



# SELLER'S PROPERTY DISCLOSURE STATEMENT

(To be completed by Seller)

Sunflower Association of REALTORS®, Inc.



Property Address: 7347 NW 70th St, Topeka, KS 66618

Date: 08/28/2020

Approximate age of property: 1990

Date Purchased: 1978

Real estate transactions generally run smoother if all pertinent information pertaining to the property is disclosed prior to the actual contract date. Please be as complete and accurate as possible. **The form is not a warranty or guarantee of any kind by Seller or any Broker(s) involved in the transaction, and is not a substitute for Buyer having the property carefully examined for potential problems or defects by qualified professionals.** Attach additional sheets if space is insufficient for all applicable comments. Seller acknowledges and understands that the Broker(s) and potential Buyer of the property will rely upon the accuracy of facts and opinions set forth in this statement.

1. APPLIANCES <i>Please note that personal property items listed on this form are not included unless specified in the contract.</i>	Working	Not Working	None/Not Included
a. Built-in vacuum system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Clothes dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clothes washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Built-in microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Built-in oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Kitchen cook top/range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Kitchen refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Room air conditioner # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n. TV antenna/dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vent hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations:

2. ELECTRICAL SYSTEM	Working	Not Working	None/Not Included
a. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Ceiling fan(s) # of units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doorbell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Garage door opener(s) # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Inside telephone wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Intercom/sound system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Security system, includes (check all that apply): <input type="checkbox"/> Smoke alarm <input type="checkbox"/> AV (security cameras) <input type="checkbox"/> Fire alarm <input type="checkbox"/> Carbon monoxide detection <input type="checkbox"/> Own <input type="checkbox"/> Lease Monitored by:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Detectors (check all that apply) <input type="checkbox"/> Smoke alarm <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Switches & outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Bathroom vent fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Who is your electric service provider? <u>Free State</u>			
m. Other:			

Comments/explanations:

3. HEATING & COOLING SYSTEMS	Working	Not Working	None/Not Included
a. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic air cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Heating system type(s) (check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Propane tank # of gallons <u>500</u> <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fireplace - wood # of units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fireplace - gas # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fireplace - gas starter # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Wood burning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations:

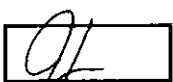
4. PLUMBING / CLEAN WATER SYSTEMS	Working	Not Working	None/Not Included
a. Plumbing pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Plumbing fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water heater type(s) (check all that apply): # of units <u>1</u> <input checked="" type="checkbox"/> Gas # of gallons _____ <input checked="" type="checkbox"/> Electric # of gallons _____ <input type="checkbox"/> Propane # of gallons _____ <input type="checkbox"/> Other # of gallons _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Water softener <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Jet tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Hot tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Pool equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Underground sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Check all that apply below:			
m. <input checked="" type="checkbox"/> Septic <input type="checkbox"/> Lagoon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <input type="checkbox"/> Well <input type="checkbox"/> Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations:

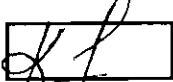
9/ Seller's initials KJ Seller's initials

JS Buyer's initials  Buyer's initials

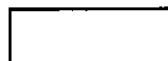
5. ROOF / EXTERIOR WALLS / INSULATION		Yes	No	Do Not Know
a. Approximate age of roof surface <u>15 yrs</u> <u>10-12</u> Roof surface type: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any leaks in roof during your ownership? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has roof been replaced and/or repaired during your ownership? If yes, explain below.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you know of any problems with roof and/or rain gutters? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Does the structure include an Exterior Insulated Finish System (EIFS)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any past and/or present moisture problems? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Location of insulation (check all that apply): <input checked="" type="checkbox"/> Ceiling <input checked="" type="checkbox"/> Attic <input checked="" type="checkbox"/> Walls <input type="checkbox"/> Floors				
<b>COMMENTS:</b>				
6. STRUCTURAL / FOUNDATION / WALLS		Yes	No	Do Not Know
a. Are you aware of any past and/or present movement, shifting, deterioration, or other problems with wall or foundation? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are you aware of any repairs and/or attempts to control any of the above? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Check all that are applicable: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab				
<b>COMMENTS:</b>				
7. WATER / DRAINAGE / SEWAGE		Yes	No	Do Not Know
a. Property connected to (check all that apply): <input type="checkbox"/> City water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input checked="" type="checkbox"/> Rural water		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Rural Water: District #1 _____ Phone: _____				
b. If on well water: To your knowledge, has water ever been tested during your ownership?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did results show any contamination? If yes, explain below.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change? For more information, visit FEMA's Flood Map Service Center at <a href="https://msc.fema.gov">https://msc.fema.gov</a> .		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Property is connected to (check all that apply): <input type="checkbox"/> City sewer system <input type="checkbox"/> County sewer system <input checked="" type="checkbox"/> Septic system <input type="checkbox"/> Private lagoon <input type="checkbox"/> Holding tank				
If septic system, when was it last serviced and/or cleaned? _____		Has a riser been installed?		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the property is within the city limits and on a septic system, it MAY be required, at time of sale, to be connected to the city sewer system.				
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Are you aware of any available or pending sewer or water connection? If yes, explain below.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>				



Seller's initials



Seller's initials



Buyer's initials



Buyer's initials

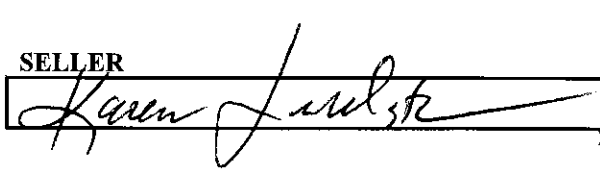
11. DAMAGE DISCLOSURES	Yes	No	Do Not Know
a. Are there any trees and/or shrubs diseased or dead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do you have any knowledge of termites, other wood destroying insects, and/or dry rot on or affecting the property?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

**COMMENTS:****Check One:**

- ☒ Seller certifies that the information herein is true and correct to the best of Seller's knowledge as of the date signed by Seller. Seller agrees to notify Buyer of any additional items that may become known to the Seller before closing. Seller further agrees to hold the Real Estate Broker(s) harmless from any liability incurred as a result of any third-party reliance on the disclosure contained herein and acknowledges receipt of a copy of this statement.
- ☐ Seller (or Seller's representative) has not occupied or personally managed this property in the past \_\_\_\_\_ years and may not be familiar with all conditions represented in this form. Seller, therefore, may be unable to make representation as to all conditions.

**SELLER**


Date

**SELLER**


Date

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

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

**BUYER**

Date

**BUYER**

Date

8. BOUNDARIES / LAND / RESTRICTIONS / COVENANTS	Yes	No	Do Not Know
a. Do you have a copy of a (check all that apply)? <input checked="" type="checkbox"/> Pin survey <input type="checkbox"/> Mortgage title inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the property survey pins visible or marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there any encroachment and/or boundary disputes? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is there fencing on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the fencing belong to the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there property features shared in common with adjoining landowners, such as walls, fences, roads, and/or driveways?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, who has responsibility for the maintenance?			
f. Do you know of any sliding, settling, earth movement, upheaval, and/or earth stability problems that have occurred on the property? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Are there any zoning, building, and/or restrictive covenant violations? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Is the property subject to rules or regulations of a homeowners association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what are the dues? Amount _____ per _____ Contact information: _____			
i. Are you aware of any conditions that may result in an increase in association assessments? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Are you aware of any pending action(s) by any governmental or quasi-governmental agencies affecting the property (i.e., street widening, zoning changes, annexation, school district changes, etc.)? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Are you aware of any special assessments on this property? (See attached document required by KSA 12-601.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Are you aware of any pending bonds or assessments that apply to this property? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Is the property in the city limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## COMMENTS:

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9. ENVIRONMENTAL DISCLOSURES	Yes	No	Do Not Know
a. Are you aware of the following hazardous or questionable environmental conditions on the property (check all that apply)? <input type="checkbox"/> Lead paint <input type="checkbox"/> Asbestos/urea formaldehyde foam insulation or products <input type="checkbox"/> Underground storage tanks <input type="checkbox"/> Gas, oil, and/or water wells <input type="checkbox"/> Methane gas <input type="checkbox"/> Radon gas <input type="checkbox"/> Radioactive material <input type="checkbox"/> Landfill <input type="checkbox"/> Mineshaft <input type="checkbox"/> Expansive soil <input type="checkbox"/> Toxic materials <input type="checkbox"/> Discoloration of soil or vegetation <input type="checkbox"/> Oil sheers in wet areas			
b. Are you aware of any noxious weeds or plants (i.e., poison ivy, poison oak, thistles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are you aware of any other condition that you deem to be a hazardous and/or questionable environmental condition? If yes, please identify and explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mold and mildew occur in practically all residential properties and certain types can cause health problems to certain people.</b>			
d. Has mold and/or mildew created any problems for occupants of the structure during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Have you had inspections for mold or mildew?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Have you received any reports pertaining to mold and/or mildew on or within the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## COMMENTS:

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10. OTHER DISCLOSURES	Yes	No	Do Not Know
a. Are you aware of any additions and/or alterations on the property without a building permit? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is the present use a non-conforming use? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Do any bedrooms have non-conforming fire egress window(s)? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Have you kept pets in the dwelling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Have you ever smoked on the premises during your ownership? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. When were the following last cleaned? Fireplace <input checked="" type="checkbox"/> Wood stove _____ Chimney _____ Flue _____			

## COMMENTS:

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	Seller's initials		Seller's initials		Buyer's initials
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