied warranties or representations from Seller or McCurdy, including, but not limited to, the following: the condition of the Real Estate; the Real Estate's suitability for any or all activities or uses; the Real Estate's compliance with any laws, rules, ordinances, regulations, or codes of any applicable government authority; the Real Estate's compliance with environmental protection, pollution, or land use laws, rules, regulations, orders, or requirements; the disposal, existence in, on, or under the Real Estate of any hazardous materials or substances; or any other matter concerning the Real Estate. It is incumbent upon Bidder to exercise Bidder's own due diligence, investigation, and evaluation of suitability of use for the Real Estate prior to bidding. It is Bidder's responsibility to have any and all desired inspections completed prior to bidding including, but not limited to, the following: roof; structure; termite; environmental; survey; encroachments; groundwater; flood designation; presence of lead-based paint or lead based paint hazards; presence of radon; presence of asbestos; presence of mold; electrical; appliances; heating; air conditioning; mechanical; plumbing (including water well, septic, or lagoon compliance); sex offender registry information; flight patterns; or any other desired inspection. Bidder acknowledges that Bidder has been provided an opportunity to inspect the Real Estate prior to the auction and that Bidder has either performed all desired inspections or accepts the risk of not having done so. Any information provided by Seller or McCurdy has been obtained from a variety of sources. Seller and McCurdy have not made any independent investigation or verification of the information and make no representation as to its accuracy or completeness. In bidding on the Real Estate, Bidder is relying solely on Bidder's own investigation of the Real Estate and not on any information provided or to be provided by Seller or McCurdy.
3. Notwithstanding anything herein to the contrary, to the extent any warranties or representations may be found to exist, the warranties or representations are between Seller and Bidder. McCurdy may not be held responsible for the correctness of any such representations or warranties or for the accuracy of the description of the Real Estate.
4. There will be a 10% buyer's premium (\$1,500.00 minimum) added to the final bid. The buyer's premium, together with the final bid amount, will constitute the total purchase price of the Real Estate.
5. The Real Estate is not offered contingent upon financing.
6. In the event that Bidder is the successful bidder, Bidder must immediately execute the Contract for Purchase and Sale and tender a nonrefundable earnest money deposit in the form of cash, check, or immediately available, certified funds and in the amount set forth by McCurdy. The balance of the purchase price will be due in immediately available, certified funds at closing on the specified closing date. The Real Estate must close within 30 days of the date of the auction, or as otherwise agreed to by Seller and Bidder.
7. Auction announcements take precedence over anything previously stated or printed, including these Terms and Conditions.
8. A bid placed by Bidder will be deemed conclusive proof that Bidder has read, understands, and agrees to be bound by these Terms and Conditions.
9. These Terms and Conditions, especially as they relate to the qualifications of potential bidders, are designed for the protection and benefit of Seller and do not create any additional rights or causes of action for Bidder. On a case-by-case basis, and at the sole discretion of Seller or McCurdy, exceptions to certain Terms and Conditions may be made.

10. In the event Bidder is the successful bidder at the auction, Bidder's bid constitutes an irrevocable offer to purchase the Real Estate and Bidder will be bound by said offer. In the event that Bidder is the successful bidder but fails or refuses to execute the Contract for Purchase and Sale, Bidder acknowledges that, at the sole discretion of Seller, these signed Terms and Conditions together with the Contract for Purchase and Sale executed by the Seller are to be construed together for the purposes of satisfying the statute of frauds and will collectively constitute an enforceable agreement between Bidder and Seller for the sale and purchase of the Real Estate.
11. It is the responsibility of Bidder to make sure that McCurdy is aware of Bidder's attempt to place a bid. McCurdy disclaims any liability for damages resulting from bids not spotted, executed, or acknowledged. McCurdy is not responsible for errors in bidding and Bidder releases and waives any claims against McCurdy for bidding errors. Once a bid has been acknowledged by the auctioneer, the bid cannot be retracted.
12. Bidder authorizes McCurdy to film, photograph, or otherwise record the voice or image of Bidder and any guest or minor accompanying Bidder at this auction and to use the films, photographs, recordings, or other information about the auction, including the sales price of the Real Estate, for promotional or other commercial purposes.
13. Broker/agent participation is invited. Broker/agents must pre-register with McCurdy no later than 5 p.m. on the business day prior to the auction by completing the Broker Registration Form, available on McCurdy's website.
14. McCurdy is acting solely as agent for Seller and not as an agent for Bidder. McCurdy is not a party to any Contract for Purchase and Sale between Seller and Bidder. In no event will McCurdy be liable to Bidder for any damages, including incidental or consequential damages, arising out of or related to this auction, the Contract for Purchase and Sale, or Seller's failure to execute or abide by the Contract for Purchase and Sale.
15. Neither Seller nor McCurdy, including its employees and agents, will be liable for any damage or injury to any property or person at or upon the premises. Any person entering on the premises assumes any and all risks whatsoever for their safety and for any minors or guests accompanying them. Seller and McCurdy expressly disclaim any "invitee" relationship and are not responsible for any defects or dangerous conditions on the premises, whether obvious or hidden. Seller and McCurdy are not responsible for any lost, stolen, or damaged property.
16. To the extent permitted under applicable law, McCurdy has the right to establish all bidding increments.
17. McCurdy may, in its sole discretion, reject, disqualify, or refuse any bid believed to be fraudulent, illegitimate, not in good faith, made by someone who is not competent, or made in violation of these Terms and Conditions or applicable law.
18. Bidder represents and warrants that they are bidding on their own behalf and not on behalf of or at the direction of Seller.
19. The Real Estate is offered for sale to all persons without regard to race, color, religion, sex, handicap, familial status, or national origin.
20. These Terms and Conditions are binding on Bidder and on Bidder's partners, representatives, employees, successors, executors, administrators, and assigns.
21. In the event that any provision contained in these Terms and Conditions is determined to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the validity, legality, and enforceability of the remaining provisions of the Terms and Conditions will not be in any way impaired.
22. These Terms and Conditions are to be governed by and construed in accordance with the laws of Kansas, but without regard to Kansas's rules governing conflict of laws. Exclusive venue for all disputes lies in either the Sedgwick County, Kansas District Court or the United States District Court in Wichita, Kansas. Bidder submits to and accepts the jurisdiction of such courts.

# GUIDE TO AUCTION COSTS

## WHAT TO EXPECT

### THE SELLER CAN EXPECT TO PAY

- Half of the Owner's Title Insurance
- Half of the Title Company's Closing Fee
- Real Estate Commission (*If Applicable*)
- Advertising Costs
- Payoff of All Loans, Including Accrued Interest, Statement Fees, Reconveyance Fees and Any Prepayment Penalties
- Any Judgments, Tax Liens, etc. Against the Seller
- Recording Charges Required to Convey Clear Title
- Any Unpaid Taxes and Tax Proration for the Current Year
- Any Unpaid Homeowner's Association Dues
- Rent Deposits and Prorated Rents (*If Applicable*)

### THE BUYER CAN GENERALLY EXPECT TO PAY

- Half of the Owner's Title Insurance
- Half of the Title Company's Closing Fee
- 10% Buyer's Premium (*If Applicable*)
- Document Preparation (*If Applicable*)
- Notary Fees (*If Applicable*)
- Recording Charges for All Documents in Buyer's Name
- Homeowner's Association Transfer / Setup Fee (*If Applicable*)
- All New Loan Charges (*If Obtaining Financing*)
- Lender's Title Policy Premiums (*If Obtaining Financing*)
- Homeowner's Insurance Premium for First Year
- All Prepaid Deposits for Taxes, Insurance, PMI, etc. (*If Applicable*)

