



**NEW MEXICO ASSOCIATION OF REALTORS®  
SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2020**

**THIS DISCLOSURE SHOULD BE COMPLETED BY THE SELLER,  
NOT THE BROKER**

Seller states that the information contained in this Disclosure is correct to Seller's ACTUAL KNOWLEDGE as of the date set forth below. Any changes to the information provided in this Disclosure of which seller becomes aware will be disclosed by Seller to Buyer promptly after discovery. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Seller hereby authorizes Broker to deliver a copy of this Disclosure to any and all prospective buyers.

**NOTE: If an item is not present at the Property, or if an item is not to be included in the sale, mark the "N/A" column. The Purchase Agreement, not this Disclosure form, determines whether an item is included in or excluded from the sale.**

Date July 21, 2020  
 124 Elite Dr. Tijeras NM 87059  
 Property Address State Zip Code  
 James Brian Smith Teresa Ann Smith  
 Seller's Name (Print) Seller's Name (Print)

**OCCUPANCY:** Has the Seller ever occupied the Property? ☒ Yes ☐ No If "Yes", provide the beginning and ending dates of occupancy: October 2000 Present  
 Beginning Date Ending Date

A	STRUCTURAL CONDITIONS Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Structural problems		<input checked="" type="checkbox"/>		
2	Moisture and/or water problems		<input checked="" type="checkbox"/>		
3	History of wood infestation, insects, pests, birds or tree root problems affecting the structure		<input checked="" type="checkbox"/>		
4	Damage due to hail, wind, fire or flood	<input checked="" type="checkbox"/>			<u>Hail damage 2019 Repaired</u>
5	Cracks, heaving or settling problems	<input checked="" type="checkbox"/>			<u>minor cracks in garage floor</u>
6	Exterior wall or window problems		<input checked="" type="checkbox"/>		
7	Building code, city or county violations		<input checked="" type="checkbox"/>		

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<b>A</b>	<b>STRUCTURAL CONDITIONS – CON'T</b>
8	Were all necessary permits, approvals and inspections obtained for all construction, repairs, and improvements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", explain _____
9	House is built on: <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement
10	Type of Construction: _____
11	Type of Exterior: <input type="checkbox"/> Synthetic (EIFS) <input type="checkbox"/> Synthetic <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____ Any current or past problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
12	Type of floor under carpets, linoleum, etc.: <u>Don't know, assume concrete</u>
13	Any additions or alterations made: _____
Additional Comments: <u>Synthetic stucco do not know if EIFS</u> <u>Minor cracking in stucco at rear windows</u>	

**NOTE: If an item is not present at the Property, mark the "N/A" column.**

<b>B</b>	<b>ROOF</b> Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	<b>IF "YES", EXPLAIN</b>
1	Roof problems		<input checked="" type="checkbox"/>			<u>Hail, new roof 2019</u>
2	Roof leak: Past			<input checked="" type="checkbox"/>		
3	Roof leak: Present			<input checked="" type="checkbox"/>		
4	Damage to roof: Past		<input checked="" type="checkbox"/>			<u>Hail, new roof 2019</u>
5	Damage to roof: Present		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
6	Skylight problems		<input checked="" type="checkbox"/>			<u>Hail, new in 2019</u>
7	Gutter or downspout problems		<input checked="" type="checkbox"/>			<u>Hail, new in 2019</u>
8	Is roof under warranty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", when does warranty expire? <u>2044</u> If "yes", is warranty transferable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", has roof work been performed while under current roof warranty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", describe work done: _____					
9	Roof Material: <u>metal</u> Age <u>1 year</u> Roof Material: _____ Age _____					
Additional Comments: <u>All damage due to hail storm in June 2019.</u> <u>Replaced roof, gutters, downspouts, sky lights</u>						



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C	APPLIANCES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Built-in vacuum system & accessories			<input checked="" type="checkbox"/>			
2	Clothes dryer: <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Vented Outside		<input checked="" type="checkbox"/>			9 Yr	Hook up and duct work present
3	Type of clothes dryer hook-up available: <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
4	Clothes washer		<input checked="" type="checkbox"/>			9 Yr	
5	Dishwasher		<input checked="" type="checkbox"/>			6 months	Replaced Feb 2020
6	Disposal		<input checked="" type="checkbox"/>				
7	Freezer	<input checked="" type="checkbox"/>					
8	Gas grill	<input checked="" type="checkbox"/>					
9	Range Hood		<input checked="" type="checkbox"/>				
10	Microwave oven	<input checked="" type="checkbox"/>					
11	Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
12	Type of oven hookup available: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input checked="" type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
13	Range <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane		<input checked="" type="checkbox"/>			8	
14	Refrigerator		<input checked="" type="checkbox"/>			8	
15	Refrigerator Water Line		<input checked="" type="checkbox"/>			8	
16	Trash Compactor	<input checked="" type="checkbox"/>					
Additional Comments: _____							
GAS IS PROPANE							



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D	ELECTRICAL & TELECOMMUNICATIONS	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Security system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Transferable		✓				Hard wired
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwired		✓				
3	Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired			✓			
4	Light fixtures		✓				
5	Switches & outlets		✓				
6	Aluminum wiring: <input type="checkbox"/> Pig-tailing	✓					
7	Electrical: <input checked="" type="checkbox"/> Amps <u>200</u>		✓				
8	Telecommunications (T-1, fiber, cable, satellite, DSL) <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		✓				
9	Satellite System or DSS Dish <input type="checkbox"/> Owned <input type="checkbox"/> Leased	✓					Satellite dish present, not in use
10	Inside telephone wiring & blocks/jacks		✓				
11	Ceiling fans		✓				
12	Garage Door <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Manual If electric, number of garage door remote control(s) <u>1</u>					6	Double is Auto single is manual
13	Intercom/doorbell		✓				
14	In-wall / Built-in speakers	✓					
15	220 volt service		✓				
16	Landscape lighting		✓				Solar lights
Additional Comments:							



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E	MECHANICAL	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Cooling: <input checked="" type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Refrigerated Air <input type="checkbox"/> Window Units <input type="checkbox"/> Central Duct Location: <u>North end of house</u> Number of Units: <u>1</u>		<input checked="" type="checkbox"/>			3 years	Master Cool
2	Humidifier			<input checked="" type="checkbox"/>			
3	Air purifier			<input checked="" type="checkbox"/>			
4	Sauna	<input checked="" type="checkbox"/>					Sauna Option!
5	Steam room/shower	<input checked="" type="checkbox"/>					
6	Water heater: # of <u>1</u> Capacity _____ Fuel Type <u>Propane</u>		<input checked="" type="checkbox"/>				
7	Heating: <input checked="" type="checkbox"/> Central Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Solar <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Other Type of Piping: <input type="checkbox"/> Entran <input type="checkbox"/> Other if "other", type: _____ Number of Units: _____ Type of duct work: _____ Solar Power System/Panels: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		<input checked="" type="checkbox"/>				
8	Fireplace # <u>1</u> Type: <input type="checkbox"/> Wood Burning <input checked="" type="checkbox"/> Gas Logs <input type="checkbox"/> Log Lighter <input type="checkbox"/> Electric		<input checked="" type="checkbox"/>				Ventless
9	Stove: Fuel Type: <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Pellet <input type="checkbox"/> Other		<input checked="" type="checkbox"/>			15	
10	Fireplace Insert	<input checked="" type="checkbox"/>					
11	Fuel Tanks: <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased		<input checked="" type="checkbox"/>				
12	Entry gate system	<input checked="" type="checkbox"/>					
13	If known, date of last fireplace/wood stove, chimney/flue cleaning: _____						
14	Are there any rooms without a direct heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "yes", explain: _____						
Additional Comments: _____							



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F	WATER, SEWER & OTHER UTILITIES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Water filter system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		<input checked="" type="checkbox"/>				Reverse Osmosis under kitchen sink
2	Water softener: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		<input checked="" type="checkbox"/>				
3	Lift station (sewage ejector pump)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
4	Drainage, storm sewers, retention ponds	<input checked="" type="checkbox"/>					
5	Grey water storage/use	<input checked="" type="checkbox"/>					
6	Sump pump	<input checked="" type="checkbox"/>					
7	Underground sprinkler system: <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Full Coverage		<input checked="" type="checkbox"/>				
8	Fire sprinkler system	<input checked="" type="checkbox"/>					
9	Water Pipes: Type(s): <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Kitec <input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene <input type="checkbox"/> Pex <input checked="" type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____		<input checked="" type="checkbox"/>				
10	Backflow prevention device: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage		<input checked="" type="checkbox"/>				
11	Irrigation pump	<input checked="" type="checkbox"/>					
12	Well pump	<input checked="" type="checkbox"/>					
13	Reverse Osmosis: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased Lease Information: _____						under sink, drinking water only
14	Plumbing Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____ <i>hik and north have hik replaced, hot water circulator replaced</i>						Past problems - rear base
15	Sewage Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
16	Water Pressure Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
Additional Comments: _____							
_____							
_____							



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G	POOL, SAUNA, HOT TUB, WATER FEATURE	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Pool	<input checked="" type="checkbox"/>					
2	Pool Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other						
3	Pool Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Saltwater <input type="checkbox"/> Bromine <input type="checkbox"/> Other						
4	Pool Filter	<input checked="" type="checkbox"/>					
5	Pool Heater	<input checked="" type="checkbox"/>					
6	In-Pool Cleaning Equipment	<input checked="" type="checkbox"/>					
7	Pool Cover: Type: _____	<input checked="" type="checkbox"/>					
8	Hot Tub	<input checked="" type="checkbox"/>					
9	Sauna Room	<input checked="" type="checkbox"/>					
10	Steam Room	<input checked="" type="checkbox"/>					
11	Water Features Type: <u>Garden Pond</u>		<input checked="" type="checkbox"/>				<u>No pumps or other electrical</u>
12	Is Pool Service Company being used? If "yes", name of company _____						
13	Has Pool been winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No						
14	Does Property have a Pool that has been filled-in? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know						
<b>Additional Comments:</b> _____							

H	USE, ZONING & LEGAL ISSUES Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Zoning violations, variances, conditional use restrictions, violations of an enforceable PUD or non-conforming use		<input checked="" type="checkbox"/>		
2	Liens or judgments against the Property		<input checked="" type="checkbox"/>		
3	Proposed bonds, assessments, or impact fee's against the Property		<input checked="" type="checkbox"/>		
4	Notice or threat of condemnation proceedings		<input checked="" type="checkbox"/>		
5	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		<input checked="" type="checkbox"/>		



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H	USE, ZONING & LEGAL ISSUES – CON'T – Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
6	Violation of restrictive covenants or owners' association rules or regulations		<input checked="" type="checkbox"/>		
7	Any building or improvements constructed without approval by the owners' association or the designated approving body, if approval is required		<input checked="" type="checkbox"/>		
8	Notice of zoning action		<input checked="" type="checkbox"/>		
9	Other legal action		<input checked="" type="checkbox"/>		
Additional Comments: _____					
_____					
_____					

I	ACCESS, PARKING, DRAINAGE & SIGNAGE Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
1	Access problems		<input checked="" type="checkbox"/>		
2	Roads, driveways, trails or paths through the Property used by others		<input checked="" type="checkbox"/>		
3	Public highway or county road bordering the Property	<input checked="" type="checkbox"/>			
4	Proposed or existing transportation project that affects or is expected to affect the Property		<input checked="" type="checkbox"/>		
5	Encroachments, boundary disputes or unrecorded easements		<input checked="" type="checkbox"/>		
6	Shared or common areas with adjoining properties		<input checked="" type="checkbox"/>		
7	Requirements for curb, gravel/paving, landscaping		<input checked="" type="checkbox"/>		
8	Flooding or drainage problems: Past		<input checked="" type="checkbox"/>		
9	Flooding or drainage problems: Present		<input checked="" type="checkbox"/>		
Additional Comments: _____					
_____					
_____					



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<b>J</b>	<b>WATER &amp; SEWER SUPPLY</b>
<b>1</b>	<p>Does seller own all water rights to the Property <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do Not Know</p> <p>If "no", what water rights have been transferred? <input type="checkbox"/> Surface Rights <input type="checkbox"/> Irrigation Rights <input type="checkbox"/> Ditch Rights <input type="checkbox"/> Other</p> <p>Additional details of transfer: _____</p> <p><b>NOTE: Use of City Water is NOT a water right.</b></p> <p>If "no", are sales/lease/transfer agreements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable and if not otherwise identified in the agreement(s) attached, contact information for third-party or parties who/which currently hold water rights to the Property: _____</p>
<b>2</b>	<p>Type of water supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Community <input type="checkbox"/> Private (If Property has well, see Section J(3) below)</p> <p>Name and address of service providers: <u>ENTRANOSA Water, PO Box 95770, Albuquerque, NM</u></p> <p>Fees per month: <u>Fee based on usage</u> Transfer Fee: <u>Don't Know</u> <u>87199</u></p> <p>Restrictions and/or regulations <u>Yes</u></p> <p>Water Supply or Yield Problems <u>No</u></p>
<b>3</b>	<p><b>WELL(S)</b> <input checked="" type="checkbox"/> N/A</p> <p>TYPE: <input type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Other _____</p> <p>If the Property is served by a Well, Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached.</p> <p>Shared Well Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Well-Share Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached</p> <p>Well location and address _____</p> <p>Separate electric meter (private or shared) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is well required to be metered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restrictions and/or regulations _____</p> <p>Well Registered with the State Engineers Office <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____</p> <p>Additional Well Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>4</b>	<p>Any other water source for any other use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", describe: _____</p>
<b>5</b>	<p>If there is neither a Well, nor a Water Provider for the Property, then describe the source of potable water for the Property: _____</p> <p>_____</p> <p>_____</p> <p><b>SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.</b></p>
<b>6</b>	<p>If other than City/Municipal/Community water, is there a requirement to connect to the City/Municipal/Community water?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "yes", requirement: _____</p>
<b>SEE NMAR FORM 2307 INFORMATION SHEET – WATER RIGHTS AND DOMESTIC WELLS</b>	



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<b>J</b>	<b>WATER AND SEWER SUPPLY - CON'T</b>
<b>7</b>	Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Septic (If Property has an onsite liquid waste system see Section J(8) below) <input type="checkbox"/> Other <input type="checkbox"/> None Any problems: <u>No</u> Names and address of service providers: _____ Is there a written service agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Fee's per month \$ _____ Transfer Fee \$ _____ Restrictions and/or regulations: _____
<b>8</b>	<b>WASTEWATER TREATMENT</b> <input checked="" type="checkbox"/> N/A TYPE: <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced Treatment System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Outdoor Latrine <input type="checkbox"/> Cesspool <input type="checkbox"/> Gray Water Storage <input type="checkbox"/> Liquid Waste Storage Tank Any problems: _____ Name and Address of Service Providers: _____ Date of last service: _____ NMED (EID#) Permit System Certification Number: _____ Requirement to Connect to a sewer system <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain _____
<b>9</b>	Any problems with septic or sewer lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
<b>SEE NMAR FORM 2308 INFORMATION SHEET – SEPTIC SYSTEMS</b>	
Additional Comments: _____	

K	ENVIRONMENTAL CONDITIONS Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
<b>1</b>	Hazardous materials on the Property, such as radioactive, toxic, or bio-hazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		<input checked="" type="checkbox"/>		
<b>2</b>	Storage tanks <input type="checkbox"/> Above Ground <input type="checkbox"/> Under Ground		<input checked="" type="checkbox"/>		
<b>3</b>	Underground transmission lines	<input checked="" type="checkbox"/>			<u>Underground services to subdivider</u> <u>Sept - Golden Retriever</u>
<b>4</b>	Animals kept in the residence	<input checked="" type="checkbox"/>			
<b>5</b>	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		<input checked="" type="checkbox"/>		
<b>6</b>	Monitoring wells or test equipment		<input checked="" type="checkbox"/>		



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K	ENVIRONMENTAL CONDITIONS – CON'T Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property		✓		
8	Land on the Property that has been filled in		✓		
9	Mine shafts, tunnels or abandoned wells or cisterns		✓		
10	Within governmentally designated flood plain or wetland area		✓		
11	Dead, diseased or infested trees or shrubs		✓		
12	Environmental assessments, studies or reports done involving the physical condition of the Property			✓	
13	Noticeable continuous or periodic odors		✓		
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		✓		
15	Wood infestation, insects, pests, rodents or tree root problems		✓		
16	Flooding on any portion of the Property		✓		
17	History of mold conditions or treatment for mold.		✓		
<b>SEE NMAR FORM 2309 – INFORMATION SHEET MOLD</b>					
Additional Comments: _____					
_____					
_____					

**NOTE: If question does not apply to Property, mark the “N/A” column.**

L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY	N/A	YES	NO	DO NOT KNOW	COMMENTS
1	Is Property part of an owners’ association If “yes”, name of Association _____			✓		<i>Covenants provide for an HOA but there is not currently an HOA</i>
2	Does Property have its own designated parking spot(s)? If “yes”, how many? _____	✓				



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3	Has the Association made demand or commenced a lawsuit against a builder or contractor alleging defective construction of improvements of the Association Property (common area or property owned or controlled by the Association, but outside the Seller's Property or Unit).	<input checked="" type="checkbox"/>				
4	Is Property in a Public Improvement District (PID)?			<input checked="" type="checkbox"/>		
SEE NMAR FORM 4600 – INFORMATION SHEET HOME OWNERS ASSOCIATION SEE NMAR FORM 4500 INFORMATION SHEET PUBLIC IMPROVEMENT DISTRICT						
Additional Comments: _____						
_____						

M	OTHER RIGHTS	YES	NO	DO NOT KNOW	COMMENTS
1	Has Seller established solar rights on the Property?			<input checked="" type="checkbox"/>	
2	With the exception of water rights, already addressed in Section J, does seller own all other rights to the Property (i.e. wind, mineral, solar, etc)? <i>NOTE: Use of City Water is NOT a water right.</i>			<input checked="" type="checkbox"/>	
3	If "no", what other rights does seller <b>NOT</b> own? <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Hard-rock minerals (Gold, silver, copper & other metals) <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other _____				
4	If "no", what is the reason that Seller does not own all other rights? a. <input type="checkbox"/> United States (US) patent did not convey some/all other rights, and therefore, no owner in the chain of title since the US patent ever owned all mineral rights; OR b. <input type="checkbox"/> Other rights were severed by Seller or a former owner of the Property (other than the United States government) and <input type="checkbox"/> SOLD or <input type="checkbox"/> LEASED to a third-party.				
5	If applicable, all sale/lease and/or transfer agreements within Seller's possession <input type="checkbox"/> Are <input type="checkbox"/> Are Not attached If not otherwise identified in the sales and/or lease agreements attached, identify and provide contact information for third-party or parties who/which currently hold other rights to the Property: _____				
Additional Comments: _____					
_____					
_____					



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SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2020**



N	OTHER DISCLOSURES - GENERAL	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Any damage to flooring (e.g. carpet stains, cracks in tile, damage to wood floors, etc.) or walls (e.g. holes, stains, etc.)?	<input checked="" type="checkbox"/>			<i>Minor cracks in Seneca tile at thresholds</i>
2	Is any part of the Property leased to others (written or oral)?		<input checked="" type="checkbox"/>		
3	Does the seller have any written reports of any building, site, roofing, soils or engineering investigations or studies of the Property?		<input checked="" type="checkbox"/>		
4	Has the seller submitted any property insurance claims? (Whether paid or not.) If yes, did Seller receive proceeds from that claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, did Seller use proceeds to repair or correct the issue that was the subject matter of the claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>			<i> hail damage claim 2019, all repairs made</i>
5	Does the seller have any structural, architectural and engineering plans and/or specifications for any existing improvements?		<input checked="" type="checkbox"/>		
6	Has Property been used as a methamphetamine laboratory? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>		
7	Has cannabis been grown on the Property? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>		
8	Are there any government special improvements approved, but not yet installed, that may become a lien against the Property?		<input checked="" type="checkbox"/>		
9	Is Seller currently or has Seller ever been a party to a lawsuit, individually or as part of a class action, involving any component or feature of the Property? If yes, did Seller receive any proceeds from such lawsuit/settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were proceeds used to repair or correct the component or feature at issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>		
<b>SEE NMAR FORM 2306 – INFORMATION SHEET CLANDESTINE DRUG LABORATORY REMEDIATION</b>					
Additional Comments: _____					
_____					
_____					



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O	PRIOR INSPECTION REPORT	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Is Seller in possession of any pre-listing or current home inspection reports regarding the Property? If yes, report(s) <input type="checkbox"/> IS <input type="checkbox"/> IS NOT attach as exhibit to this Seller's Disclosure Statement.		<input checked="" type="checkbox"/>		
2	Issues identified in report that have since been resolved by Seller: <u>N/A</u>				

If attached or provided, Seller is not attesting to the accuracy or thoroughness of the report(s) and the report(s) is not intended to replace Buyer's own inspection(s) of and due diligence on the Property. Additionally, Buyer should be aware that he/she would not be entitled to pursue a claim against the inspector(s) who performed the inspection(s) and provided the attached/provided report(s) because the buyer did not contract with that inspector(s).

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the information contained in this Seller's Property Disclosure.

**THE BUYER IS ADVISED TO EXERCISE ALL HIS/HER RIGHTS UNDER AND IN ACCORDANCE WITH THE PURCHASE AGREEMENT TO INVESTIGATE AND INSPECT THE PROPERTY.**

This form is **NOT** intended as a substitute for an inspection of the Property.

**ADVISORY TO SELLER:** Seller has a legal duty to disclose material defects in the Property to Buyer. The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's **ACTUAL KNOWLEDGE**.

**PLEASE NOTE: THIS IS NOT A CONTRACT**

**SELLER**

Seller: [Signature] Date: 7-21-20

Seller: Jessica Ann Smith Date: 7-21-20

**BUYER**

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

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