

# APPENDIX A. RESIDENTIAL PROPERTY CONDITION DISCLOSURE STATEMENT

**Notice to Seller:** Oklahoma Law (the "Residential Property Condition Disclosure Act," Title 60, O.S., §831 et seq., effective July 1, 1995) requires Sellers of 1 and/or 2 residential dwelling units to complete this form. A Seller must complete, sign and date this disclosure form and deliver it or cause it to be delivered to a purchaser as soon as practicable, but in any event no later than before an offer is accepted by the Seller. If the Seller becomes aware of a defect after delivery of this statement, but before the Seller accepts an offer to purchase, the Seller must deliver or cause to be delivered an amended disclosure statement disclosing the newly discovered defect to the Purchaser. If the disclosure form or amendment is delivered to a Purchaser after an offer to purchase has been made by the Purchaser, the offer to purchase shall be accepted by the Seller only after a Purchaser has acknowledged receipt of this statement and confirmed the offer to purchase in writing.

**Notice to Purchaser:** The declarations and information contained in this disclosure statement are not warranties, express or implied of any kind, and are not a substitute for any inspections or warranties the Purchaser may wish to obtain. The information contained in this disclosure statement is not intended to be a part of any contract between the Purchaser and Seller. The information and statements contained in this disclosure statement are declarations and representations of the Seller and are not the representations of the real estate licensee.

LOCATION OF SUBJECT PROPERTY 398897 W. 900 Rd Copm 74022

SELLER IS ☒ IS NOT ☐ OCCUPYING THE SUBJECT PROPERTY.

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Complete this form yourself. (4) If an item is not on the property, or will not be included in the sale, mark "None/Not Included." If you do not know the facts, mark "Do Not Know if Working." (5) The date of completion by you may not be more than 180 days prior to the date this form is received by a purchaser.

## ARE THE ITEMS LISTED BELOW IN NORMAL WORKING ORDER?

| Appliances/Systems/Services                                                                                                 | Working                             | Not Working | Do Not Know if Working              | None/Not Included                   |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|-------------------------------------|-------------------------------------|
| Sprinkler System                                                                                                            |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Swimming Pool                                                                                                               |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Hot Tub/Spa                                                                                                                 |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Water Heater<br>___ Electric <input checked="" type="checkbox"/> Gas<br>___ Solar <input checked="" type="checkbox"/>       | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Water Purifier                                                                                                              |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Water Softener<br>___ Leased ___ Owned                                                                                      |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Sump Pump                                                                                                                   |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Plumbing                                                                                                                    | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Whirlpool Tub                                                                                                               |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Sewer System<br>___ Public <input checked="" type="checkbox"/> Septic<br>___ Lagoon                                         | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Air Conditioning System<br><input checked="" type="checkbox"/> Electric ___ Gas<br>___ Heat Pump                            | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Window Air Conditioner(s)                                                                                                   |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Attic Fan                                                                                                                   |                                     |             |                                     | <input checked="" type="checkbox"/> |
| Fireplaces                                                                                                                  | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Heating System<br>___ Electric <input checked="" type="checkbox"/> Gas<br>___ Heat Pump <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |             |                                     |                                     |
| Humidifier                                                                                                                  |                                     |             | <input checked="" type="checkbox"/> |                                     |
| Ceiling Fans                                                                                                                | <input checked="" type="checkbox"/> |             |                                     |                                     |

| Appliances/Systems/Services                                                                                    | Working                             | Not Working | Do Not Know if Working | None/Not Included                   |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|------------------------|-------------------------------------|
| Gas Supply<br>___ Public <input checked="" type="checkbox"/> Propane<br>___ Butane                             | <input checked="" type="checkbox"/> |             |                        |                                     |
| Propane Tank<br><input checked="" type="checkbox"/> Leased ___ Owned                                           | <input checked="" type="checkbox"/> |             |                        |                                     |
| Electric Air Purifier                                                                                          |                                     |             |                        | <input checked="" type="checkbox"/> |
| Garage Door Opener                                                                                             |                                     |             |                        | <input checked="" type="checkbox"/> |
| Intercom                                                                                                       |                                     |             |                        | <input checked="" type="checkbox"/> |
| Central Vacuum                                                                                                 |                                     |             |                        | <input checked="" type="checkbox"/> |
| Security System<br>___ Rent ___ Own<br>___ Monitored                                                           |                                     |             |                        | <input checked="" type="checkbox"/> |
| Smoke Detectors                                                                                                | <input checked="" type="checkbox"/> |             |                        |                                     |
| Dishwasher                                                                                                     | <input checked="" type="checkbox"/> |             |                        |                                     |
| Electrical Wiring                                                                                              | <input checked="" type="checkbox"/> |             |                        |                                     |
| Garbage Disposal                                                                                               | <input checked="" type="checkbox"/> |             |                        |                                     |
| Gas Grill                                                                                                      |                                     |             |                        | <input checked="" type="checkbox"/> |
| Vent Hood                                                                                                      |                                     |             |                        | <input checked="" type="checkbox"/> |
| Microwave Oven                                                                                                 |                                     |             |                        |                                     |
| Built-In Oven/Range <input checked="" type="checkbox"/>                                                        | <input checked="" type="checkbox"/> |             |                        |                                     |
| Kitchen Stove <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> |             |                        |                                     |
| Trash Compactor                                                                                                |                                     |             |                        | <input checked="" type="checkbox"/> |
| Source of Household Water<br><input checked="" type="checkbox"/> Public ___ Well<br>___ Private/Rural District | <input checked="" type="checkbox"/> |             |                        |                                     |

Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Seller's Initials 12/8 Seller's Initials \_\_\_\_\_

**LOCATION OF SUBJECT PROPERTY** \_\_\_\_\_

IF YOU ANSWERED Not Working to any items on page one, please explain. Attach additional pages with your signature.

**Zoning and Historical**

1. Property is zoned: (Check One) ☐ residential ☐ commercial ☐ historical ☐ office ☒ agricultural ☐ industrial  
☐ urban conservation ☐ other ☐ unknown

2. Is the property designated as historical or located in a registered historical district? Yes ☐ No ☒

**Flood and Water**

3. What is the flood zone status of the property? Creek Bed is in Flood plain

4. Are you aware if the property is located in a floodway as defined in the Oklahoma Floodplain Management Act?

5. Are you aware of any flood insurance requirements concerning the property?

6. Are you aware of any flood insurance on the property?

7. Are you aware of the property being damaged or affected by flood, storm run-off, sewer backup, draining or grading problems?

8. Are you aware of any surface or ground water drainage systems which assist in draining the property, e.g. "French Drains?" Around Basement

9. Are you aware of any occurrence of water in the heating and air conditioning duct system?

10. Are you aware of water seepage, leakage or other draining problems in any of the improvements on the property?

**Additions/Alterations/Repairs**

11. Are you aware of any additions being made without required permits?

12. Are you aware of any previous foundation repairs?

13. Are you aware of any alterations or repairs having been made to correct defects or problems?

14. Are you aware of any defect or condition affecting the interior or exterior walls, ceilings, roof structure, slab/foundation, basement/storm cellar, floors, windows, doors, fences or garage?

15. Are you aware of the roof covering ever being repaired or replaced during your ownership of the property?

16. Approximate age of roof covering, if known 8 months Number of layers, if known 1 C-Grade Shingle

17. Do you know of any current problems with the roof covering?

18. Are you aware of treatment for termite or wood-destroying organism infestation?

19. Are you aware of a termite bait system installed on the property?

20. If yes, is it being monitored by a licensed exterminating company? If yes, annual cost \$ \_\_\_\_\_

21. Are you aware of any damage caused by termites or wood-destroying organisms?

22. Are you aware of major fire, tornado, hail, earthquake or wind damage?

23. Have you ever received payment on an insurance claim for damages to residential property and/or any improvements which were not repaired?

24. Are you aware of problems pertaining to sewer, septic, lateral lines or aerobic system?

**Environmental (Continued on Page 3)**

25. Are you aware of the presence of asbestos?

26. Are you aware of the presence of radon gas?

27. Have you tested for radon gas?

28. Are you aware of the presence of lead-based paint?

29. Have you tested for lead-based paint?

30. Are you aware of any underground storage tanks on the property?

31. Are you aware of the presence of a landfill on the property?

32. Are you aware of the existence of hazardous or regulated materials and other conditions having an environmental impact?

33. Are you aware of the existence of prior manufacturing of methamphetamine?

34. Have you had the property inspected for mold?

35. Are you aware of any remedial treatment for mold on the property?

36. Are you aware of any condition on the property that would impair the health or safety of the occupants?

Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

Seller's Initials [Signature] Seller's Initials \_\_\_\_\_

LOCATION OF SUBJECT PROPERTY \_\_\_\_\_

Environmental (Continued from Page 2)

Yes No

37. Are you aware of any wells located on the property? water well
38. Are you aware of any dams located on the property?  
If yes, are you responsible for the maintenance of that dam? \_\_\_\_ YES \_\_\_\_ NO

X

X

Property Shared in Common, Easements, Homeowner's Associations and Legal

Yes No

39. Are you aware of features of the property shared in common with the adjoining landowners, such as fences, driveways, and roads whose use or responsibility has an effect on the property?

X

40. Other than utility easements serving the property, are you aware of any easements or right-of-ways affecting the property?

X

41. Are you aware of encroachments affecting the property?

X

42. Are you aware of a mandatory homeowner's association?

Amount of dues \$ \_\_\_\_\_ Special Assessment \$ \_\_\_\_\_

Payable: (check one) \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ annually

Are there unpaid dues or assessments for the property? \_\_\_\_ YES \_\_\_\_ NO

If yes, what is the amount? \$ \_\_\_\_\_ Manager's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

X

43. Are you aware of any zoning, building code or setback requirement violations?

X

44. Are you aware of any notices from any government or government-sponsored agencies or any other entities affecting the property?

X

45. Are you aware of any surface leases, including but not limited to agricultural, commercial or oil and gas?

X

46. Are you aware of any filed litigation or lawsuits directly or indirectly affecting the property, including a foreclosure?

X

47. Is the property located in a fire district which requires payment?

If yes, amount of fee \$ \_\_\_\_\_ Paid to Whom \_\_\_\_\_

Payable: (check one) \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ annually

\$50.00/year  
If you want  
to Cogan Fire  
Dept.

X

48. Is the property located in a private utility district?

Check applicable \_\_\_\_ Water \_\_\_\_ Garbage \_\_\_\_ Sewer \_\_\_\_ Other

If other, explain \_\_\_\_\_

Initial membership fee \$ \_\_\_\_\_ Annual membership fee \$ \_\_\_\_\_ (If more than one utility attach additional pages)

X

Miscellaneous

Yes No

49. Are you aware of other defect(s) affecting the property not disclosed above? Frost Free hydrant shut off at Barn leaked

X

50. Are you aware of any other fees or dues required on the property that you have not disclosed?

X

If you answered YES to any of the items on pages two and three, list the item number(s) and explain. If needed, attach additional pages with your signature(s), date(s) and location of the subject property.

#8 French Drain gutters #10-10 yrs ago  
Corner - gutter 5 were installed & filled in dirt. #14 - Rain & snow through  
Attic vent west gable - Put in a different vent. #15. New Roof 8 months ago. #22 Blows off  
Roof on home - Top of chimney & Repaired Barn also

On the date this form is signed, the seller states that based on seller's **CURRENT ACTUAL KNOWLEDGE** of the property, the information contained above is true and accurate.

Are there any additional pages attached to this disclosure? (circle one): YES NO If yes, how many? \_\_\_\_

Donald E. Johnson

Seller's Signature

Date

2-9-2019

Seller's Signature

Date

A real estate licensee has no duty to the Seller or the Purchaser to conduct an independent inspection of the property and has no duty to independently verify the accuracy or completeness of any statement made by the Seller in the disclosure statement.

The Purchaser understands that the disclosures given by the Seller on this statement are not a warranty of condition. The Purchaser is urged to carefully inspect the property, and, if desired, to have the property inspected by a licensed expert. For specific uses, restrictions and flood zone status, contact the local planning, zoning and/or engineering department. The Purchaser acknowledges that the Purchaser has read and received a signed copy of this statement. This completed acknowledgement should accompany an offer to purchase on the property identified. This is to advise that this disclosure statement is not valid after 180 days from the date completed by the Seller.

Purchaser's Signature

Date

Purchaser's Signature

Date

The disclosure and disclaimer statement forms and the Oklahoma Residential Property Condition Disclosure Act information pamphlet are made available at the Oklahoma Real Estate Commission (OREC), Denver N. Davison Building, 1915 N. Stiles, Suite 200, Oklahoma City, OK 73105, or visit OREC's Web site [www.orec.ok.gov](http://www.orec.ok.gov).