

# Seller's Property Disclosure

(To be completed by Seller)

**This report supersedes any list appearing in the MLS**

Property Address: 719 12<sup>th</sup> Rd Burlington, KS 66839 Date Home was Built: 1992  
 Seller(s): Kelly J & Hope A Peckham Date of Purchase: Oct 2016

This report serves a dual purpose, to disclose property condition and to indicate items the Seller intends to leave in the home which will be transferred to the Buyer pursuant to the purchase contract, and it will be made a part of the purchase contract.

Please be as complete and accurate as possible. 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 disclosure.

**PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.**

	TRANSFERS TO BUYER					TRANSFERS TO BUYER			
	Does Not Transfer to Buyer	Working	Not Working	Don't Know		Does Not Transfer to Buyer	Working	Not Working	Don't Know

## APPLIANCES

Central Vac ☐ ☒ ☐ ☐  
 Dishwasher ☐ ☒ ☐ ☐  
 Disposal ☐ ☒ ☐ ☐  
 Gas Grill ☐ ☐ ☐ ☐  
 Microwave Oven ☐ ☐ ☐ ☐  
 Comments: \_\_\_\_\_

Oven/Range ☐ ☒ ☐ ☐  
 Refrigerator ☐ ☒ ☐ ☐  
 Satellite Dish ☐ ☐ ☐ ☐  
 Receiver(s) & Remotes # \_\_\_\_\_  
 Trash Compactor ☐ ☒ ☐ ☐  
 Vent Hood ☐ ☒ ☐ ☐  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

## ELECTRICAL SYSTEMS

Elec Air Filter ☐ ☒ ☐ ☐  
 Ceiling Fan(s) ☐ ☒ ☐ ☐  
 Door Bell ☐ ☒ ☐ ☐  
 Intercom ☐ ☐ ☐ ☐  
 Sauna ☐ ☐ ☐ ☐  
 Vent Fan ☐ ☒ ☐ ☐  
 Light Fixtures ☐ ☒ ☐ ☐  
 Switches/Outlets ☐ ☒ ☐ ☐  
 Security System ☐ ☐ ☐ ☐  
☒ Own ☐ Rent/Financed Co \_\_\_\_\_

Comments: \_\_\_\_\_

Smoke/Fire Detectors ☐ ☒ ☐ ☐  
 Inside Telephone Wiring/  
 Blocks/Jacks ☐ ☒ ☐ ☐  
 Cable TV Wiring/Jacks ☐ ☒ ☐ ☐  
 Garage Door Opener ☐ ☒ ☐ ☐  
 Remote Control(s) # 2  
 Aluminum Wiring ☐ ☒ ☐ ☐  
 Copper Wiring ☐ ☒ ☐ ☐  
 220 Volt ☐ ☒ ☐ ☐  
 Service Panel Total Amps 200 Amps  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

## DRAINAGE/SEWAGE SYSTEMS Part I (See Part II also)

Sewage System ☐ ☒ ☐ ☐  
 Comments: \_\_\_\_\_

Sump Pump ☐ ☐ ☐ ☐  
 Other French drain ☐ ☒ ☐ ☐  
 Other \_\_\_\_\_

Seller's Initials KP hap

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

**PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.**

Does Not Transfer to Buyer	TRANSFERS TO BUYER			Does Not Transfer to Buyer	TRANSFERS TO BUYER		
	Working	Not Working	Don't Know		Working	Not Working	Don't Know

### HEATING AND COOLING SYSTEMS

Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole House/Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window/Wall AC	<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"/>
Propane Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Own <input type="checkbox"/> Rent Co. _____				
Comments: _____				

Cooling System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type <u>Geothermal</u>	Age _____			
Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type <u>Geothermal</u>	Age _____			
Fireplace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace Insert	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodburning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date <input checked="" type="checkbox"/> Fireplace <input type="checkbox"/> wood stove <input checked="" type="checkbox"/> chimney <input checked="" type="checkbox"/> flue	_____			
was last cleaned <u>by owner 2/28/22</u>	_____			
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WATER SYSTEMS Part I (See Part II also)

Hot Tub/Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Purifier/R.O.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Own <input type="checkbox"/> Rent Co. _____				
Comments: _____				

Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type <u>PVC/Copper</u>	_____			
Water Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type/Size <u>(2) 40 Gallon</u>	_____			
Age <u>Don't Know</u>	_____			
Underground Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has approved backflow device been installed? _____				
Date last tested/inspected _____				

### Part II - Answer questions to the best of your (Seller's) knowledge.

Yes	No	Don't Know
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### WATER SYSTEMS (Part II)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a public water system?
			If yes, <input type="checkbox"/> City Water <input checked="" type="checkbox"/> Rural Water Transfer Fee \$ _____ District _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a private water system?
			If yes, <input checked="" type="checkbox"/> Drinking Well <input checked="" type="checkbox"/> Irrigation Well
			Location <u>30' S of shop</u> Depth <u>55'</u> Type <u>Dug</u>
			Location _____ Depth _____ Type _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has water ever shown test results of contamination? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (explain below)
			Are there any abandoned <input type="checkbox"/> cisterns or <input type="checkbox"/> unplugged wells?
			Comments <u>Not tested -</u>

Seller's Initials KP Lap

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



**Part II – Answer questions to the best of your (Seller's) knowledge. Specify relevant details in comments line.**

Yes No Don't Know

### DRAINAGE/SEWAGE SYSTEMS (Part II)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is property connected to a public sewer system? If yes, no explanation is required.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is 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>300' East of house +/-</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to some other type of waste disposal system? 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?
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	If so, is the property in compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the property ever had a drainage problem during your ownership?
			Comments <u>Has french drainage system around foundation</u>

### STRUCTURAL FOUNDATION/WALLS

			Check all that apply <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, are you aware of any adverse conditions (explain below)?
			<b>To your knowledge, indicate any past or present:</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"/>	Repairs to items in this section?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties (explain below)?
			Comments _____

### ROOF/INSULATION

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age <u>5 yrs</u> Type <u>(Oct 2016) Asphalt Shingle</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input type="checkbox"/> past or <input type="checkbox"/> present roof leaks?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the roof been <input type="checkbox"/> replaced or <input type="checkbox"/> repaired during your ownership?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you know of any problems with roof or rain gutters?
			Insulation in (circle all that apply): <input checked="" type="checkbox"/> Y N DK ceiling/attic <input checked="" type="checkbox"/> Y N DK walls <input checked="" type="checkbox"/> Y N DK floors
			Comments <u>New roof before closing put on in Oct. 2016</u>

### HOMEOWNER'S ASSOCIATION

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of any homeowner's association?
			Comments _____

Annual Dues \$ \_\_\_\_\_ Initiation Fee \$ \_\_\_\_\_

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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

To your knowledge, are there any problems relating to any common area?  
 Have you been notified of any condition which may result in an increase in assessment?  
 Comments \_\_\_\_\_

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are there any restrictive covenants?  
 Comments \_\_\_\_\_

**Part II – Answer questions to the best of your (Seller's) knowledge.**

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**TERMITES, WOOD INFESTATION, DRY ROT**

Do you have knowledge of ☐ termites, ☐ dry rot, or ☐ other wood infestation on/affecting property?  
 Do you have any knowledge of any damage to the property caused by ☐ termites, ☐ wood infestation, or ☐ dry rot?  
 Have there been any repairs of such damage?  
 Is the property currently under termite warranty or other coverage by a licensed pest control company? Who? \_\_\_\_\_  
 Have you had any termite control reports in the last five years?  
 Comments \_\_\_\_\_

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Have you had any termite control treatments in the last five years?  
 Comments \_\_\_\_\_

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Have you had any pest control reports in the last five years?  
 Comments \_\_\_\_\_

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Have you had any pest control treatments in the last five years?  
 Comments \_\_\_\_\_

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**BOUNDARIES/LAND**

Have you had a survey of your property?  
 Are the boundaries of your property marked in any way?  
 Is there any fencing on the boundary(ies) of the property?  
 If yes, does the fencing belong to the property?  
 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?  
 To your knowledge, is any portion of the property located in a federally designated flood plain or wetlands area?  
 Do you currently pay flood insurance?  
 Are there any features of the property shared in common with adjoining landowners, such as walls, fences, roads, driveways (explain below)?  
 Is the property owner responsible for maintenance of any such shared feature?  
 Do you know of any ☐ expansive soil, ☐ fill dirt, ☐ sliding, ☐ settling, ☐ earth movement, ☐ upheaval, or ☐ earth stability problems that have occurred on the property or the immediate neighborhood?  
 Comments \_\_\_\_\_

Seller's Initials KA hap

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



**Part II – Answer questions to the best of your (Seller's) knowledge.**

Yes      No      Don't Know

**WATER INTRUSION/LEAKS**

**To your knowledge, indicate any past or present:**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water leakage in or around the fireplace or chimney?

Water leakage around ☐ windows or ☐ doors?

Accumulation of water within the basement/crawl space?

Dampness within the basement/crawl space?

Repairs or other attempts to control any water/dampness in basement/crawl space?

Leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?

Leaks caused by any appliance?

Leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

Comments \_\_\_\_\_

**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.**

**To your knowledge, indicate any past or present:**

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Presence of any mold/mildew in the property?

Any problems created by mold or mildew for occupants of the structure during your ownership?

Have you had any inspections for mold or mildew?

Have you received any reports pertaining to mold or mildew on or within the structure?

Comments \_\_\_\_\_

**ENVIRONMENTAL CONDITIONS**

Groundwater contamination has been detected in several areas in and around Sedgwick County.

Licensees do not have any expertise in evaluating environmental conditions.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Are you aware of groundwater contamination or other environmental concerns?

Do you have any reports or records pertaining to groundwater contamination or other environmental concerns?

**To your knowledge, are any of the following substances, materials or products on the real property?**

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Asbestos

Contaminated soil or water (including drinking water)

Landfill or buried materials

Lead-based paint (if yes, see attached disclosure)

Radon gas in house or well

Methane gas

Oil sheers in wet areas

Radioactive material

Toxic material disposal (e.g. solvents, chemicals, etc.)

Underground fuel or chemical storage tanks

EMFs (Electro Magnetic Fields)

Gas or oil wells in area

Seller's Initials KP hap

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

**Part II – Answer questions to the best of your (Seller's) knowledge.**

Yes

No

☐  
☐  
☐

☒  
☐  
☒

Ureaformaldehyde foam insulation (UFFI)

Other \_\_\_\_\_

To your knowledge, are any of the above conditions present near your property?

Comments \_\_\_\_\_

**MISCELLANEOUS**

To your knowledge:

☐

☒

Have any structural additions, changes, or repairs been made to the property without obtaining all necessary permits and government approvals?

☐

☐

Are there any producing or non-producing gas/oil wells on the property or adjacent property? ~~NO~~

Do mineral rights convey to Buyer? ☐ Yes ☐ No ☒ Don't Know ☐ N/A

If no, please define: \_\_\_\_\_

☐

☒

Are there any current special assessments or do you have knowledge of any future assessments?

☐

☒

Is there any unrepaired damage due to hail, storm, wind, fire, flood, rodents, or pets?

☐

☒

Are there any stains, tears, burns, holes, etc. in the Property that are not readily visible?

☒

☐

Do you currently own or have you ever owned a pet in this property?

☐

☒

Has there been any damage due to pets, including but not limited to odors, stains, etc.?

☐

☒

Have you had any insurance claims in the past five years?

☐

☐

Were repairs made? Explain \_\_\_\_\_

☐

☒

Is the present use of the property a non-conforming use?

☐

☒

Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?

☐

☒

Are there any diseased or dead trees or shrubs?

☒

☐

Do all window and door treatments stay? If no, list those that do not stay \_\_\_\_\_

☐

☒

Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property? If yes, explain.

☐

☒

Are there any transferable warranties on appliances or remaining personal property (list below)?

Comments \_\_\_\_\_

**Seller's Disclosures Concerning Special Assessments**

The law requires that the Seller disclose the existence of special assessments or fee against a property. To your knowledge:

☐

☒

The Property may be subject to special assessment or similar fee or is located in an improvement district. (See attached document.)

☐ Owner ☐ County ☐ Public Record ☐ Other: \_\_\_\_\_

Seller's Initials

KP kap

Buyer's Initials