

# PROPERTY INFORMATION PACKET

THE DETAILS



**Parcel A: 6686 SW Buffalo Rd | Towanda, KS 67144**

AUCTION: Saturday, August 25th @ 2:30 PM

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



**McCurdy**  
AUCTION LLC  
REAL ESTATE SPECIALISTS



## Table of Contents

|                             |
|-----------------------------|
| PROPERTY DETAIL PAGE        |
| SELLERS PROPERTY DISCLOSURE |
| WATER WELL ORDINANCE        |
| GUTTERING INVOICE           |
| ROOF INVOICE                |
| ROOF WARRANTY               |
| SURVEY INVOICE              |
| 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 2



|                    |                       |
|--------------------|-----------------------|
| MLS #              | 554476                |
| Status             | Active                |
| Contingency Reason |                       |
| Area               | B01 - NW Suburban BTL |
| Address            | 6686 S BUFFALO RD     |
| City               | Towanda               |
| Zip                | 67144                 |
| Asking Price       | \$0                   |
| Original Price     | \$0                   |
| Picture Count      | 36                    |



KEYWORDS

|                  |                |                 |             |
|------------------|----------------|-----------------|-------------|
| AG Bedrooms      | 4              | Approx. AGLA    | 2607        |
| Total Bedrooms   | 7.00           | AGLA Source     | Court House |
| AG Full Baths    | 3              | Approx. BFA     | 2000.00     |
| AG Half Baths    | 0              | BFA Source      | Court House |
| Total Full Baths | 0              | Approx. TFLA    | 4,607       |
| Total Half Baths | 0              | Lot Size/SqFt   | 640332      |
| Total Baths      | 0              | Number of Acres | 14.70       |
| Old Total Baths  |                |                 |             |
| Garage Size      | 2              |                 |             |
| Basement         | Yes - Finished |                 |             |
| Levels           | One Story      |                 |             |
| Approximate Age  | 21 - 35 Years  |                 |             |
| Acresage         | 10.01 or More  |                 |             |

GENERAL

|                                      |                                  |                                        |                                                                                                      |
|--------------------------------------|----------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------|
| List Agent - Agent Name and Phone    | <a href="#">Ty Patton</a>        | List Office - Office Name and Phone    | <a href="#">McCurdy Auction, LLC - OFF: 316-683-0612</a>                                             |
| Co-List Agent - Agent Name and Phone |                                  | Co-List Office - Office Name and Phone |                                                                                                      |
| Showing Phone                        | 316-945-7400                     | Model Home Phone                       |                                                                                                      |
| Year Built                           | 1991                             | Parcel ID                              | 20015-293-05-0-00-00-009.00                                                                          |
| School District                      | Circle School District (USD 375) | Elementary School                      | Towanda                                                                                              |
| Middle School                        | Circle                           | High School                            | Circle                                                                                               |
| Subdivision                          | OTHER                            | Legal                                  | S05, T27, R04E, ACRES 14.7, BEG 1080S NW/C SE1/4 N49S E1320 S370(S) TO CTR LI RIV SWLY ALG CTR LI RI |
| List Date                            | 7/12/2018                        | Realtor.com Y/N                        | Yes                                                                                                  |
| Display on Public Websites           | Yes                              | Display Address                        | Yes                                                                                                  |
| VOW: Allow AVM                       | Yes                              | VOW: Allow 3rd Party Comm              | Yes                                                                                                  |
| Sub-Agent Comm                       | 0                                | Buyer-Broker Comm                      | 0                                                                                                    |
| Transact Broker Comm                 | 3                                | Variable Comm                          | Non-Variable                                                                                         |
| Virtual Tour Y/N                     | No                               | Master Bedroom Level                   | Main                                                                                                 |
| Master Bedroom Dimensions            | 16' x 15'7"                      | Master Bedroom Flooring                | Carpet                                                                                               |
| Living Room Level                    | Main                             | Living Room Dimensions                 | 28'6" x 9'10"                                                                                        |
| Living Room Flooring                 | Wood                             | Kitchen Level                          | Main                                                                                                 |
| Kitchen Dimensions                   | 13'6" x 20'1"                    | Kitchen Flooring                       | Wood                                                                                                 |
| Room 4 Type                          | Dining Room                      | Room 4 Level                           | Main                                                                                                 |
| Room 4 Dimensions                    | 9'4" x 7'8"                      | Room 4 Flooring                        | Wood                                                                                                 |
| Room 5 Type                          | Family Room                      | Room 5 Level                           | Basement                                                                                             |
| Room 5 Dimensions                    | 32'1" x 28'1"                    | Room 5 Flooring                        | Carpet                                                                                               |
| Room 6 Type                          | Rec. Room                        | Room 6 Level                           | Basement                                                                                             |
| Room 6 Dimensions                    | 13'11" x 17'6"                   | Room 6 Flooring                        | Carpet                                                                                               |
| Room 7 Type                          | Bedroom                          | Room 7 Level                           | Main                                                                                                 |
| Room 7 Dimensions                    | 11'11" x 11'1"                   | Room 7 Flooring                        | Carpet                                                                                               |
| Room 8 Type                          | Bedroom                          | Room 8 Level                           | Main                                                                                                 |
| Room 8 Dimensions                    | 12'2" x 11'6"                    | Room 8 Flooring                        | Carpet                                                                                               |
| Room 9 Type                          | Bedroom                          | Room 9 Level                           | Main                                                                                                 |
| Room 9 Dimensions                    | 11'5" x 10'                      | Room 9 Flooring                        | Wood                                                                                                 |
| Room 10 Type                         | Bedroom                          | Room 10 Level                          | Basement                                                                                             |
| Room 10 Dimensions                   | 14'8" x 15'2"                    | Room 10 Flooring                       | Carpet                                                                                               |
| Room 11 Type                         | Bedroom                          | Room 11 Level                          | Basement                                                                                             |
| Room 11 Dimensions                   | 19'9" x 11'4"                    | Room 11 Flooring                       | Carpet                                                                                               |
| Room 12 Type                         | Bedroom                          | Room 12 Level                          | Basement                                                                                             |

| GENERAL                                                                                  |                         |                           |                           |
|------------------------------------------------------------------------------------------|-------------------------|---------------------------|---------------------------|
| Room 12 Dimensions                                                                       |                         | 17'10" x 15'7"            | Room 12 Flooring          |
|                                                                                          |                         |                           | Carpet                    |
| DIRECTIONS                                                                               |                         |                           |                           |
| Directions Hwy 1-35 & Santa Fe Road - South to 60th, East to Buffalo, and South to home. |                         |                           |                           |
| FEATURES                                                                                 |                         |                           |                           |
| ARCHITECTURE                                                                             | FLOOD INSURANCE         | FIREPLACE                 | INTERIOR AMENITIES        |
| Ranch                                                                                    | Required                | Family Room               | Ceiling Fan(s)            |
| EXTERIOR CONSTRUCTION                                                                    | UTILITIES               | Wood Stove                | Closet-Walk-In            |
| Masonry-Stone                                                                            | Septic                  | KITCHEN FEATURES          | Hardwood Floors           |
| ROOF                                                                                     | Private Water           | Island                    | Owned Water Softener      |
| Composition                                                                              | Rural Water             | Pantry                    | Vaulted Ceiling           |
| LOT DESCRIPTION                                                                          | BASEMENT / FOUNDATION   | Range Hood                | Window Coverings-All      |
| River/Creek                                                                              | Full                    | Electric Hookup           | POSSESSION                |
| Standard                                                                                 | Walk Out At Grade       | APPLIANCES                | At Closing                |
| Wooded                                                                                   | Day Light               | Dishwasher                | PROPOSED FINANCING        |
| FRONTAGE                                                                                 | BASEMENT FINISH         | Disposal                  | Other/See Remarks         |
| Unpaved Frontage                                                                         | 3 Bedroom               | Refrigerator              | WARRANTY                  |
| EXTERIOR AMENITIES                                                                       | 1 Bath                  | Range/Oven                | No Warranty Provided      |
| Ag Outbuilding(s)                                                                        | Bsmt Rec/Family Room    | MASTER BEDROOM            | OWNERSHIP                 |
| Covered Deck                                                                             | Bsmt Storage            | Master Bdrm on Main Level | Individual                |
| Guttering                                                                                | 1 Add. Finished Room    | Master Bedroom Bath       | PROPERTY CONDITION REPORT |
| Hot Tub                                                                                  | COOLING                 | Sep. Tub/Shower/Mstr Bdrm | Yes                       |
| Irrigation Well                                                                          | Central                 | AG OTHER ROOMS            | DOCUMENTS ON FILE         |
| RV Parking                                                                               | Electric                | Theater                   | Additional Photos         |
| Satellite Dish                                                                           | HEATING                 | LAUNDRY                   | Sellers Prop. Disclosure  |
| Security Light                                                                           | Forced Air              | Main Floor                | SHOWING INSTRUCTIONS      |
| Storage Building(s)                                                                      | Gas                     | Separate Room             | Appt Req-Call Showing #   |
| Storm Windows/Ins Glass                                                                  | DINING AREA             | 220-Electric              | LOCKBOX                   |
| Other/See Remarks                                                                        | Dining L/Alcove         |                           | SCKMLS                    |
| GARAGE                                                                                   | Eating Space in Kitchen |                           | TYPE OF LISTING           |
| Attached                                                                                 | Living/Dining Combo     |                           | Excl Right w/o Reserve    |
| Opener                                                                                   |                         |                           | AGENT TYPE                |
|                                                                                          |                         |                           | Sellers Agent             |

| FINANCIAL              |            |                           |                    |
|------------------------|------------|---------------------------|--------------------|
| Assumable Y/N          | No         | HOA Y/N                   | No                 |
| Currently Rented Y/N   | No         | Yearly HOA Dues           | \$0.00             |
| Rental Amount          |            | HOA Initiation Fee        | \$0.00             |
| General Property Taxes | \$6,206.52 | Home Warranty Purchased   | No                 |
| General Tax Year       | 2017       | Earnest \$ Deposited With | Security 1st Title |
| Yearly Specials        | \$0.00     |                           |                    |
| Total Specials         | \$0.00     |                           |                    |

| PUBLIC REMARKS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Public Remarks | <p>ONSITE REAL ESTATE AUCTION ON AUGUST 25TH @ 2:30PM. CLEAR TITLE AT CLOSING, NO BACK TAXES, PREVIEW AVAILABLE. PREMIER!!! Presenting a one of a kind 14.70 +/- acre country oasis with a custom-built 4,607 square foot ranch home and 1,200 square foot studio apartment and outbuilding. Just ten minutes away from Andover city amenities, this spectacular property boasts easy access to Whitewater River and could be your own private getaway. The property is offered high bidder's choice with the adjacent, 43.50+/- acre parcel located at 0 SW Buffalo Rd. Surrounded by abundant mature trees this secluded property offers privacy and charm. It features a huge, 40 X 60 outbuilding that includes plenty of storage on one side while the other side has been converted to a large studio apartment - previously leased for over fifteen thousand dollars a year. The exterior of this sprawling ranch home is constructed of Venetian Stone and offers a two-car, attached garage. The home features a Class 4 roof with lifetime warranty, installed in 2017 and new guttering in 2013. The interior features over 4,600 square feet of newly updated living space with a geothermal HVAC system. This home was custom built and includes a number of hidden spaces for storing valuables. The open floor plan makes for an enjoyable place to entertain family and friends. The main floor features new Cali Bamboo flooring throughout. The spacious 28'6" x 9'10" living room features vaulted ceilings, ample natural light, and a Wurlitzer-brand baby grand piano. The living room flows seamlessly into the dining room and kitchen. Customized features in the kitchen include a custom-built island with Maple top and custom oak cabinetry. You will also find a pantry and the following appliances in the kitchen: stainless steel refrigerator, stainless steel range/oven, range hood, and dishwasher. The separate, main floor laundry room offers a sink and plenty of counter and cabinet space. Beautiful leaded glass windows are situated between the laundry room and dining room. There are an impressive four bathrooms and seven bedrooms total in this expansive home. Four of the bedrooms, including the master, are located on the main floor. The spacious master bedrooms features access to the deck and an en suite including a walk-in closet, separate shower and tub, and double sinks. The living space continues in the walk-out basement with a massive 32'1" x 28'1" family room, a recreation/movie room, one bathroom, a storage room, and the remaining three bedrooms. You will love spending time outdoors on the partially-covered deck featuring lighting and a ceiling fan. Located below the deck is a large partially-covered patio. Behind the home you will find a lovely stone chicken coup and a fire pit - perfect for enjoying evenings outside! There has never been a better time to own this luxurious private getaway! Schedule your private showing today. Some items currently at the home may be purchased by the buyer of the real estate after the auction. These items include the clothes washer, clothes dryer, and Jaccuzi hot tub.</p> |

## AUCTION

|                         |                       |                       |           |
|-------------------------|-----------------------|-----------------------|-----------|
| Type of Auction Sale    | Reserve               | 1 - Open for Preview  | Yes       |
| Method of Auction       | Live w/Online Bidding | 1 - Open/Preview Date | 8/25/2018 |
| Auction Location        | Onsite & Online       | 1 - Open Start Time   | 1:30 PM   |
| Auction Offering        | Real Estate Only      | 1 - Open End Time     | 2:30 PM   |
| Auction Date            | 8/25/2018             | 2 - Open for Preview  |           |
| Auction Start Time      | 2:30 PM               | 2 - Open/Preview Date |           |
| Broker Registration Req | Yes                   |                       |           |
| Buyer Premium Y/N       | Yes                   |                       |           |
| Premium Amount          | 0.10                  |                       |           |
| Earnest Money Y/N       | Yes                   |                       |           |
| Earnest Amount %/\$     | 25,000.00             |                       |           |

## TERMS OF SALE

**Terms of Sale** \*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 \$25,000.

## PERSONAL PROPERTY

Personal Property

## 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: 6686 SW Buffalo Rd & Add. Lot - Towanda, KS 67144

Seller: Jonathan and Rachel Farney

Date of Purchase: January 2013

**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 Induction | <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 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                                                                  |
| <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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garage Door Opener                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Clothes Washer (negotiable)                                                                            | # of Remotes: 2                     |                          |                                     |                          |                          | Keypad Entry: (Circle One) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Clothes Dryer                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Central Vacuum (needs new motor)                                                                       | <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                                                                            | 200                                 |                          |                                     |                          |                          | Service Panel Total Amps                                                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Other: _____                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Security System                                                                                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Other: _____                                                                                           |                                     |                          |                                     |                          |                          | (Circle One) <input type="checkbox"/> Own <input 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: JF RF

| WATER/SEWAGE SYSTEMS (See Part II Also)                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          | HEATING & COOLING SYSTEMS                                                                                                                                                                        |                                      |                                                                                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| TRANSFERS<br>TO BUYER                                                                                                                                                                                                                    |                                      | Indicate the condition of the<br>following items by marking only one<br>appropriate box. |                          |                          | TRANSFERS<br>TO BUYER                                                                                                                                                                            |                                      | Indicate the condition of the<br>following items by marking only one<br>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 type="checkbox"/>             | <input checked="" type="checkbox"/>                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                         | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Sewage Systems                                                                                                                                                                                                                           |                                      |                                                                                          |                          |                          | Cooling System                                                                                                                                                                                   |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sump Pump                                                                                        |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type <i>Geothermal w/ electric backup</i>                |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Backup Sump Pump/Battery                                                                         |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age                                                                 |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing                                                                                         |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heating System                                           |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type                                                                                                        |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type <i>Geothermal w/ electric backup</i>                           |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Heater (Circle One) <input checked="" type="checkbox"/> Elect <input type="checkbox"/> Gas |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age                                                                 |                                      |                                                                                          |                          |                          |
| <i>50 gal</i> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Size & Age                                                                         |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Window/Wall Air Conditioning Units                       |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instant Hot Water                                                                                |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electronic Air Filter                                    |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Water Softener                                                                                   |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Humidifier                                               |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Circle One) <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent/Lease                    |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fireplace <i>none</i>                         |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Company                                                                                                     |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fireplace Insert                                         |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Purifier/Reverse Osmosis                                                                   |                                      |                                                                                          |                          |                          | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood burning Stove                                       |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Underground Sprinkler System                                                                     |                                      |                                                                                          |                          |                          | <i>2016</i> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chimney/Flue - Date Last Cleaned <i>2016</i> |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Backflow Device (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"/> Gas Log Lighter                                          |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Date Last Tested or Inspected                                                                               |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Whole House Attic Fan                                    |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pool Equipment                                                                                   |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solar Equipment                                          |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot Tub/Spa <i>negotiable</i>                                                                    |                                      |                                                                                          |                          |                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Propane Tank                                             |                                      |                                                                                          |                          |                          |
| Comments:                                                                                                                                                                                                                                |                                      |                                                                                          |                          |                          | (Circle One) <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease Company                                                                                                            |                                      |                                                                                          |                          |                          |
| MEDIA                                                                                                                                                                                                                                    |                                      |                                                                                          |                          |                          | Comments:                                                                                                                                                                                        |                                      |                                                                                          |                          |                          |
| TRANSFERS<br>TO BUYER                                                                                                                                                                                                                    |                                      | Indicate the condition of the<br>following items by marking only one<br>appropriate box. |                          |                          | Any Additional Comments for Part I:                                                                                                                                                              |                                      |                                                                                          |                          |                          |
| None<br>Does Not Transfer                                                                                                                                                                                                                | Working<br>Not Working<br>Don't Know |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| Satellite Dish                                                                                                                                                                                                                           |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> # of Rcvrs/Remotes                                                                                          |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attached Antennas                                                                                           |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cable TV Wiring/Jacks                                                                                       |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attached Television Mount(s)                                                                     |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Projector(s)                                                                                     |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Projector Screen(s)                                                                              |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Surround Sound Speakers                                                               |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wired for Surround Sound                                                                         |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |
| Comments:                                                                                                                                                                                                                                |                                      |                                                                                          |                          |                          |                                                                                                                                                                                                  |                                      |                                                                                          |                          |                          |

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

SELLER'S INITIALS: J RF

## 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 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? _____                                                 |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          | Indicate all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input 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 checked="" type="checkbox"/> | <input 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: _____                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
| YES                                                                                                                                                                                                                                                                                                                                                            | NO                                  | DON'T KNOW               | SECTION 2<br>ROOF/INSULATION                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                |                                     | <input type="checkbox"/> | Age: <u>9 months</u> Type: <u>Class IV, lifetime warranty</u>                                                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One)<br>If any, identify details below.                                             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/> | During your ownership, has the roof ever been <input checked="" type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One)<br>If YES, Date: <u>Fall 2017</u> (Identify details below.) |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input 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 type="checkbox"/>                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)                                                                                                       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | Is there insulation in the ceiling/attic?                                                                                                                                                             |
| Additional Comments: _____                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                                                                                                                                                                       |
| YES                                                                                                                                                                                                                                                                                                                                                            | NO                                  | DON'T KNOW               | SECTION 3<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: \_\_\_\_\_

Pg 3 of 7

SELLER'S INITIALS: JE RF

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: <u>BuCo</u>                                                                 |                                                                                                          |
| <input type="checkbox"/>                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to any private water systems? (Mark all that apply.)                                                                              |                                                                                                          |
|                                                                                               |                                     |                                     | <input checked="" type="checkbox"/> Drinking Well                                                                                                           | <input checked="" type="checkbox"/> Irrigation Well <input checked="" type="checkbox"/> Geo-Thermal Well |
|                                                                                               |                                     |                                     | Type: _____                                                                                                                                                 | Location: _____ Depth: _____                                                                             |
|                                                                                               |                                     |                                     | Type: _____                                                                                                                                                 | Location: _____ Depth: _____                                                                             |
|                                                                                               |                                     |                                     | Type: _____                                                                                                                                                 | Location: _____ Depth: _____                                                                             |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/>                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to a septic system? Date Last Pumped: _____                                                                                       |                                                                                                          |
|                                                                                               |                                     |                                     | Tank Size: _____ Location: _____                                                                                                                            |                                                                                                          |
|                                                                                               |                                     |                                     | # feet laterals: _____ # Feet infiltrators: _____ Location: _____                                                                                           |                                                                                                          |
| <input checked="" type="checkbox"/>                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property connected to a lagoon system? Location: <u>NE of house</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 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>utility room (basement)</u>                                                                                                    |                                                                                                          |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR                                              |                                                                                                          |
| Additional Comments:                                                                          |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |
| 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 checked="" type="checkbox"/>                                                           | <input 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 checked="" type="checkbox"/>                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | Any professional pest control treatments in the last 5 years? (If YES, explain below.)                                                                      |                                                                                                          |
| Additional Comments: <u>Insect/rodent services through Schendel</u>                           |                                     |                                     |                                                                                                                                                             |                                                                                                          |
| <u>Termite prevention through Terminex</u>                                                    |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |
|                                                                                               |                                     |                                     |                                                                                                                                                             |                                                                                                          |

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

Pg 4 of 7

SELLER'S INITIALS: J RE

109 Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.  
110 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 type="checkbox"/>            | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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:                           |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
| YES                                 | NO                                  | DON'T KNOW                          | SECTION 8<br>BOUNDARIES/LAND                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there any fencing on the boundaries of the property?                                                                                                                                                            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Does fencing belong to the property? If YES, which sides? _____                                                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | To your knowledge, is any portion of the property located in a federally designated flood plain?                                                                                                                   |
| <input checked="" type="checkbox"/> | <input 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:                           |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |
|                                     |                                     |                                     |                                                                                                                                                                                                                    |

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

Pg 5 of 7

SELLER'S INITIALS:   J     RF

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<br>SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | The property may be subject to special assessments or is located in an improvement district? (Refer to relevant tax disclosure - Mark One). |
| <input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other: _____ |                                     |                                     |                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to rules or regulations of an active Homeowner's Association?                                                       |
| Annual Dues? _____ Initiation Fee? _____                                                                                                    |                                     |                                     |                                                                                                                                             |
| Homeowner's Association contact information: _____                                                                                          |                                     |                                     |                                                                                                                                             |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to a right of first refusal?                                                                                        |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?                |
| <input type="checkbox"/>                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any violations of such covenants and restrictions?                                                                                          |
| Comments:                                                                                                                                   |                                     |                                     |                                                                                                                                             |

| YES                                                                                                                                                                                   | NO                                  | DON'T KNOW                          | SECTION 10<br>MISCELLANEOUS                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property <b>without obtaining required permits</b> ? |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?                                                                     |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the present use of the property a non-conforming use?                                                                                                                                 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Have you had any insurance claims in the past five years?                                                                                                                                |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Were repairs made? If so, <u>roof - hail damage</u>                                                                                                                                      |
| <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 <del>in</del> 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 type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | Does any other personal property remain? If YES, please list: _____                                                                                                                      |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input 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 checked="" type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water Feature |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | If YES, are either of the following heated? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa If yes, type of heat? <u>electric</u>                                    |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature? Explain: _____                                                        |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property in a holistic, 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:                                                                                                                                                                             |                                     |                                     |                                                                                                                                                                                          |

Any Additional Comments For Part II:

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

Pg 6 of 7

SELLER'S INITIALS: J RF

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: *Justin Jany* 7/22/18 SELLER: *Rachel Jany* 7/22/18  
 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 Pg 7 of 7



## WATER WELL AND WASTEWATER SYSTEM INFORMATION

Property Address: 6686 SW Buffalo Rd & Add. Lot - Towanda, KS 67144

DOES THE PROPERTY HAVE A WELL? YES X NO       

If yes, what type? Irrigation        Drinking        Other X

Location of Well: Various

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

If yes, what type? Septic        Lagoon X

Location of Lagoon/Septic Access:       

Timothy Janning  
Owner  
Rachael Janning  
Owner

7-12-18  
Date

7-12-18  
Date

# The Gutter Guys

316-993-2623

**Seamless Gutter Installation**  
Lifetime Warranty • 22 Color Options

**Gutter Guard Installation**  
Lifetime Warranty • FREE Cleaning

**Gutter Repair • Gutter Cleaning • Same Week Service**

## PROPOSAL

|              |         |
|--------------|---------|
| PROPOSAL NO. | 6940    |
| SHEET NO.    | 204/48  |
| DATE         | 3/11/13 |

### PROPOSAL SUBMITTED TO:

|             |
|-------------|
| NAME        |
| ADDRESS     |
| CITY, STATE |
| PHONE NO.   |

### WORK TO BE PERFORMED AT:

|               |
|---------------|
| ADDRESS       |
| CITY, STATE   |
| DATE OF PLANS |
| ARCHITECT     |

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Color:

Musket Brown

Seamless Gutters

★ LIFETIME WARRANTY

Notes:

★ BBB A+ Rating

(4) 1" DS (2) 2x3 A's  
(2) 3x4 A's

★ FREE Removal & Haul off

(1) 2nd DS 2x3 A's

\$1,394<sup>00</sup> - \$200<sup>00</sup> = \$1,194<sup>00</sup>

(3) IBA

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of:

with payments to be as follows

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted

Per

Note - This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

### ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

SIGNATURE

DATE

SIGNATURE

# The Gutter Guys

316-993-2623

**Seamless Gutter Installation**  
Lifetime Warranty • 22 Color Options

**Gutter Guard Installation**  
Lifetime Warranty • FREE Cleaning

**Gutter Repair • Gutter Cleaning • Same Week Service**

**PROPOSAL**

|              |         |
|--------------|---------|
| PROPOSAL NO. | 6940    |
| SHEET NO.    | 204/48  |
| DATE         | 3/11/13 |

**PROPOSAL SUBMITTED TO:**

**WORK TO BE PERFORMED AT:**

|             |               |
|-------------|---------------|
| NAME        | ADDRESS       |
| ADDRESS     | CITY, STATE   |
| CITY, STATE | DATE OF PLANS |
| PHONE NO.   | ARCHITECT     |

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Seamless Gutter

Job Completed 5/13/13

\$1,394<sup>00</sup>

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of:

with payments to be as follows

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted

Per

Note - This proposal may be withdrawn by us if not accepted within \_\_\_\_\_ days.

## ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

SIGNATURE

DATE

SIGNATURE

STATEWIDE RESIDENTIAL ROOFING, INC.

3704 West Central  
Wichita, KS 67203  
316-773-0108

## Statement

| Date      |
|-----------|
| 6/22/2017 |

To:

6686 SW Buffalo Rd  
Towanda, KS 67144

| Due Date  | Amount Due  |
|-----------|-------------|
| 6/22/2017 | \$17,613.15 |

| Date       | Transaction                                                              | Amount    | Balance     |
|------------|--------------------------------------------------------------------------|-----------|-------------|
| 12/31/2015 | Balance forward                                                          |           | 0.00        |
| 06/12/2017 | - 6686 SW Buffalo Rd-<br>INV #21047.<br>--- Kansas Contracts \$17,613.15 | 17,613.15 | 17,613.15   |
|            |                                                                          |           | Amount Due  |
|            |                                                                          |           | \$17,613.15 |

Any balance still outstanding after thirty (30) days from completion of roof will be considered delinquent and subject to a 1 1/2% per month late charge plus any attorney fees and all other fees associated with the collection of the past due account. All warranties and discounts are void if payment becomes delinquent. Statewide Roofing reserves the right to place a lien upon the property if payment is not paid in full within thirty (30) days after completion of roof.



Owens Corning



3704 West Central, Wichita, KS 67203

316-773-0108 • 800-940-7721

Fax 316-613-3440



CertainTeed



www.statewideroofingwichita.com

License # 6642

|                                   |  |                                                      |                                               |
|-----------------------------------|--|------------------------------------------------------|-----------------------------------------------|
| Proposal Submitted To:            |  | Type of Existing Roof<br><i>Dimensional Shingles</i> | Number of Existing Layers on Roof<br><i>1</i> |
| Address<br><i>6666 SW 84th Rd</i> |  | Load Instructions                                    |                                               |
| City<br><i>Towanda KS 67441</i>   |  | Adjuster Name                                        | Claim No.                                     |
| Homeowner Home No.                |  | Estimator<br><i>J &amp; H West</i>                   | Date of Estimate                              |
| Work No.                          |  | Estimator Mobile No<br><i>316-461-1509</i>           |                                               |
| Cell No.                          |  |                                                      |                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> TILE<br><input type="checkbox"/> METAL<br><input type="checkbox"/> FLAT/BUILD UP<br><input type="checkbox"/> 20 YR 3-TAB<br><input type="checkbox"/> 25 YR 3-TAB<br><input type="checkbox"/> 30 YR DIMENSIONAL<br><input type="checkbox"/> 40 YR DIMENSIONAL<br><input type="checkbox"/> 50 YR DIMENSIONAL<br><input checked="" type="checkbox"/> COLOR<br><input checked="" type="checkbox"/> MFR | <input type="checkbox"/> OTHER<br><input checked="" type="checkbox"/> RIDGE TYPE<br><input checked="" type="checkbox"/> 156 FT OF RIDGE<br><input checked="" type="checkbox"/> REMOVE 1 LAYERS<br><input checked="" type="checkbox"/> INSTALL 57 SQUARES<br><input checked="" type="checkbox"/> INSTALL # FELT PAPER<br><input type="checkbox"/> INSTALL DECKING<br><input type="checkbox"/> DECKING REPAIRED PER FT<br><input checked="" type="checkbox"/> INSTALL 90' VALLEY<br><input checked="" type="checkbox"/> INSTALL 357 FT COLORED EDGING | <input checked="" type="checkbox"/> REPLACE FLASHING<br><input checked="" type="checkbox"/> VENT JACKS 1" 2" 3" 3 in 1" 3<br><input checked="" type="checkbox"/> VENTILATION VENTS 750 550<br><input checked="" type="checkbox"/> COLOR WIND TURBINES<br><input type="checkbox"/> COLOR ELECTRIC TURBINES<br><input checked="" type="checkbox"/> HAND NAIL X COIL NAIL<br><input checked="" type="checkbox"/> MAGNET RAKE YARD<br><input checked="" type="checkbox"/> CLEAN GUTTERS<br><input checked="" type="checkbox"/> CLEAN UP DAILY<br><input checked="" type="checkbox"/> REMOVE & HAUL DEBRIS FROM SITE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SPECIAL INSTRUCTIONS

|                                                           |                     |
|-----------------------------------------------------------|---------------------|
| ROOF                                                      |                     |
| Remove shingles                                           | 51.85 @ .42 = 21.77 |
| Replace dimensional shingles                              | 57 @ .188 = 10.716  |
| R/R metal valley                                          | 90 @ .325 = 29.25   |
| R/R drip edge                                             | 357 @ .125 = 44.625 |
| R/R pine jacks                                            | 3 @ .25 = .75       |
| R/R 750 vents                                             | 8 @ .40 = 3.20      |
| R/R HVAC cap                                              | 1 @ .28 = .28       |
| R/R wind turbines                                         | 3 @ .96 = 2.88      |
| Reset and dim. antennas                                   | 2 @ .20 = .40       |
| Reflash chimney                                           | 1 @ .175 = .175     |
| Steez charge (9/16)                                       | 47.88 @ .25 = 11.97 |
| Subtotal \$15,741.70                                      |                     |
| Tax \$371.45                                              |                     |
| TOTAL \$16,113.15                                         |                     |
| Upgrade to Class 4 Impact Resistant \$1500.00 = \$1500.00 |                     |
| Insulation shield lights TOTAL \$17,613.15                |                     |

Estimated time of completion 2-3 days (subject to weather or delays beyond our control). STATEWIDE ROOFING, INC. will not intentionally remove more roof than can be covered in the same day, never leaving the decking open to the weather. This proposal does not include hidden or unseen damages. \$17,613.15

We hereby propose to furnish material and labor-complete in accordance with the above specifications, for the sum of \$

PAYMENT ARRANGEMENT: (TOTAL AMOUNT DUE UPON COMPLETION: \$)

PAYMENTS:

Any balance still outstanding after thirty (30) days from completion of roof will be considered delinquent and subject to a 1 1/2 % per month late charge plus any attorney fees, and all other fees, associated with the collection of the past due account. All warranties are void if payment becomes delinquent. STATEWIDE ROOFING, INC. reserves the right to place a lien upon the property if payment has not been made in full within 30 days from date of completion of roof.

"Buyers Right To Cancel": Buyer may cancel this agreement by providing written notice to the seller in person or by mail. This notice must indicate that buyer does not want the goods or services, and must be delivered or postmarked before midnight of the third (3<sup>rd</sup>) business day after date of acceptance. Seller may not keep any part of down payment that may have been made. Any cancellation not complying with "Buyers Right to Cancel" or "Acceptance of Proposal" will be subject to a service charge in an amount equal to twenty (20) percent of the full contract amount or insurance claim amount, whichever is applicable.

- ☐ 1 Year STATEWIDE ROOFING Standard Repair Warranty (repaired shingles only)
- ☒ 3 Year STATEWIDE ROOFING Standard Labor Warranty plus Manufacturer Warranty
- ☐ Owens Corning Tru PROtection Warranty: 3 Year 5 Year 10 Year
- ☐ CertainTeed SureStart Warranty: 5 Year 10 Year

Excludes damage due to tornadoes, hail, gale force winds, fire, or other acts of nature normally covered under your Homeowner's Insurance Policy. This guarantee applies to the present owner at the time when roof installation is completed. STATEWIDE ROOFING, INC. warranty and repairs apply to the roof only. Any work done by person(s) not authorized by STATEWIDE ROOFING, INC. in writing will automatically void any guarantee and liability to STATEWIDE ROOFING, INC.

|                                                                                                                                                                                         |                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Estimator's Signature: <i>J &amp; H West</i>                                                                                                                                            | Date of Completion:                                                                                                                                                                                                                                          |
| <b>ACCEPTANCE OF PROPOSAL</b>                                                                                                                                                           | <b>AGREEMENT PENDING INSURANCE APPROVAL</b>                                                                                                                                                                                                                  |
| The above prices, specifications and conditions are satisfactory and are hereby Accepted. You are authorized to perform the work as specified. Payments will be made as outlined above. | This is written agreement for STATEWIDE ROOFING INC. to do roof repairs. The price to do repairs is to be determined by the insurance company. The only out of pocket expense for the homeowner will be the deductible. (On insurance replacement cost only) |
| Signature: <i>J &amp; H West</i>                                                                                                                                                        | Signature:                                                                                                                                                                                                                                                   |
| Date of Acceptance: <i>6/7/17</i>                                                                                                                                                       |                                                                                                                                                                                                                                                              |

Waiver of Lien: Please take notice that STATEWIDE ROOFING, INC., the undersigned laborers and subcontractors, that have been employed or that furnished materials that is now used and in position on the property stated above, now therefore upon final payment as outlined above, we and each of us do hereby release all our rights of lien against said property and we further state that the owner of said property has paid STATEWIDE ROOFING, INC. in full up to this date.

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_



# GOEDECKE SURVEYING, LLC

P.O. BOX 68  
EL DORADO, KANSAS 67042  
PHONE 316-320-3773  
FAX 316-321-4199

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 3/11/2013 | 1410      |

|                      |
|----------------------|
| Bill To              |
| <br><br><br><br><br> |

| P.O. No. | Terms | Project |
|----------|-------|---------|
|          |       | 21283   |

| Quantity                               | Description                                    | Rate         | Amount   |
|----------------------------------------|------------------------------------------------|--------------|----------|
| 1                                      | Establish Grade for Base Flood Elevation (BFE) | 250.00       | 250.00   |
| It's been a pleasure working with you! |                                                | <b>Total</b> | \$250.00 |



**GOEDECKE SURVEYING, LLC**

P.O. BOX 68  
EL DORADO, KANSAS 67042  
PHONE 316-320-3773  
FAX 316-321-4199

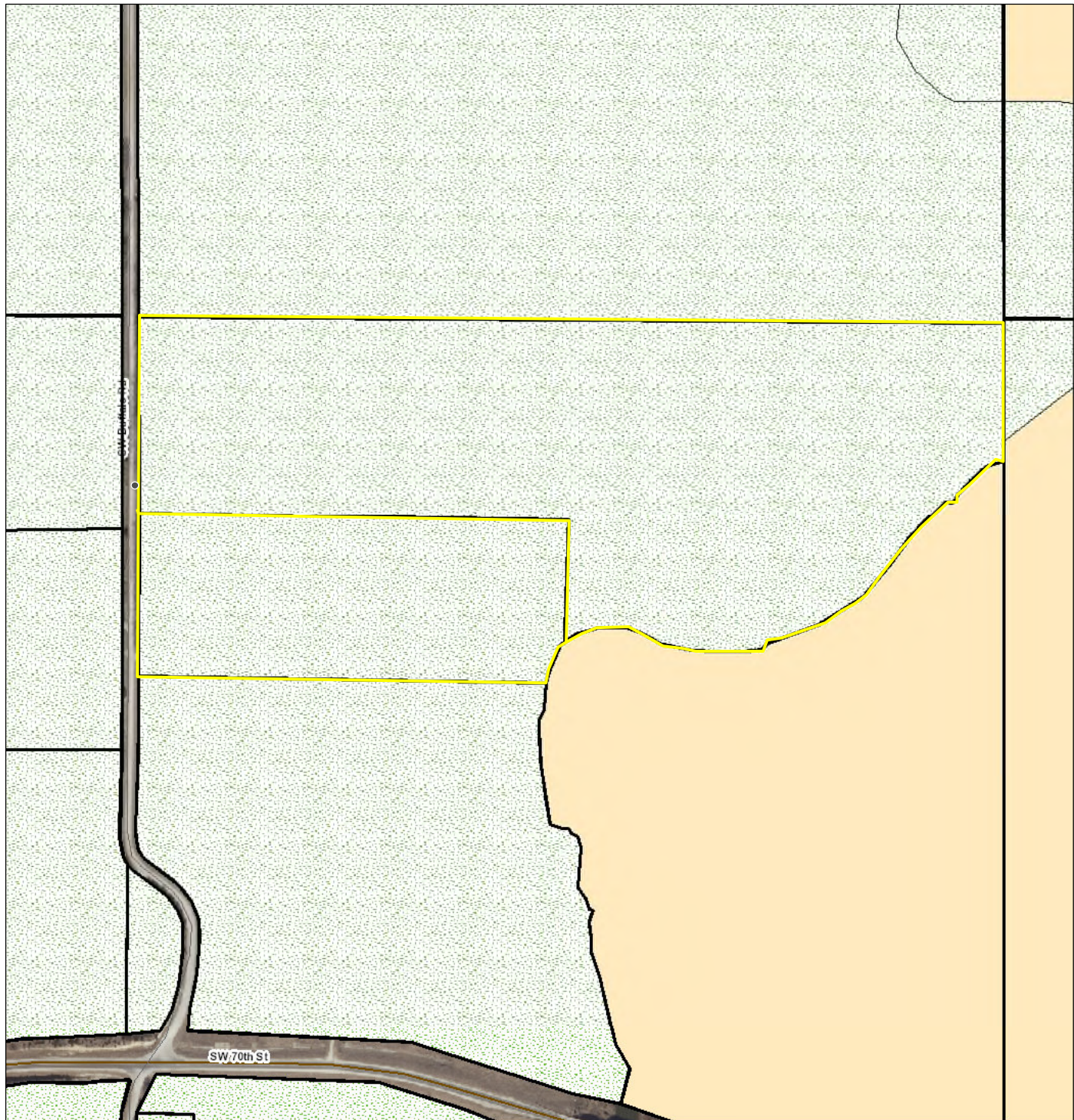
March 7, 2013

The grade stake that we set is at elevation 1244.9 and the Base Flood Elevation is 1240.9. Any new construction has to be 1 foot above the BFE, or at 1241.9, therefore, you have 3 feet of play for the bottom floor. When you get the bottom floor built, call me and we will shoot the floor elevation and complete the Letter of Map Amendment Forms.

Thank You,

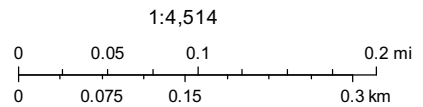
  
Roger Cutsinger

# 6686 SW Buffalo Rd, Towanda, KS 67144 - Zoning AG-40



7/11/2018, 5:25:47 PM

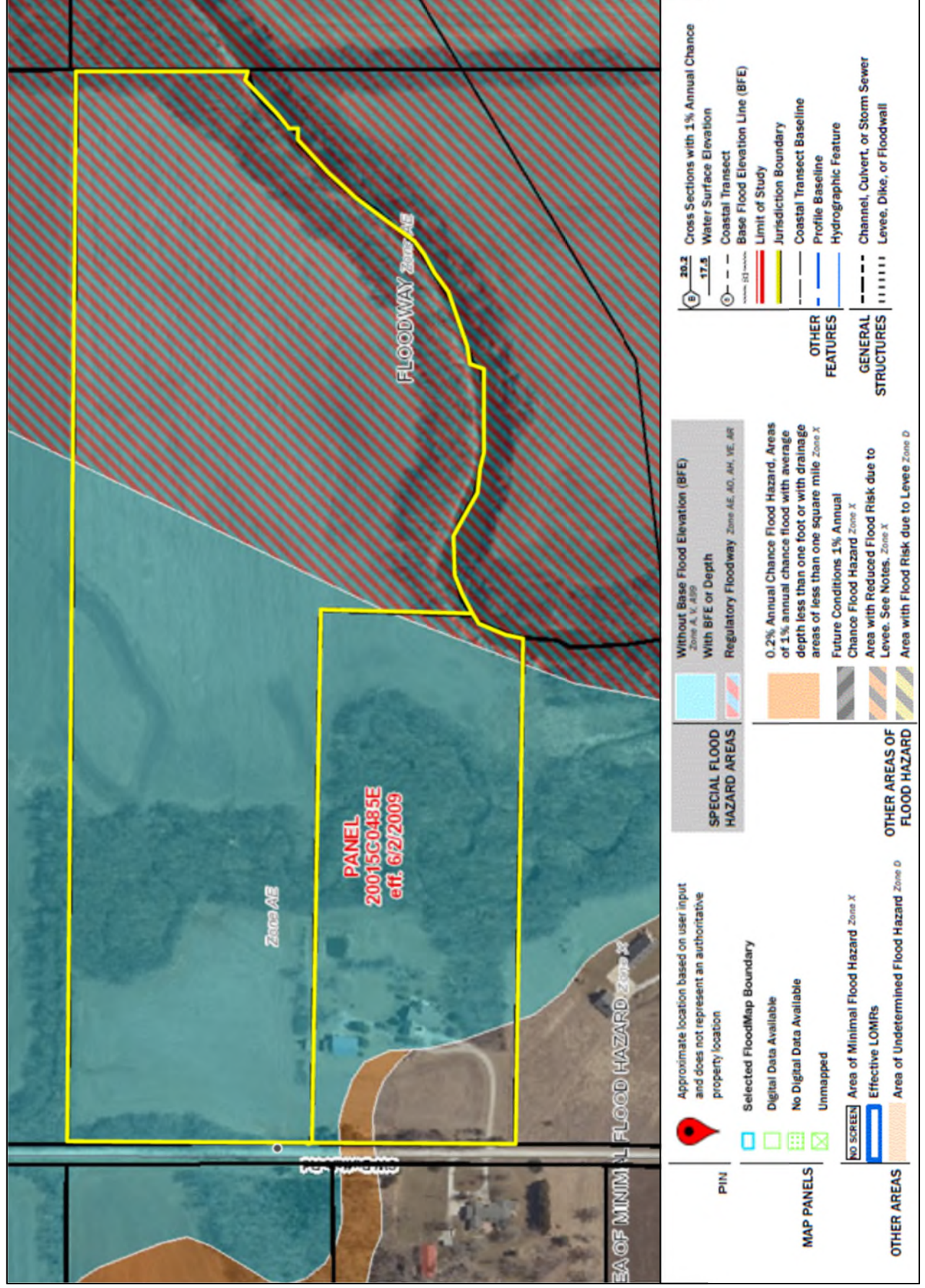
|                                 |                                         |                                        |
|---------------------------------|-----------------------------------------|----------------------------------------|
| Parcel Data                     | KANSAS TURNPIKE                         | 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)      |                                        |



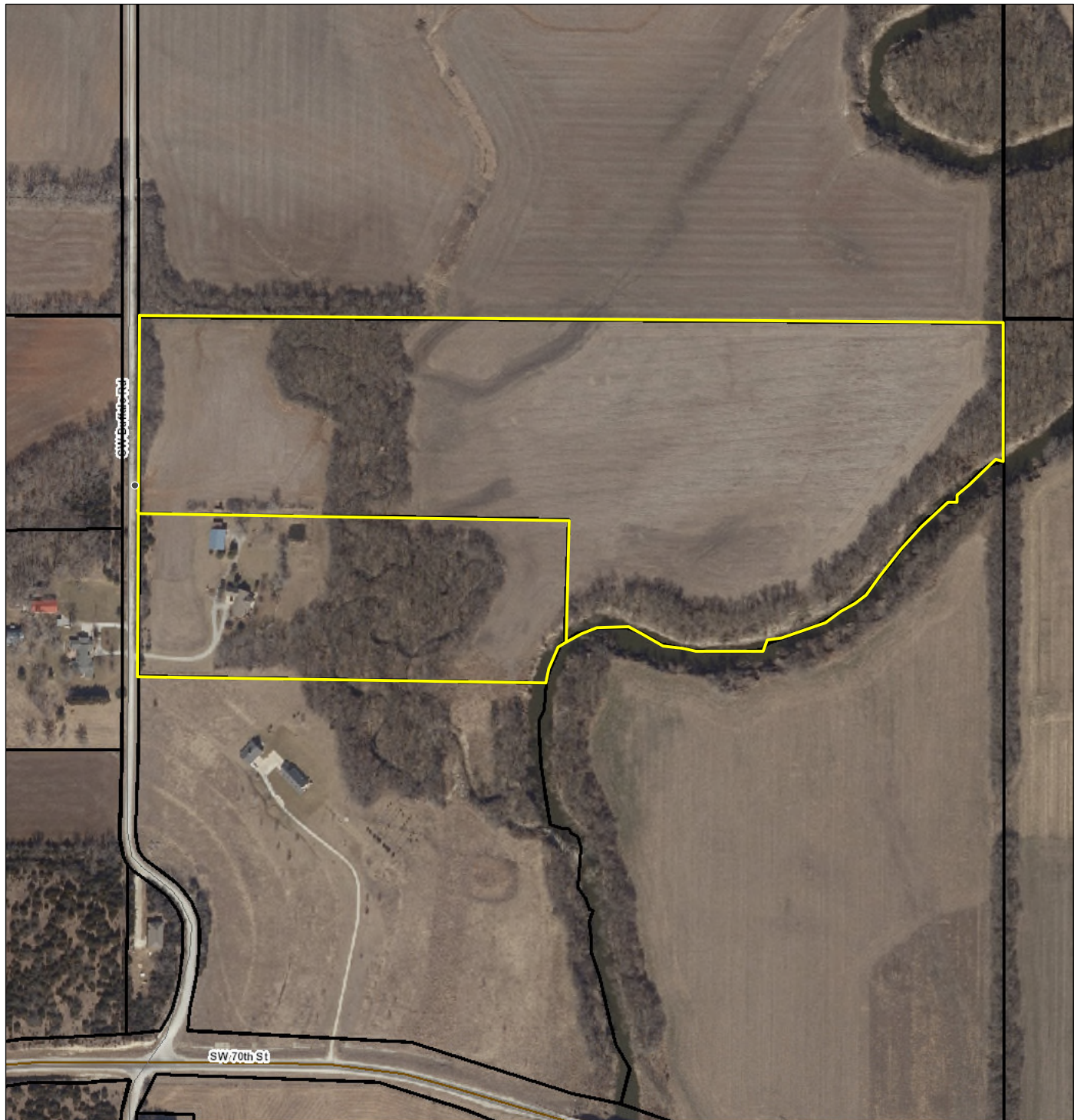
Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, © OpenStreetMap contributors, and the GIS User Community

# 6686 & 0 SW Buffalo Rd. – Towanda, KS 67144

## Flood Zone: Zone AE, Zone X, & 0.2% Annual Chance Flood Hazard



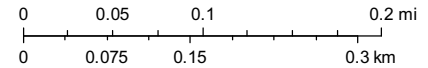
# 6686 SW Buffalo Rd, Towanda, KS 67144 - Aerial



7/11/2018, 5:24:01 PM

1:4,514

- |                                 |                     |
|---------------------------------|---------------------|
| 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                    |                     |
| Municipal Boundary              |                     |
| 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

Butler County GIS/Mapping

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.

## 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*)

