

Property Address: 1699 E 213rd St Lyndon Kansas

Date: 7-3-18

Approximate age of property: _____

Date Purchased: _____

Real estate transactions generally run smoother if all pertinent information pertaining to the property is disclosed prior to the actual contract date. Please be as complete and accurate as possible. The form is not a warranty or guarantee of any kind by Seller or any Broker(s) involved in the transaction, and is not a substitute for Buyer having the property carefully examined for potential problems or defects by qualified professionals. 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.

1. APPLIANCES <i>Please note that personal property items listed on this form are not included unless specified in the contract.</i>		Working	Not Working	None/Not Included
a. Built-in vacuum system				X
b. Clothes dryer				X
c. Clothes washer				X
d. Dishwasher		X		
e. Disposal		X		
f. Freezer				X
g. Gas grill				X
h. Built-in microwave		X		
i. Built-in oven		X		
j. Kitchen cook top/range		X		
k. Kitchen refrigerator		X		
l. Room air conditioner	N/A # of units			X
m. Trash compactor				X
n. TV antenna/dish		X		
o. Vent hood		X		
p. Other				
Comments/explanations:				
2. ELECTRICAL SYSTEM		Working	Not Working	None/Not Included
a. Air purifier				X
b. Ceiling fan(s)	# of units 2	1	1	
c. Doorbell				X
d. Garage door opener(s)	# of units N/A			X
e. Inside telephone wiring		X		
f. Intercom/sound system				X
g. Light fixtures		X		
h. Security system, includes (check all that apply):		X		
<input checked="" type="checkbox"/> Smoke alarm <input type="checkbox"/> AV (security cameras) <input type="checkbox"/> Fire alarm <input type="checkbox"/> Carbon monoxide detection <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease Monitored by:				
i. Detectors (check all that apply)		X		
<input checked="" type="checkbox"/> Smoke alarm <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane				
j. Switches & outlets		X		
k. Bathroom vent fan(s)		X		
l. Who is your electric service provider?	Free State Electric			
m. Other				
Comments/explanations:				
One ceiling fan just quit moving. Light still works, will fix it				
1 switch just broke in Spring Bath				

3. HEATING & COOLING SYSTEMS		Working	Not Working	None/Not Included
a.	Attic fan			X
b.	Central air conditioning	X		
c.	Electronic air cleaner			X
d.	Heat pump	X		
e.	Heating system type(s) (check all that apply): <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other	X		
f.	Humidifier			X
g.	Propane tank # of gallons <u>N/A</u> <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			X
h.	Fireplace - wood # of units <u> </u>			X
i.	Fireplace - gas # of units <u> </u>			X
j.	Fireplace - gas starter # of units <u> </u>			X
k.	Wood burning stove			X
l.	Other			
Comments/explanations: <u>Heat pump inspected Sept. 22</u> <u>motor, and thermostat</u>				
4. PLUMBING / CLEAN WATER SYSTEMS		Working	Not Working	None/Not Included
a.	Plumbing pipes	X		
b.	Plumbing fixtures	X		
c.	Water heater type(s) (check all that apply): # of units <u> </u> <input type="checkbox"/> Gas # of gallons <u> </u> <input checked="" type="checkbox"/> Electric # of gallons <u>50</u> <input type="checkbox"/> Propane # of gallons <u> </u> <input type="checkbox"/> Other # of gallons <u> </u>	X		
d.	Water purifier			X
e.	Water softener <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			X
f.	Jet tub			X
g.	Hot tub			X
h.	Pool			X
i.	Pool equipment			X
j.	Sauna			X
k.	Underground sprinkler			X
l.	Sump pump			X
Check all that apply below:				
m.	<input checked="" type="checkbox"/> Septic <input type="checkbox"/> Lagoon	X		
n.	<input type="checkbox"/> Well <input type="checkbox"/> Cistern			
o.	Other			
Comments/explanations: <u>Septic will be replaced at Sale</u>				

Seller's initials

Seller's initials

Buyer's initials

Buyer's initials

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5. ROOF / EXTERIOR WALLS / INSULATION

	Yes	No	Do Not Know
a. Approximate age of roof surface <u>13.5 yrs</u> Roof surface type: <u>Composition Asphalt</u>	<input checked="" type="checkbox"/>		
b. Are you aware of any leaks in roof during your ownership? If yes, explain below.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Has roof been replaced and/or repaired during your ownership? If yes, explain below.		<input checked="" type="checkbox"/>	
d. Do you know of any problems with roof and/or rain gutters? If yes, explain below.		<input checked="" type="checkbox"/>	
e. Does the structure include an Exterior Insulated Finish System (EIFS)?			<input checked="" type="checkbox"/>
f. Are you aware of any past and/or present moisture problems? If yes, explain below.		<input checked="" type="checkbox"/>	
g. Location of insulation (check all that apply): <input checked="" type="checkbox"/> Ceiling <input checked="" type="checkbox"/> Attic <input checked="" type="checkbox"/> Walls <input checked="" type="checkbox"/> Floors			

COMMENTS: The ceiling between Basement & upStAIRS HAS R-30, the Attic has Blown insulation**6. STRUCTURAL / FOUNDATION / WALLS**

	Yes	No	Do Not Know
a. Are you aware of any past and/or present movement, shifting, deterioration, or other problems with wall or foundation? If yes, explain below.		<input checked="" type="checkbox"/>	
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? If yes, explain below.	<input checked="" type="checkbox"/>		
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? If yes, explain below.		<input checked="" type="checkbox"/>	
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? If yes, explain below.		<input checked="" type="checkbox"/>	
e. Are you aware of any repairs and/or attempts to control any of the above? If yes, explain below.		<input checked="" type="checkbox"/>	
f. Check all that are applicable: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab			

COMMENTS: There were some settlement cracks that have been fixed w/ Drywall**7. WATER / DRAINAGE / SEWAGE**

	Yes	No	Do Not Know
a. Property connected to (check all that apply): <input type="checkbox"/> City water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input checked="" type="checkbox"/> Rural water If Rural Water: District # <u>5</u> Phone: <u>285-665-7223</u>	<input checked="" type="checkbox"/>		
b. If on well water: To your knowledge, has water ever been tested during your ownership? If yes, did results show any contamination? If yes, explain below.		<input checked="" type="checkbox"/>	
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. If yes, explain below.		<input checked="" type="checkbox"/>	
d. Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change? For more information, visit FEMA's Flood Map Service Center at https://msc.fema.gov .		<input checked="" type="checkbox"/>	
e. Property is connected to (check all that apply): <input type="checkbox"/> City sewer system <input type="checkbox"/> County sewer system <input checked="" type="checkbox"/> Septic system <input type="checkbox"/> Private lagoon <input type="checkbox"/> Holding tank If septic system, when was it last serviced and/or cleaned? <u>Feb 2012</u> Has a riser been installed? <input checked="" type="checkbox"/>			
If the property is within the city limits and on a septic system, it MAY be required, at time of sale, to be connected to the city sewer system.			
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? If yes, explain below.		<input checked="" type="checkbox"/>	
g. Are you aware of any available or pending sewer or water connection? If yes, explain below.		<input checked="" type="checkbox"/>	

COMMENTS:

Seller's initials

Seller's initials

Buyer's initials

Buyer's initials

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8. BOUNDARIES / LAND / RESTRICTIONS / COVENANTS		Yes	No	Do Not Know
a. Do you have a copy of a (check all that apply)? <input type="checkbox"/> Pin survey <input type="checkbox"/> Mortgage title inspection			<input checked="" type="checkbox"/>	
b. Are the property survey pins visible or marked?		<input checked="" type="checkbox"/>		
c. Are there any encroachment and/or boundary disputes? If yes, explain below.			<input checked="" type="checkbox"/>	
d. Is there fencing on the property?			<input checked="" type="checkbox"/>	
If yes, does the fencing belong to the property?				
e. Are there property features shared in common with adjoining landowners, such as walls, fences, roads, and/or driveways?			<input checked="" type="checkbox"/>	
If yes, who has responsibility for the maintenance?				
f. Do you know of any sliding, settling, earth movement, upheaval, and/or earth stability problems that have occurred on the property? If yes, explain below.			<input checked="" type="checkbox"/>	
g. Are there any zoning, building, and/or restrictive covenant violations? If yes, explain below.			<input checked="" type="checkbox"/>	
h. Is the property subject to rules or regulations of a homeowners association?			<input checked="" type="checkbox"/>	
If yes, what are the dues? Amount _____ per _____ Contact information: _____				
i. Are you aware of any conditions that may result in an increase in association assessments? If yes, explain below.			<input checked="" type="checkbox"/>	
j. Are you aware of any pending action(s) by any governmental or quasi-governmental agencies affecting the property (i.e., street widening, zoning changes, annexation, school district changes, etc.)? If yes, explain below.				<input checked="" type="checkbox"/>
k. Are you aware of any special assessments on this property? (See attached document required by KSA 12-601.)				<input checked="" type="checkbox"/>
l. Are you aware of any pending bonds or assessments that apply to this property? If yes, explain below.				<input checked="" type="checkbox"/>
m. Is the property in the city limits?			<input checked="" type="checkbox"/>	
COMMENTS:				
9. ENVIRONMENTAL DISCLOSURES		Yes	No	Do Not Know
a. Are you aware of the following hazardous or questionable environmental conditions on the property (check all that apply)? <input type="checkbox"/> Lead paint <input type="checkbox"/> Asbestos/urea formaldehyde foam insulation or products <input checked="" type="checkbox"/> Underground storage tanks <input type="checkbox"/> Gas, oil, and/or water wells <i>Septic</i> <input type="checkbox"/> Methane gas <input type="checkbox"/> Radon gas <input type="checkbox"/> Radioactive material <input type="checkbox"/> Landfill <input type="checkbox"/> Mineshaft <input type="checkbox"/> Expansive soil <input type="checkbox"/> Toxic materials <input type="checkbox"/> Discoloration of soil or vegetation <input type="checkbox"/> Oil sheers in wet areas				
b. Are you aware of any noxious weeds or plants (i.e., poison ivy, poison oak, thistles, etc.)?		<input checked="" type="checkbox"/>		
c. Are you aware of any other condition that you deem to be a hazardous and/or questionable environmental condition? If yes, please identify and explain below.			<input checked="" type="checkbox"/>	
<i>Mold and mildew occur in practically all residential properties and certain types can cause health problems to certain people.</i>				
d. Has mold and/or mildew created any problems for occupants of the structure during your ownership?			<input checked="" type="checkbox"/>	
e. Have you had inspections for mold or mildew?			<input checked="" type="checkbox"/>	
f. Have you received any reports pertaining to mold and/or mildew on or within the structure?			<input checked="" type="checkbox"/>	
COMMENTS:				
10. OTHER DISCLOSURES		Yes	No	Do Not Know
a. Are you aware of any additions and/or alterations on the property without a building permit? If yes, explain below.			<input checked="" type="checkbox"/>	
b. Is the present use a non-conforming use? If yes, explain below.			<input checked="" type="checkbox"/>	
c. Do any bedrooms have non-conforming fire egress window(s)? If yes, explain below.			<input checked="" type="checkbox"/>	
d. Have you kept pets in the dwelling?		<input checked="" type="checkbox"/>		
e. Have you ever smoked on the premises during your ownership? If yes, explain below.		<input checked="" type="checkbox"/>		
f. When were the following last cleaned? Fireplace _____ Wood stove _____ Chimney _____ Flue _____ <i>N/A</i>				
COMMENTS:				



Seller's initials

Seller's initials

Buyer's initials

Buyer's initials

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11. DAMAGE DISCLOSURES		Yes	No	Do Not Know
a. Are there any trees and/or shrubs diseased or dead?				<input checked="" type="checkbox"/>
b. Do you have any knowledge of termites, other wood destroying insects, and/or dry rot on or affecting the property?			<input checked="" type="checkbox"/>	
c. Are you aware of any damage to the property caused by termites, other wood destroying insects, and/or dry rot?			<input checked="" type="checkbox"/>	
d. Have you had termite and/or pest control reports and/or treatments for the property?			<input checked="" type="checkbox"/>	
If yes, name of company: _____				
e. Is property currently under contract by a licensed pest control company for termites and/or other wood destroying insects?			<input checked="" type="checkbox"/>	
If yes, name of company: _____				
f. Are you aware of any past and/or present damage due to wind, fire, flood, rodents, and/or pets?			<input checked="" type="checkbox"/>	
If yes, were repairs made? _____				
If yes, name of company: _____ Date: _____				
g. Have you had insurance claims during your ownership?			<input checked="" type="checkbox"/>	
If yes, were repairs made? If yes, explain below. _____				
h. Are you presently or have you ever been involved in any litigation or received benefit from any class action suit regarding materials and/or workmanship for this property? If yes, explain below. _____			<input checked="" type="checkbox"/>	
i. Are you aware of any other facts, conditions, and/or circumstances that may affect the value, beneficial use, and/or desirability of this property? If yes, explain below. _____			<input checked="" type="checkbox"/>	
COMMENTS:				

Check
One:

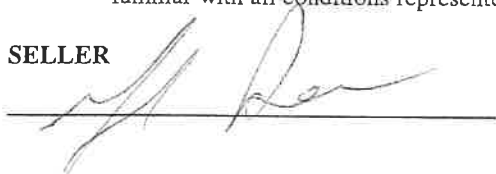
Seller certifies that the information herein is true and correct to the best of Seller's knowledge as of the date signed by Seller. Seller agrees to notify Buyer of any additional items that may become known to the Seller before closing. Seller further agrees to hold the Real Estate Broker(s) harmless from any liability incurred as a result of any third-party reliance on the disclosure contained herein and acknowledges receipt of a copy of this statement.



Seller (or Seller's representative) has not occupied or personally managed this property in the past _____ years and may not be familiar with all conditions represented in this form. Seller, therefore, may be unable to make representation as to all conditions.

SELLER

SELLER



7-03-2018

Date

Date

Buyer is urged to carefully inspect the property and, if desired, have the property inspected by a qualified inspector. Buyer understands that there are areas of the property of which Seller has no knowledge and that this disclosure statement does not encompass those areas. Buyer acknowledges that neither the Seller nor any Broker(s) or Agent(s) involved in this transaction is an expert at detecting or repairing physical defects in the property. Buyer also acknowledges that he has read and received a signed copy of this statement from Seller or Seller's Agent.

Seller does not intend this Disclosure Statement to be a warranty or guarantee of any kind. Buyer agrees to purchase the property in its present condition only, without warranties or guarantees of any kind by Seller or any Broker(s) concerning the condition or value of the property. There are no representations concerning the condition or value of the property made by Seller or Broker(s) on which I am relying except as may be fully set forth in writing and signed by them.

BUYER

BUYER

Date

Date