

# PROPERTY INFORMATION PACKET | THE DETAILS



28 ± Acres at Golderod & 180<sup>th</sup> St. | Hillsboro, KS 67063

AUCTION: BIDDING OPENS: Thurs, Oct 13<sup>th</sup> @ 2:00 PM

BIDDING CLOSING: Thurs, Oct 27<sup>th</sup> @ 2:20 PM

12041 E. 13th St. N. - Wichita, KS 67206  
316.867.3600 - 800.544.4489 - McCurdy.com



**McCurdy**  
REAL ESTATE & AUCTION



## Table of Contents

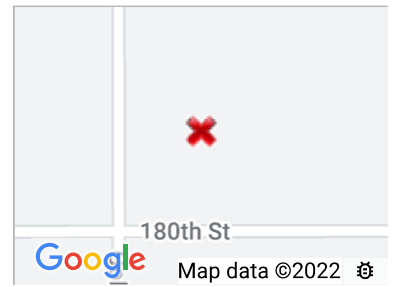
|                                                 |
|-------------------------------------------------|
| PROPERTY DETAIL PAGE                            |
| SELLER'S PROPERTY DISCLOSURE                    |
| WATER WELL ORDINANCE                            |
| SECURITY 1 <sup>ST</sup> TITLE WIRE FRAUD ALERT |
| SOIL MAP & REPORT                               |
| ZONING MAP                                      |
| FLOOD ZONE MAP                                  |
| AERIAL MAP                                      |
| TERMS AND CONDITIONS                            |
| GUIDE TO AUCTION COSTS                          |

The real estate is offered at public auction in its present, "as is where is" condition and is accepted by the buyer without any expressed or implied warranties or representations from the seller or McCurdy Real Estate & Auction, LLC. It is incumbent upon buyer to exercise buyer's own due diligence, investigation, and evaluation of suitability of use for the real estate prior to bidding. It is buyer's responsibility to have any and all desired inspections completed prior to bidding including, but not limited to, the following: roof; structure; termite; environmental; survey; encroachments; groundwater; flood designation; presence of lead-based paint or lead based paint hazards; presence of radon; presence of asbestos; presence of mold; electrical; appliances; heating; air conditioning; mechanical; plumbing (including water well, septic, or lagoon compliance); sex offender registry information; flight patterns, or any other desired inspection. Any information provided or to be provided by seller or McCurdy was obtained from a variety of sources and seller and McCurdy have not made any independent investigation or verification of such information and make no representation as to the accuracy or completeness of such information. Auction announcements take precedence over anything previously stated or printed. Total purchase price will include a 10% buyer's premium (\$1,500.00 minimum) added to the final bid.

## ALL FIELDS CUSTOMIZABLE



**MLS #** 617150  
**Class** Land  
**Property Type** Undeveloped Acreage  
**County** Marion  
**Area** M32 - Hillsboro  
**Address** 28 +/- acres At Goldenrod & 180th St  
**Address 2**  
**City** Hillsboro  
**State** KS  
**Zip** 67063  
**Status** Active  
**Contingency Reason**  
**Asking Price** \$0  
**For Sale/Auction/For Rent** Auction  
**Associated Document Count** 3



## GENERAL

|                                               |                                                                            |                                   |                   |
|-----------------------------------------------|----------------------------------------------------------------------------|-----------------------------------|-------------------|
| <b>List Agent - Agent Name and Phone</b>      | <a href="#">Isaac Klingman</a>                                             | <b>List Date</b>                  | 9/6/2022          |
| <b>List Office - Office Name and Phone</b>    | <a href="#">McCurdy Real Estate &amp; Auction, LLC - OFF: 316-867-3600</a> | <b>Realtor.com Y/N</b>            | Yes               |
| <b>Co-List Agent - Agent Name and Phone</b>   | <a href="#">BRADEN MCCURDY - OFF: 316-683-0612</a>                         | <b>Display on Public Websites</b> | Yes               |
| <b>Co-List Office - Office Name and Phone</b> | <a href="#">McCurdy Real Estate &amp; Auction, LLC - OFF: 316-867-3600</a> | <b>Display Address</b>            | Yes               |
| <b>Showing Phone</b>                          | 800-301-2055                                                               | <b>VOW: Allow AVM</b>             | Yes               |
| <b>Zoning Usage</b>                           | Rural                                                                      | <b>VOW: Allow 3rd Party Comm</b>  | Yes               |
| <b>Parcel ID</b>                              | 16305-0-00-00-004.00-0                                                     | <b>Sub-Agent Comm</b>             | 0                 |
| <b>Number of Acres</b>                        | 28.00                                                                      | <b>Buyer-Broker Comm</b>          | 3                 |
| <b>Price Per Acre</b>                         | 0.00                                                                       | <b>Transact Broker Comm</b>       | 3                 |
| <b>Lot Size/SqFt</b>                          | 1219680                                                                    | <b>Variable Comm</b>              | Non-Variable      |
| <b>School District</b>                        | Hillsboro (USD 410)                                                        | <b>Virtual Tour Y/N</b>           |                   |
| <b>Elementary School</b>                      | Hillsboro                                                                  | <b>Days On Market</b>             | 21                |
| <b>Middle School</b>                          | Hillsboro                                                                  | <b>Cumulative DOM</b>             | 21                |
| <b>High School</b>                            | Hillsboro                                                                  | <b>Cumulative DOMLS</b>           |                   |
| <b>Subdivision</b>                            | NONE                                                                       | <b>Input Date</b>                 | 9/26/2022 3:09 PM |
| <b>Legal</b>                                  |                                                                            | <b>Update Date</b>                | 9/27/2022         |
|                                               |                                                                            | <b>Status Date</b>                | 9/26/2022         |
|                                               |                                                                            | <b>HotSheet Date</b>              | 9/26/2022         |
|                                               |                                                                            | <b>Price Date</b>                 | 9/26/2022         |

## DIRECTIONS

**Directions** (Hillsboro) West on 190th St to Goldenrod, South to land.

## FEATURES

|                         |                               |                             |                        |
|-------------------------|-------------------------------|-----------------------------|------------------------|
| <b>SHAPE / LOCATION</b> | <b>ROAD FRONTAGE</b>          | <b>DOCUMENTS ON FILE</b>    | <b>LOCKBOX</b>         |
| Irregular               | Dirt                          | Other/See Remarks           | None                   |
| <b>TOPOGRAPHIC</b>      | Gravel                        | <b>FLOOD INSURANCE</b>      | <b>AGENT TYPE</b>      |
| Level                   | <b>UTILITIES AVAILABLE</b>    | Unknown                     | Sellers Agent          |
| Treeline                | Electricity                   | <b>SALE OPTIONS</b>         | <b>OWNERSHIP</b>       |
| Wooded                  | <b>IMPROVEMENTS</b>           | Other/See Remarks           | Individual             |
| <b>PRESENT USAGE</b>    | None                          | <b>PROPOSED FINANCING</b>   | <b>TYPE OF LISTING</b> |
| Hay (Various Types)     | <b>OUTBUILDINGS</b>           | Other/See Remarks           | Excl Right w/o Reserve |
| Recreational            | None                          | <b>POSSESSION</b>           | <b>BUILDER OPTIONS</b> |
| Tillable                | <b>MISCELLANEOUS FEATURES</b> | At Closing                  | Open Builder           |
|                         | Mineral Rights Included       | <b>SHOWING INSTRUCTIONS</b> |                        |
|                         |                               | Call Showing #              |                        |

## FINANCIAL

|                                  |                    |
|----------------------------------|--------------------|
| <b>Assumable Y/N</b>             | No                 |
| <b>General Taxes</b>             | \$0.00             |
| <b>General Tax Year</b>          | 2021               |
| <b>Yearly Specials</b>           | \$0.00             |
| <b>Total Specials</b>            | \$0.00             |
| <b>HOA Y/N</b>                   | No                 |
| <b>Yearly HOA Dues</b>           |                    |
| <b>HOA Initiation Fee</b>        |                    |
| <b>Earnest \$ Deposited With</b> | Security 1st Title |

## PUBLIC REMARKS

**Public Remarks** Property offered at ONLINE ONLY auction. BIDDING OPENS: Thursday, October 13th, 2022 at 2 PM (cst) | BIDDING CLOSING: Thursday, October 27th, 2022 at 2:20 PM (cst). Bidding will remain open on this property until 1 minute has passed without receiving a bid. Property available to preview by appointment. CLEAR TITLE AT CLOSING, NO BACK TAXES. ONLINE ONLY!!! 28 +/- acres of beautiful undeveloped acreage! This land is wooded, tree-lined, and has a creek running through. The open pasture and tillable land offer excellent space for recreation, hay, building your dream home or simply investing in land. Level Treeline Wooded Creek Approximately 17 acres of tillable land planted to alfalfa Approximately 11 acres of hay/meadow 3 miles from Hillsboro Don't miss your chance to own this romantic piece of Kansas land! Looking for a homestead? Be sure to check out the home selling on 11 +/- acres adjacent to this land! \*Buyer should verify school assignments as they are subject to change. The real estate is offered at public auction in its present, "as is where is" condition and is accepted by the buyer without any expressed or implied warranties or representations from the seller or seller's agents. Full auction terms and conditions provided in the Property Information Packet. Total purchase price will include a 10% buyer's premium (\$1,500.00 minimum) added to the final bid. Property available to preview by appointment. Earnest money is due from the high bidder at the auction in the form of cash, check, or immediately available, certified funds in the amount \$10000.

## AUCTION

|                         |                  |                       |
|-------------------------|------------------|-----------------------|
| Type of Auction Sale    | Reserve          | 1 - Open for Preview  |
| Method of Auction       | Online Only      | 1 - Open/Preview Date |
| Auction Location        | www.mccurdy.com  | 1 - Open Start Time   |
| Auction Offering        | Real Estate Only | 1 - Open End Time     |
| Auction Date            | 10/13/2022       | 2 - Open for Preview  |
| Auction Start Time      | 2 pm             | 2 - Open/Preview Date |
| Broker Registration Req | Yes              | 2 - Open Start Time   |
| Broker Reg Deadline     | 10/26/2022 5 pm  | 2 - Open End Time     |
| Buyer Premium Y/N       | Yes              | 3 - Open for Preview  |
| Premium Amount          | 0.10             | 3 - Open/Preview Date |
| Earnest Money Y/N       | Yes              | 3 - Open Start Time   |
| Earnest Amount %/\$     | 10,000.00        | 3 - Open End Time     |

## TERMS OF SALE

**Terms of Sale** See Associated Documents

## PERSONAL PROPERTY

**Personal Property**

## SOLD

|                        |                                           |
|------------------------|-------------------------------------------|
| How Sold               | Selling Agent - Agent Name and Phone      |
| Sale Price             | Co-Selling Agent - Agent Name and Phone   |
| Net Sold Price         | Selling Office - Office Name and Phone    |
| Pending Date           | Co-Selling Office - Office Name and Phone |
| Closing Date           | Appraiser Name                            |
| Short Sale Y/N         | Non-Mbr Appr Name                         |
| Seller Paid Loan Asst. |                                           |
| Previously Listed Y/N  |                                           |
| Includes Lot Y/N       |                                           |
| Sold at Auction Y/N    |                                           |

## ADDITIONAL PICTURES





**DISCLAIMER**

This information is not verified for authenticity or accuracy and is not guaranteed. You should independently verify the information before making a decision to purchase. © Copyright 2022 South Central Kansas MLS, Inc. All rights reserved. Please be aware, property may have audio/video recording devices in use.

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 1806 Goldenrod - Hillsboro, KS 67063

Seller: Dr. Janice Davidson / Radford Walker Date of Purchase:

**Message to the Seller:** This statement is a disclosure of the condition of the above described Property known by the SELLER on the date that it is signed. It is not a warranty of any kind by the SELLER(S) or any real estate licensees involved in this transaction, and should not be accepted as a substitute for any inspections or warranties the BUYER(S) may wish to obtain. If you know something important about the Property that is not addressed on the Seller's Property Disclosure, add that information to the form. Prospective Buyers may rely on the information you provide.

**Instructions:** (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the comment lines to explain.

By signing below you acknowledge that the failure to disclose known material information about the Property may result in liability.

**Message to the Buyer:** Although Seller's Property Disclosure is designed to assist the SELLER in disclosing all known material (important) facts about the Property, there are likely facts about the Property that the SELLER does not know. Therefore, it is important that you take an active role in obtaining the information about the Property.

**Instructions:** (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the Seller's Property Disclosure. (5) Obtain professional inspections of the Property. (6) Investigate the surrounding area.

THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT INDEPENDENTLY VERIFIED BY THE BROKER(S) OR AGENTS(S).

## PART I

| APPLIANCES                          |                                     |                                                                                    |                                                                 | ELECTRICAL                          |                                                                                          |  |  |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------|--|--|
| TRANSFERS TO BUYER                  |                                     | Indicate the condition of the following items by marking only one appropriate box. | TRANSFERS TO BUYER                                              |                                     | Indicate the condition of the following items by marking only one appropriate box.       |  |  |
| None                                | Does Not Transfer                   |                                                                                    | None                                                            | Does Not Transfer                   |                                                                                          |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Disposal                                       | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Smoke/Fire Detectors                                 |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Dishwasher                                     | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Light Fixtures                                       |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Oven <u>Double</u>                             | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Switches/Outlets                                     |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Range (Circle One) Gas <u>Electric</u>         | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Ceiling Fan(s)                                       |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Microwave                                      | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Bathroom Vent Fan(s)                                 |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Built in (Circle One) <u>YES</u> NO                                                | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Telephone Wiring/Blocks/Jacks                        |  |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> Range Hood                                                | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Door Bell                                            |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Vented Outside (Circle One) YES NO                                                 | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Intercom                                                        |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Kitchen Refrigerator                           | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Garage Door Opener                                   |  |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Clothes Washer                                            | # of Remotes: <u>2</u> Keypad Entry: (Circle One) YES <u>NO</u> |                                     |                                                                                          |  |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> Clothes Dryer                                             | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Aluminum Wiring                                                 |  |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> Trash Compactor                                           | <input type="checkbox"/>                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> Copper Wiring                                                   |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Central Vacuum                                 | <input type="checkbox"/>                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> 220 Volt                                                        |  |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> Exterior Attached Gas Grill                               | <u>200 Amps</u> Service Panel Total Amps                        |                                     |                                                                                          |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other: _____                                                                       | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Solar Equipment - (Circle One) Own Rent/Lease                   |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other: _____                                                                       | Company _____                                                   |                                     |                                                                                          |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other: _____                                                                       | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Wind - (Circle One) Own Rent/Lease                              |  |  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Other: _____                                                                       | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Hydroelectric - (Circle One) Own Rent/Lease                     |  |  |
| Comments:                           |                                     |                                                                                    | <input type="checkbox"/>                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> Security System - (Circle One) <u>Own</u> Rent/Lease |  |  |
|                                     |                                     |                                                                                    | Company _____                                                   |                                     |                                                                                          |  |  |
|                                     |                                     |                                                                                    | <input checked="" type="checkbox"/>                             | <input type="checkbox"/>            | <input type="checkbox"/> Audio/Video Surveillance System                                 |  |  |

| 27 WATER/SEWAGE SYSTEMS (See Part II Also) |                                                                         |                          |                                     | HEATING & COOLING SYSTEMS                                                          |                                                                                    |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
|--------------------------------------------|-------------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
|                                            |                                                                         | TRANSFERS TO BUYER       |                                     | Indicate the condition of the following items by marking only one appropriate box. |                                                                                    |                                                                                                                                                        | TRANSFERS TO BUYER       |                                     | Indicate the condition of the following items by marking only one appropriate box. |                                               |
| None                                       | Does Not Transfer                                                       | Working                  | Not Working                         |                                                                                    | Don't Know                                                                         | None                                                                                                                                                   | Does Not Transfer        | Working                             |                                                                                    | Not Working                                   |
| 30                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Sewage Systems                                                                     | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Cooling System                                |
| 31                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Sump Pump                                                                          | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Geothermal Type                               |
| 32                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Backup Sump Pump/Battery                                                           | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | see below Age                                 |
| 33                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Plumbing                                                                           | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Heating System                                |
| 34                                         |                                                                         |                          |                                     |                                                                                    | Type                                                                               | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Geothermal Type                               |
| 35                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Water Heater (Circle One) <u>(Elect)</u> Gas                                       | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | see below Age                                 |
| 36                                         | <u>50 gal / 2022</u>                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Size & Age                                                                         | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Window/Wall Air Conditioning Units            |
| 37                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Instant Hot Water                                                                  | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Electronic Air Filter                         |
| 38                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Water Softener                                                                     | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Humidifier                                    |
| 39                                         |                                                                         |                          |                                     |                                                                                    | (Circle One) Own Rent/Lease                                                        | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Fireplace                                     |
| 40                                         |                                                                         |                          |                                     |                                                                                    | Company                                                                            | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Fireplace Insert                              |
| 41                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Water Purifier/Reverse Osmosis                                                     | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Wood burning Stove                            |
| 42                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Underground Sprinkler System                                                       |                                                                                                                                                        |                          |                                     |                                                                                    | Chimney/Flue - Date Last Cleaned              |
| 43                                         |                                                                         |                          |                                     |                                                                                    | Backflow Device (Circle One) <u>(YES)</u> NO                                       | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Gas Log Lighter                               |
| 44                                         | <u>2021</u>                                                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Date Last Tested or Inspected                                                      | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Whole House Attic Fan                         |
| 45                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Pool Equipment                                                                     | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Solar Equipment - (Circle One) Own Rent/Lease |
| 46                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Hot Tub/Spa                                                                        |                                                                                                                                                        |                          |                                     |                                                                                    | Company                                       |
| 47                                         | Comments:                                                               |                          |                                     |                                                                                    |                                                                                    | <input type="checkbox"/>                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Geothermal <u>5 ton / 3 ton / 1.5 ton</u>     |
| 48                                         | <u>Bathroom Floor Heater</u>                                            |                          |                                     |                                                                                    |                                                                                    | <input checked="" type="checkbox"/>                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Propane Tank - (Circle One) Own Rent/Lease    |
| 49                                         |                                                                         |                          |                                     |                                                                                    |                                                                                    |                                                                                                                                                        |                          |                                     |                                                                                    | Company                                       |
| 50                                         |                                                                         |                          |                                     |                                                                                    |                                                                                    | Comments: <u>2021 2022 2019</u>                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 51                                         | MEDIA                                                                   |                          |                                     |                                                                                    |                                                                                    | New Compressor New                                                                                                                                     |                          |                                     |                                                                                    |                                               |
| 52                                         |                                                                         |                          | TRANSFERS TO BUYER                  |                                                                                    | Indicate the condition of the following items by marking only one appropriate box. | Any Additional Comments For Part I:                                                                                                                    |                          |                                     |                                                                                    |                                               |
| 53                                         | None                                                                    | Does Not Transfer        | Working                             | Not Working                                                                        |                                                                                    |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 54                                         |                                                                         |                          |                                     |                                                                                    |                                                                                    | <p>At some time in the past there was a fire in the electrical panel. This was prior to our owning the house so don't know anything more about it.</p> |                          |                                     |                                                                                    |                                               |
| 55                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                | Satellite Dish                                                                     |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 56                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | # of Rcvrs/Remotes                                                                 |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 57                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Attached Antennas                                                                  |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 58                                         | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                           | Cable TV Wiring/Jacks                                                              |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 59                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Attached Television Mount(s)                                                       |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 60                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Projector(s)                                                                       |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 61                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Projector Screen(s)                                                                |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 62                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Surround Sound Speakers                                                            |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 63                                         | <input checked="" type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                           | Wired for Surround Sound                                                           |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |
| 64                                         | Comments: <u>Ceiling Speakers in Master Bedroom &amp; Formal Living</u> |                          |                                     |                                                                                    |                                                                                    |                                                                                                                                                        |                          |                                     |                                                                                    |                                               |

## PART II

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

| YES                                 | NO                                  | DON'T KNOW               | SECTION 1<br>STRUCTURAL FOUNDATION/WALLS                                                                                                                                                              |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?<br>If YES, are you aware of any adverse conditions? <u>Age-related erosion on lowermost bottom siding</u> |
|                                     |                                     |                          | Indicate 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 there any structural engineer's report(s) available?<br>If YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
|                                     |                                     |                          | <b>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</b>                                                                                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Movement, shifting, deterioration or other problems with walls or foundation?                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cracks or flaws in the walls, floors or foundation?                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Problems with driveways, walkways, patios, retaining walls, party walls?                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Problems with operation of windows or doors, or broken seals?                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any corrective actions to items in this section? (Example - Piering, bracing, etc.)                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is there insulation in the walls?                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is there insulation in the floors?                                                                                                                                                                    |

Additional Comments:

| YES                                 | NO                                  | DON'T KNOW               | SECTION 2<br>ROOF/INSULATION                                                                                                                                                    |
|-------------------------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Age: <u>&gt; 10 years</u> Type: <u>Shingle</u>                                                                                                                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One)<br>If any, identify details below.                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One)<br>If YES, Date: _____ (Identify details below.) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you know of any problems with chimneys or chases? (If YES, explain below.)                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)                                                                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is there insulation in the ceiling/attic?                                                                                                                                       |

Additional Comments:

| YES                                                                                                                                                                                                                                                                                                                                                                   | NO                                  | DON'T KNOW               | SECTION 3<br>MOLD/MILDEW                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|
| <b>According to the EPA, molds are part of the natural environment. Molds reproduce by means of tiny spores that are invisible to the naked eye, and float through outdoor and indoor air. Mold may begin growing indoors when mold spores land on surfaces that are wet. Inhaling or touching mold spores may cause allergic reactions in sensitive individuals.</b> |                                     |                          |                                                                                                          |
| <b>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</b>                                                                                                                                                                                                                                                                  |                                     |                          |                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Presence of any mold/mildew in the property?                                                             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any problems created by mold or mildew for occupants of the structure during your ownership?             |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you had any inspections for mold or mildew? If YES, Date: _____ (If YES, explain below.)            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.) |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the property had any professional mold remediation during your ownership? If YES, Date: _____        |

Additional Comments:

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

| YES                                 | NO                                  | DON'T KNOW               | SECTION 4<br>WATER/SEWAGE SYSTEMS                                                                  |                                                     |                                                      |
|-------------------------------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property connected to City Water?                                                           |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is the property connected to Rural Water? If YES, Transfer Fee: <u>monthly</u> District: <u>4</u>  |                                                     |                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Is the property connected to any private water systems? (Mark all that apply.) <u>disconnect</u>   |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> Drinking Well                                                  | <input checked="" type="checkbox"/> Irrigation Well | <input checked="" type="checkbox"/> Geo-Thermal Well |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Working? Type: <u>all</u> Location: <u>SE Corner</u> Depth: <u>?</u>                               |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Working? Type: <u>all</u> Location: <u>SE corner</u> Depth: <u>?</u>                               |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Working? Type: <u>all</u> Location: <u>SE corner</u> Depth: <u>?</u>                               |                                                     |                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the water in any wells shown test results of contamination? (If YES, explain below.)           |                                                     |                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property connected to a public sewer system? If shared lagoon/septic system, explain below. |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is the property connected to a septic system? Date Last Pumped: <u>2017</u>                        |                                                     |                                                      |
|                                     |                                     |                          | Tank Size: <u>?</u> Location: <u>NE Corner of House</u>                                            |                                                     |                                                      |
|                                     |                                     |                          | # feet laterals: <u>?</u> # Feet infiltrators: <u>?</u> Location: <u>?</u>                         |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Is the property connected to a lagoon system? Location: <u>North of Shop</u>                       |                                                     |                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property connected to some other type of waste disposal system? (If YES, explain below.)    |                                                     |                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Has the main waste disposal line ever been snaked or scoped?                                       |                                                     |                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | To your knowledge, is there any problem relating to the waste disposal system?                     |                                                     |                                                      |
| Additional Comments:                |                                     |                          |                                                                                                    |                                                     |                                                      |

| YES                                                                                           | NO                                  | DON'T KNOW                          | SECTION 5<br>WATER INTRUSION/LEAKS                                                                                                                          |  |  |
|-----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| To your knowledge, indicate any past or present: (Use Comment Lines for further explanations) |                                     |                                     |                                                                                                                                                             |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any water leakage in or around the fireplace or chimney?                                                                                                    |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any water leakage around (If YES, mark all that apply.) <input type="checkbox"/> WINDOWS <input type="checkbox"/> SKYLIGHTS <input type="checkbox"/> DOORS? |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?                                                                         |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any leaks caused by appliances?                                                                                                                             |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?                                                                                |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any water leakage into (If YES, mark all that apply.) <input type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE                                |  |  |
| <input type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any accumulation of water within the basement/crawl space?                                                                                                  |  |  |
| <input checked="" type="checkbox"/>                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | Sump Pump(s) Location(s): <u>Basement utility Room</u>                                                                                                      |  |  |
| <input type="checkbox"/>                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR                                              |  |  |
| Additional Comments:                                                                          |                                     |                                     |                                                                                                                                                             |  |  |
| <u>Workshop Ceiling Leak around stove pipe</u>                                                |                                     |                                     |                                                                                                                                                             |  |  |

| YES                      | NO                                  | DON'T KNOW               | SECTION 6<br>PEST, WOOD INFESTATION & DRY ROT                                                             |                                  |                                                 |
|--------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)        |                                  |                                                 |
|                          |                                     |                          | <input type="checkbox"/> WOOD DESTROYING INSECTS                                                          | <input type="checkbox"/> DRY ROT | <input type="checkbox"/> OTHER WOOD INFESTATION |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)         |                                  |                                                 |
|                          |                                     |                          | <input type="checkbox"/> WOOD DESTROYING INSECTS                                                          | <input type="checkbox"/> DRY ROT | <input type="checkbox"/> OTHER WOOD INFESTATION |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have there been any repairs of such damage? (If YES, explain below.)                                      |                                  |                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is the property currently under a termite warranty or other coverage by a licensed pest control company?  |                                  |                                                 |
|                          |                                     |                          | Company: <u>?</u> Warranty Expiration Date: <u>?</u>                                                      |                                  |                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)                 |                                  |                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.) |                                  |                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any pest control reports in the last 5 years? (If YES, explain below.)                                    |                                  |                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any professional pest control treatments in the last 5 years? (If YES, explain below.)                    |                                  |                                                 |
| Additional Comments:     |                                     |                          |                                                                                                           |                                  |                                                 |

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

| YES                                 | NO                                  | DON'T KNOW                          | SECTION 7<br>ENVIRONMENTAL CONDITIONS                                                                                                                                                                              |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property located in a subdivision with a master drainage plan?                                                                                                                                              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | If YES, is the property in compliance?                                                                                                                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the property ever had any drainage problems during your ownership? (If YES, explain below.)                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any producing or non-producing gas/oil wells on the property or adjacent property?                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Do mineral rights convey to buyer? If NO, please define: _____                                                                                                                                                     |
|                                     |                                     |                                     | Groundwater contamination has been detected in several areas in the State of Kansas.                                                                                                                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of groundwater contamination or other environmental concerns?                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any reports or records pertaining to groundwater contamination or other environmental concerns?                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Are there any diseased or dead trees and shrubs?                                                                                                                                                                   |
|                                     |                                     |                                     | To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Asbestos                                                                                                                                                                                                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Contaminated soil or water (including drinking water)                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Landfill or buried materials                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Lead-based paint (If YES, attach disclosure.)                                                                                                                                                                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Radon gas in house or well Has a mitigation system been installed? (Mark One) <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Methane Gas                                                                                                                                                                                                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Oil sheers in wet areas                                                                                                                                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Radioactive material                                                                                                                                                                                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Toxic material disposal (solvents, chemicals, etc.)                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Underground fuel or chemical storage tanks                                                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | EMFs (Electro Magnetic Fields)                                                                                                                                                                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Urea formaldehyde foam insulation (UFFI)                                                                                                                                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other: _____                                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances? |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, are any of the above conditions present near your property?                                                                                                                                     |
| Comments:                           |                                     |                                     |                                                                                                                                                                                                                    |

| YES                                 | NO                                  | DON'T KNOW                          | SECTION 8<br>BOUNDARIES/LAND                                                                                                                          |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Have you had a survey of the property? (If YES, attach copy if available.)                                                                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Are the boundaries of your property marked in any way?                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Is there any fencing on the boundaries of the property?                                                                                               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does fencing belong to the property? If YES, which sides? _____                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.) |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Is the property owner responsible for maintenance of any such shared feature(s)?                                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?                                                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | To your knowledge, is any portion of the property located in a federally designated flood plain?                                                      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you currently, or have you ever, paid flood insurance for the property?                                                                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | To your knowledge, is any portion of the property located in a designated wetlands area?                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Do you know of any of the following items that have occurred on the property or in the immediate area? (Mark all that apply.)                         |
|                                     |                                     |                                     | <input type="checkbox"/> EXPANSIVE SOIL <input type="checkbox"/> EARTH MOVEMENT                                                                       |
|                                     |                                     |                                     | <input type="checkbox"/> FILL DIRT <input type="checkbox"/> UPHEAVAL                                                                                  |
|                                     |                                     |                                     | <input type="checkbox"/> SLIDING <input type="checkbox"/> EARTH STABILITY PROBLEMS                                                                    |
|                                     |                                     |                                     | <input type="checkbox"/> SETTLING                                                                                                                     |
| Comments:                           |                                     |                                     |                                                                                                                                                       |

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

| YES                                                                                                                                                                                   | NO                                  | DON'T KNOW                          | SECTION 9                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION</b>                                                                                                                                |                                     |                                     |                                                                                                                                                                                          |
| The law requires that the Seller disclose the existence of special assessments against a property.                                                                                    |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any current/pending bonds, assessments, or special taxes that apply to property?                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | The property may be subject to special assessments or is located in an improvement district?<br>(Refer to relevant tax disclosure - Mark One).                                           |
| <input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other: _____                                           |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to rules or regulations of an active Homeowner's Association?                                                                                                    |
| Annual Dues? _____ Initiation Fee? _____                                                                                                                                              |                                     |                                     |                                                                                                                                                                                          |
| Homeowner's Association contact information: _____                                                                                                                                    |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to a right of first refusal?                                                                                                                                     |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?                                                             |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Any violations of such covenants and restrictions?                                                                                                                                       |
| Comments: _____                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
| YES                                                                                                                                                                                   | NO                                  | DON'T KNOW                          | SECTION 10                                                                                                                                                                               |
| <b>MISCELLANEOUS</b>                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property <b>without obtaining required permits</b> ? |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?                                                                     |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the present use of the property a non-conforming use?                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Have there been any insurance claims during the seller's ownership?                                                                                                                      |
| Were repairs made? If so, explain: _____                                                                                                                                              |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is there any unrepaired damage due to hail, storm, wind, fire or flood?                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?                                                                                           |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Does a pet(s) reside or has a pet(s) ever resided in or on the property?                                                                                                                 |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?                                                                                  |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Do all window and door treatments remain? If NO, please list: _____                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does any other personal property remain? If YES, please list: _____                                                                                                                      |
| <input checked="" type="checkbox"/>                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Does the property contain any of the following? (Mark all that apply.)                                                                                                                   |
| <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input checked="" type="checkbox"/> Water Feature |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | If YES, are either of the following heated? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa    If yes, type of heat? _____                                           |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?                                                                       |
| Explain: _____                                                                                                                                                                        |                                     |                                     |                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the property in a holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?             |
| <input type="checkbox"/>                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?                                  |
| <input type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are there any transferable warranties on the property or any of its components?                                                                                                          |
| Comments: _____                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
| Any Additional Comments For Part II: _____                                                                                                                                            |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |
|                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                          |

**SELLER'S ACKNOWLEDGEMENT**

286 Seller acknowledges that: the information contained in this disclosure is accurate, true and complete to the best of Seller's  
 287 knowledge, information and belief; Seller has provided all the information contained in this Seller's Property Disclosure; and that the  
 288 Broker/Realtor® has not prepared, nor assisted in the preparation of this Disclosure. Seller hereby indemnifies, holds harmless and  
 289 releases all Brokers/Realtors® involved in the sale of the property from all liability, claims, loss, cost, or damage in connection with  
 290 the information contained in this Disclosure. Seller hereby authorizes the listing broker to provide copies of this Disclosure to other  
 291 real estate brokers and agents and prospective buyers of the property.

292 Seller is occupant: ☒ YES ☐ NO

293 Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date signed by Seller.

294 SELLER: Janice Davidson 09/06/2022 SELLER: Radford Walker 09/06/2022  
 295 Date Date

296 **BUYER'S ACKNOWLEDGEMENT AND AGREEMENT**

297 1. I have personally inspected the property. I have been advised to have the property examined by professional inspectors. Subject  
 298 to any inspections, I agree to purchase the property in its present condition without representations or guarantees of any kind by  
 299 the Seller or any REALTORS® concerning the condition or value of the property, except as given above or as stated in my contract  
 300 with the Seller.

301 2. I acknowledge that neither Seller nor any REALTORS® involved in this transaction is an expert at detecting or repairing physical  
 302 defects in the property.

303 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes  
 304 after April 14, 1994, to register with the sheriff of the county in which they reside. I have been advised that if I desire information  
 305 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at  
 306 <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

307 4. I acknowledge that McConnell Air Force Base is located within Sedgwick County and is an operational military Air Force base that  
 308 is open 24 hours a day and activity at that base may generate noise. The volume, pitch, amount and frequency of noise may be  
 309 affected by future changes in McConnell Air Force Base activity. I have been informed that if I desire information regarding potential  
 310 for noise caused by the aircraft operations associated with McConnell Air Force Base and its operations, I may find information by  
 311 contacting the Metropolitan Area Planning Department.

312 BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_  
 313 Date Date

This form is approved by legal counsel for the REALTORS® of South Central Kansas exclusively for use by members of the REALTORS® of South Central Kansas and other authorized REALTORS®. No warranty is made or implied as to the legal validity or adequacy of this form, or that its use is appropriate for all situations. Copyright 2021



**McCurdy**  
REAL ESTATE & AUCTION

## WATER WELL AND WASTEWATER SYSTEM INFORMATION

Property Address: 1806 Goldenrod - Hillsboro, KS 67063

DOES THE PROPERTY HAVE A WELL? YES X NO \_\_\_\_\_

If yes, what type? Irrigation X Drinking X Other \_\_\_\_\_

Location of Well: Southwest of Home

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

If yes, what type? Septic X Lagoon X Northeast

Location of Lagoon/Septic Access: Septic is ~~West~~ of Home  
Lagoon is North of Home

Jenico Davidson  
Owner

9/6/2022  
Date

Rodney Walker  
Owner

09/06/2022  
Date



## CALL BEFORE YOU WIRE FUNDS

### PROTECT YOUR MONEY WITH THESE TWO STEPS

1. At the first meeting with your Realtor®, obtain the phone number of your real estate agent and your escrow officer.
2. PRIOR to wiring funds, call the known phone number to speak directly with your escrow officer to confirm wire instructions.

### WHAT TO EXPECT FROM SECURITY 1<sup>ST</sup> TITLE WHEN YOU WIRE FUNDS.

1. To protect your business and customer's information, we will only provide wire instructions to the customer.
2. We will NOT randomly send wire instructions without a request from the customer.
3. We will NOT provide wire instructions if we do not have a signed **Wire Fraud Alert Form** for the party requesting the wire instructions.
4. We will NOT change the wire instructions in the middle of the transaction.
5. If a Buyer/Seller does receive wire instructions:
  - Wire instructions will be given verbally over the phone or sent securely via secured email.
  - The customer needs to verify our phone number at a trusted source like our website, security1st.com
  - Before sending funds, they need to call the verified office number to verify the wire instructions.

**NEVER WIRE FUNDS WITHOUT FIRST CALLING A KNOWN NUMBER FOR YOUR ESCROW OFFICER  
TO CONFIRM THE WIRE INSTRUCTIONS. DO NOT RELY ON EMAIL COMMUNICATIONS.**

The undersigned, hereby authorizes Security 1<sup>st</sup> Title to communicate regarding my real estate closing transaction via electronic communications (cell phone number, e-mail or text message). I understand that this means Security 1<sup>st</sup> Title will only communicate with me via the authorized cell phone number and email address listed below.

I also acknowledge receipt of this notice and the risks associated with, and the vulnerabilities of electronic transfer of funds. The undersigned further agree that if electronic transfer of funds is utilized in this transaction, they hereby hold Security 1<sup>st</sup> Title harmless from all claims arising out of inaccurate transfer instructions, fraudulent taking of said funds and/or any other damage relating to the conduct of third parties influencing the implementation of transfer instructions.

\_\_\_\_\_  
Buyer/Seller Name

\_\_\_\_\_  
Buyer/Seller Name

\_\_\_\_\_  
Authorized Email Address

\_\_\_\_\_  
Authorized Email Address

\_\_\_\_\_  
Authorized Phone Number

\_\_\_\_\_  
Authorized Phone Number

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
File Number

FOR MORE INFORMATION ON WIRE-FRAUD SCAMS OR TO REPORT AN INCIDENT, PLEASE REFER TO THE FOLLOWING LINKS:

**Federal Bureau of Investigation:** <http://www.fbi.gov>

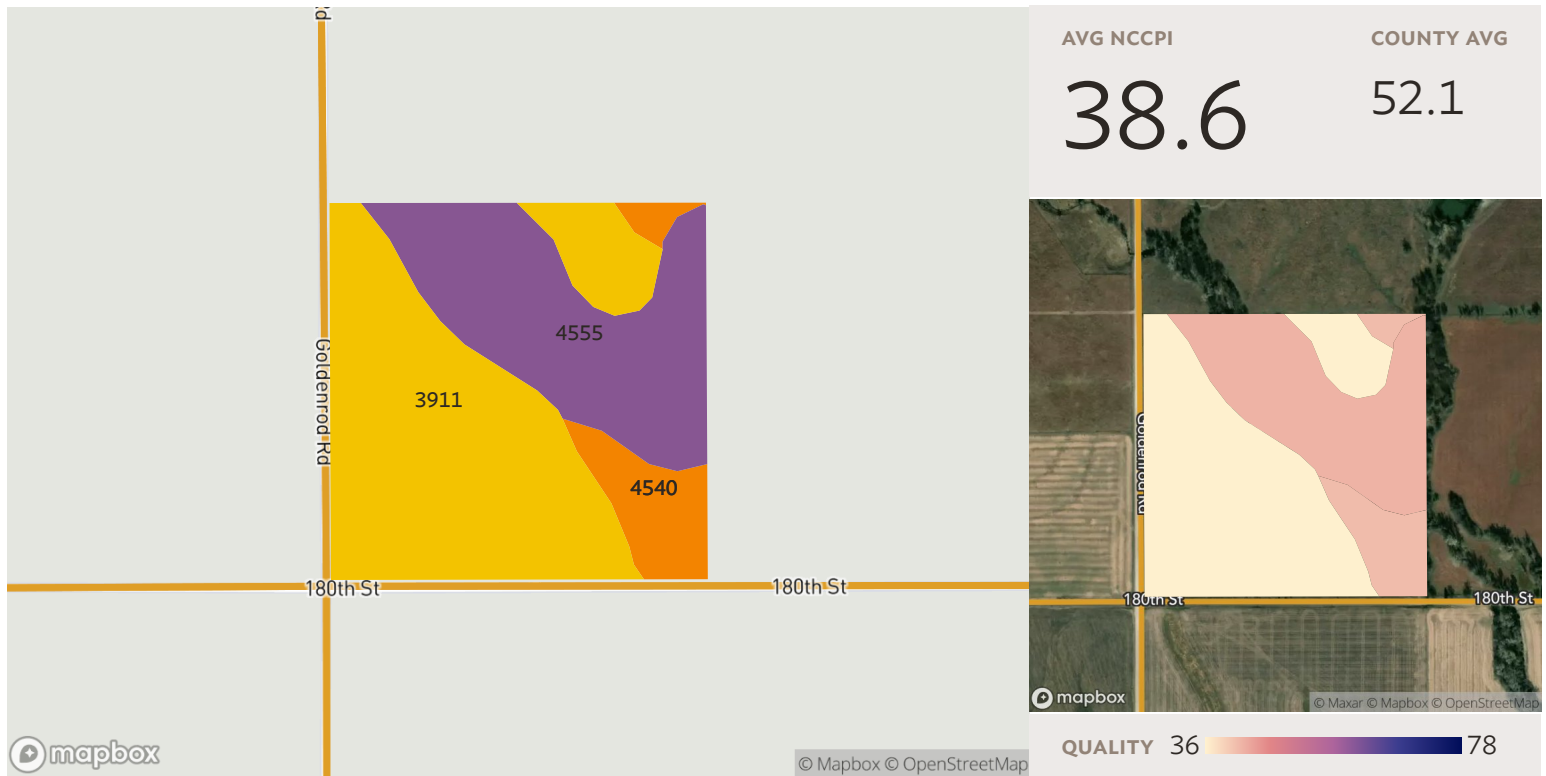
**Internet Crime Complaint Center:** <http://www.ic3.gov>



 Boundary

1 field, 39 acres in Marion County, KS

TOWNSHIP/SECTION 20S 2E – 5



## All fields

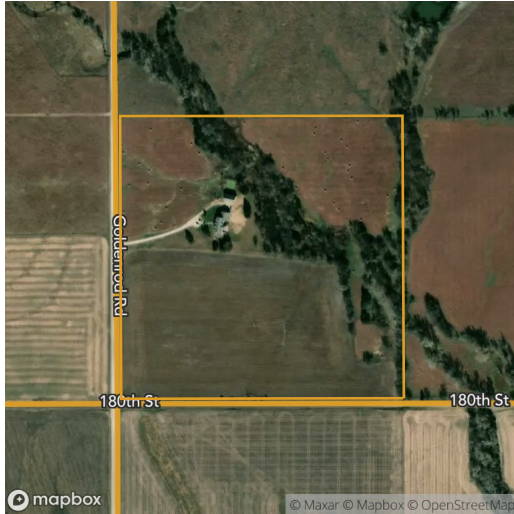
Source: NRCS Soil Survey

39 ac.

| SOIL CODE | SOIL DESCRIPTION                             | ACRES        | PERCENTAGE OF FIELD | SOIL CLASS | NCCPI       |
|-----------|----------------------------------------------|--------------|---------------------|------------|-------------|
| 3911      | Rosehill silty clay, 1 to 3 percent slopes   | 21.64        | 55.7%               | 3          | 36.0        |
| 4555      | Clime silty clay loam, 3 to 7 percent slopes | 13.39        | 34.4%               | 3          | 42.0        |
| 4540      | Clime silty clay loam, 1 to 3 percent slopes | 3.85         | 9.9%                | 3          | 41.2        |
|           |                                              | <b>38.88</b> |                     |            | <b>38.6</b> |

1 field, 39 acres in Marion County, KS

TOWNSHIP/SECTION 20S 2E – 5



## All fields

39 ac.



2021



2020



2019



2018



2017

Grass/Pasture

42.6%

40.4%

42.6%

43.2%

42.6%

Soybeans

32.4%

38.7%

12.0%

0.8%

37.8%

Forest

14.5%

14.8%

14.5%

13.4%

13.9%

Non-Cropland

2.5%

6.1%

2.6%

6.7%

5.7%

Double Crop

–

–

19.9%

–

–

Corn

–

–

–

35.3%

–

Winter Wheat

–

–

5.6%

0.7%

–

Other

8.0%

–

2.7%

–

–

Source: NASS Cropland Data Layer

**1806 Goldenrod, Hillsboro, KS 67063 - Zoning**  
**RR Rural Residential**



# National Flood Hazard Layer FIRMette



97°14'47"W 38°20'23"N



0 250 500 1,000 1,500 2,000 Feet

1:6,000

97°14'9"W 38°19'54"N

Basemap: USGS National Map: Orthoimagery: Data refreshed October, 2020

## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

|                             |  |                                                                                                                                                                   |
|-----------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SPECIAL FLOOD HAZARD AREAS  |  | Without Base Flood Elevation (BFE)<br>Zone A, V, A99                                                                                                              |
|                             |  | With BFE or Depth Zone AE, AO, AH, VE, AR                                                                                                                         |
|                             |  | Regulatory Floodway                                                                                                                                               |
| OTHER AREAS OF FLOOD HAZARD |  | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
|                             |  | Future Conditions 1% Annual Chance Flood Hazard Zone X                                                                                                            |
|                             |  | Area with Reduced Flood Risk due to Levee. See Notes. Zone X                                                                                                      |
|                             |  | Area with Flood Risk due to Levee Zone D                                                                                                                          |
| OTHER AREAS                 |  | NO SCREEN Area of Minimal Flood Hazard Zone X                                                                                                                     |
|                             |  | Effective LOMRs                                                                                                                                                   |
| GENERAL STRUCTURES          |  | Area of Undetermined Flood Hazard Zone D                                                                                                                          |
|                             |  | Channel, Culvert, or Storm Sewer                                                                                                                                  |
|                             |  | Levee, Dike, or Floodwall                                                                                                                                         |
| OTHER FEATURES              |  | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation                                                                                                 |
|                             |  | 17.5 Cross Sections with 1% Annual Chance Water Surface Elevation                                                                                                 |
|                             |  | Coastal Transect                                                                                                                                                  |
|                             |  | Base Flood Elevation Line (BFE)                                                                                                                                   |
|                             |  | Limit of Study                                                                                                                                                    |
|                             |  | Jurisdiction Boundary                                                                                                                                             |
| MAP PANELS                  |  | Coastal Transect Baseline                                                                                                                                         |
|                             |  | Profile Baseline                                                                                                                                                  |
|                             |  | Hydrographic Feature                                                                                                                                              |
|                             |  | Digital Data Available                                                                                                                                            |
|                             |  | No Digital Data Available                                                                                                                                         |
|                             |  | Unmapped                                                                                                                                                          |
|                             |  | The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.                              |



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 9/13/2022 at 11:58 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

1806 Goldenrod, Hillsboro, KS 67063 - Aerial



## TERMS AND CONDITIONS

1. Any person who registers or bids at this auction (the “Bidder”) agrees to be bound by these Terms and Conditions and any auction announcements. A bid placed by Bidder will be deemed conclusive proof that Bidder has read, understands, and agrees to be bound by these Terms and Conditions.
2. Auction announcements or postings take precedence over anything previously stated or printed, including these Terms and Conditions. In the event of a conflict between these Terms and Conditions and any other rules, terms, or agreements governing the use of the online bidding platform, these Terms and Conditions govern.
3. The real estate offered for sale at auction (the “Real Estate”) is legally described in the Contract for Purchase and Sale, a copy of which is available for inspection from McCurdy Real Estate & Auction, LLC (“McCurdy”) at Bidder’s request.
4. The Real Estate is not offered contingent upon inspections. The Real Estate is offered at public auction in its present, “as is where is” condition and is accepted by Bidder without any expressed or implied warranties or representations from the owner of the Real Estate (the “Seller”) or McCurdy, including, but not limited to, the following: the condition of the Real Estate; the Real Estate’s suitability for any or all activities or uses; the Real Estate’s compliance with any laws, rules, ordinances, regulations, or codes of any applicable government authority; the Real Estate’s compliance with environmental protection, pollution, or land use laws, rules, regulations, orders, or requirements; the disposal, existence in, on, or under the Real Estate of any hazardous materials or substances; or any other matter concerning the Real Estate. It is incumbent upon Bidder to exercise Bidder’s own due diligence, investigation, and evaluation of suitability of use for the Real Estate prior to bidding. It is Bidder’s responsibility to have any and all desired inspections completed prior to bidding including, but not limited to, the following: roof; structure; termite; environmental; survey; encroachments; groundwater; flood designation; presence of lead-based paint or lead based paint hazards; presence of radon; presence of asbestos; presence of mold; electrical; appliances; heating; air conditioning; mechanical; plumbing (including water well, septic, or lagoon compliance); sex offender registry information; flight patterns; or any other desired inspection. Bidder acknowledges that Bidder has been provided an opportunity to inspect the Real Estate prior to the auction and that Bidder has either performed all desired inspections or accepts the risk of not having done so. Any information provided by Seller or McCurdy has been obtained from a variety of sources. Seller and McCurdy have not made any independent investigation or verification of the information and make no representation as to its accuracy or completeness. In bidding on the Real Estate, Bidder is relying solely on Bidder’s own investigation of the Real Estate and not on any information provided or to be provided by Seller or McCurdy.
5. Notwithstanding anything herein to the contrary, to the extent any warranties or representations may be found to exist, the warranties or representations are between Seller and Bidder. McCurdy may not be held responsible for the correctness of any such representations or warranties or for the accuracy of the description of the Real Estate.
6. It is the sole responsibility of Bidder to monitor McCurdy’s website with respect to any updates or information regarding any Real Estate on which Bidder is bidding. Bidder acknowledges that information regarding the Real Estate may be updated or changed on McCurdy’s website at any time prior to the conclusion of bidding and that Bidder has timely reviewed the Real Estate information or assumes the risk of not having done so.

7. Once submitted, a bid cannot be retracted.
8. There will be a 10% buyer's premium (\$1,500.00 minimum) added to the final bid. The buyer's premium, together with the final bid amount, will constitute the total purchase price of the Real Estate.
9. The Real Estate is not offered contingent upon financing.
10. In the event that Bidder is the successful bidder, Bidder must immediately execute the Contract for Purchase and Sale and tender a nonrefundable earnest money deposit in the form of cash, check, or immediately available, certified funds and in the amount set forth by McCurdy, by 4:00 p.m. (CST) on the business day following the auction. The balance of the purchase price will be due in immediately available, certified funds at closing on the specified closing date. The Real Estate must close within 30 days of the date of the auction, or as otherwise agreed to by Seller and Bidder.
11. These Terms and Conditions, especially as they relate to the qualifications of potential bidders, are designed for the protection and benefit of Seller and do not create any additional rights or causes of action for Bidder. On a case-by-case basis, and at the sole discretion of Seller or McCurdy, exceptions to certain Terms and Conditions may be made.
12. In the event Bidder is the successful bidder at the auction, Bidder's bid constitutes an irrevocable offer to purchase the Real Estate and Bidder will be bound by said offer. In the event that Bidder is the successful bidder but fails or refuses to execute the Contract for Purchase and Sale, Bidder acknowledges that, at the sole discretion of Seller, these Terms and Conditions together with the Contract for Purchase and Sale executed by the Seller are to be construed together for the purposes of satisfying the statute of frauds and will collectively constitute an enforceable agreement between Bidder and Seller for the sale and purchase of the Real Estate.
13. It is the responsibility of Bidder to make sure that McCurdy is aware of Bidder's attempt to place a bid. McCurdy disclaims any liability for damages resulting from bids not spotted, executed, or acknowledged. McCurdy is not responsible for errors in bidding and Bidder releases and waives any claims against McCurdy for bidding errors.
14. Bidder authorizes McCurdy to film, photograph, or otherwise record the auction or components of the auction process and to use those films, recordings, or other information about the auction, including the sales price of the Real Estate, for promotional or other commercial purposes.
15. Broker/agent participation is invited. Broker/agents must pre-register with McCurdy by returning the completed Broker Registration Form no later than 5 p.m. on the business day prior to the either the auction or scheduled closing time for an online auction, as the case may be. The Broker Registration Form is available on McCurdy's website.
16. McCurdy is acting solely as agent for Seller and not as an agent for Bidder. McCurdy is not a party to any Contract for Purchase and Sale between Seller and Bidder. In no event will McCurdy be liable to Bidder for any damages, including incidental or consequential damages, arising out of or related to this auction, the Contract for Purchase and Sale, or Seller's failure to execute or abide by the Contract for Purchase and Sale.
17. Neither Seller nor McCurdy, including its employees and agents, will be liable for any damage or injury to any property or person at or upon the Real Estate. Any person entering on the premises assumes any and



all risks whatsoever for their safety and for any minors or guests accompanying them. Seller and McCurdy expressly disclaim any “invitee” relationship and are not responsible for any defects or dangerous conditions on the Real Estate, whether obvious or hidden. Seller and McCurdy are not responsible for any lost, stolen, or damaged property.

18. McCurdy has the right to establish all bidding increments.
19. McCurdy may, in its sole discretion, reject, disqualify, or refuse any bid believed to be fraudulent, illegitimate, not in good faith, made by someone who is not competent, or made in violation of these Terms and Conditions or applicable law.
20. Bidder represents and warrants that they are bidding on their own behalf and not on behalf of or at the direction of Seller.
21. The Real Estate is offered for sale to all persons without regard to race, color, religion, sex, handicap, familial status, or national origin.
22. These Terms and Conditions are binding on Bidder and on Bidder’s partners, representatives, employees, successors, executors, administrators, and assigns.
23. In the event that any provision contained in these Terms and Conditions is determined to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the validity, legality, and enforceability of the remaining provisions of the Terms and Conditions will not be in any way impaired.
24. When creating an online bidding account, Bidder must provide complete and accurate information. Bidder is solely responsible for maintaining the confidentiality and security of their online bidding account and accepts full responsibility for any use of their online bidding account. In the event that Bidder believes that their online bidder account has been compromised, Bidder must immediately inform McCurdy at [auctions@mccurdy.com](mailto:auctions@mccurdy.com).
25. Bidder uses the online bidding platform at Bidder’s sole risk. McCurdy is not responsible for any errors or omissions relating to the submission or acceptance of online bids. McCurdy makes no representations or warranties as to the online bidding platform’s uninterrupted function or availability and makes no representations or warranties as to the online bidding platform’s compatibility or functionality with Bidder’s hardware or software. Neither McCurdy or any individual or entity involved in creating or maintaining the online bidding platform will be liable for any damages arising out of Bidder’s use or attempted use of the online bidding platform, including, but not limited to, damages arising out of the failure, interruption, unavailability, or delay in operation of the online bidding platform.
26. The ability to “pre-bid” or to leave a maximum bid prior to the start of the auction is a feature offered solely for Bidder’s convenience and should not be construed as a call for bids or as otherwise beginning the auction of any particular lot. Pre-bids will be held by McCurdy until the auction is initiated and will not be deemed submitted or accepted by McCurdy until the auction of the particular lot is formally initiated by McCurdy.
27. In the event of issues relating to the availability or functionality of the online bidding platform during the auction, McCurdy may, in its sole discretion, elect to suspend, pause, or extend the scheduled closing time of the auction.

28. In the event that Bidder is the successful bidder but fails to comply with Bidder's obligations as set out in these Terms and Conditions by 4:00 p.m. (CST) on the business day following the auction, then Bidder will be in breach of these Terms and Conditions and McCurdy may attempt to resell the Real Estate to other potential buyers. Regardless of whether McCurdy is able to successfully resell the Real Estate to another buyer, Bidder will remain liable to Seller for any damages resulting from Bidder's failure to comply with these Terms and Conditions.
29. Bidder may not use the online bidding platform in any manner that is a violation of these Terms and Conditions or applicable law, or in any way that is designed to damage, disable, overburden, compromise, or impair the function of the online bidding platform, the auction itself, or any other party's use or enjoyment of the online bidding platform.
30. These Terms and Conditions are to be governed by and construed in accordance with the laws of Kansas, but without regard to Kansas's rules governing conflict of laws. Exclusive venue for all disputes lies in either the Sedgwick County, Kansas District Court or the United States District Court in Wichita, Kansas. Bidder submits to and accepts the jurisdiction of such courts.

# GUIDE TO AUCTION COSTS

## WHAT TO EXPECT

### THE SELLER CAN EXPECT TO PAY

- Half of the Owner's Title Insurance
- Half of the Title Company's Closing Fee
- Real Estate Commission *(If Applicable)*
- Advertising Costs
- Payoff of All Loans, Including Accrued Interest, Statement Fees, Reconveyance Fees and Any Prepayment Penalties
- Any Judgments, Tax Liens, etc. Against the Seller
- Recording Charges Required to Convey Clear Title
- Any Unpaid Taxes and Tax Proration for the Current Year
- Any Unpaid Homeowner's Association Dues
- Rent Deposits and Prorated Rents *(If Applicable)*

### THE BUYER CAN GENERALLY EXPECT TO PAY

- Half of the Owner's Title Insurance
- Half of the Title Company's Closing Fee
- 10% Buyer's Premium *(If Applicable)*
- Document Preparation *(If Applicable)*
- Notary Fees *(If Applicable)*
- Recording Charges for All Documents in Buyer's Name
- Homeowner's Association Transfer / Setup Fee *(If Applicable)*
- All New Loan Charges *(If Obtaining Financing)*
- Lender's Title Policy Premiums *(If Obtaining Financing)*
- Homeowner's Insurance Premium for First Year
- All Prepaid Deposits for Taxes, Insurance, PMI, etc. *(If Applicable)*

