

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 1355 cr 3425 Havana, KS 67347

Seller: Sarah and Jesse Hersteller

Date of Purchase: 2012

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	<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) <u>Gas</u> Electric	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) <u>YES</u> NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Intercom				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Garage Door Opener				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clothes Washer	# of Remotes: <u>1</u> Keypad Entry: (Circle One) <u>YES</u> NO						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Aluminum Wiring				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Copper Wiring				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 220 Volt				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exterior Attached Gas Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Service Panel Total Amps				
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" 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"/>	Wind - (Circle One) Own Rent/Lease				
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hydroelectric - (Circle One) Own Rent/Lease				
Comments:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease				
			Company						
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System				

27	WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS				
28	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	28	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.
29	None Does Not Transfer	Working	Not Working Don't Know		29	None Does Not Transfer	Working	Not Working Don't Know	
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling System	
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Age	
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing	33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating System	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type	
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect <u>Gas</u>	35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Age	
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size & Age	36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Humidifier	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Circle One) Own Rent/Lease	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company	40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert	
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood burning Stove	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System	42	<input type="checkbox"/>	<input type="checkbox"/>	Chimney/Flue - Date Last Cleaned	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backflow Device (Circle One) YES NO	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date Last Tested or Inspected	44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Whole House Attic Fan	
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa	46	<input type="checkbox"/>	<input type="checkbox"/>	Company	
47	Comments:				47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Geothermal	
48					48	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Propane Tank - (Circle One) <u>Own</u> Rent/Lease	
49					49	<input type="checkbox"/>	<input type="checkbox"/>	Company	
50					50	Comments:			
51	MEDIA				Any Additional Comments For Part I:				
52	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.					
53	None Does Not Transfer	Working	Not Working Don't Know						
54	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Satellite Dish					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvs/Remotes					
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas					
57	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks					
58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)					
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)					
60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)					
61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers					
62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound					
63	Comments: <u>Never had Satellite TV. But dish present.</u>								
64									

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 STRUCTURAL FOUNDATION/WALLS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)? If YES, are you aware of any adverse conditions? _____
			Indicate all that apply: <input 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? If YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input type="checkbox"/> NO
			To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there insulation in the floors?
Additional Comments:			
			SECTION 2 ROOF/INSULATION
			Age: _____ Type: <u>Asphalt Shingles</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <u>PAST</u> <input type="checkbox"/> PRESENT roof leaks? (Mark One) If any, identify details below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input checked="" type="checkbox"/> REPAIRED? (Mark One) If YES, Date: <u>2022</u> (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 checked="" type="checkbox"/>	<input 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:			
<u>Two small leaks repaired with tar.</u>			
<u>Two downspouts missing.</u>			
			SECTION 3 MOLD/MILDEW
According to the EPA, molds are part of the natural environment. Molds reproduce by means of tiny spores that are invisible to the naked eye, and float through outdoor and indoor air. Mold may begin growing indoors when mold spores land on surfaces that are wet. Inhaling or touching mold spores may cause allergic reactions in sensitive individuals.			
To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)			
<input checked="" type="checkbox"/>	<input 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:			
<u>Small patch under bathroom sink. Sprayed + treated with mold armor.</u>			

124

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

125

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

126

YES	NO	DON'T KNOW	SECTION 4	
			WATER/SEWAGE SYSTEMS	
<input checked="" 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: _____ District: _____	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to any private water systems? (Mark all that apply.)	
			<input type="checkbox"/> Drinking Well	<input type="checkbox"/> Irrigation Well <input type="checkbox"/> Geo-Thermal Well
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working?	Type: _____ Location: _____ Depth: _____
<input type="checkbox"/>	<input 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>5 yrs</u>	
			Tank Size: _____	Location: _____
			# feet laterals: _____	# Feet infiltrators: _____ Location: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a lagoon system? Location: _____	
<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
			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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s)	Location(s): _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drain Tiles (If YES, mark all that apply.)	<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR
Additional Comments:				
<u>Previous upstairs sink fitting replaced.</u>				
YES	NO	DON'T KNOW	SECTION 6	
			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: _____	Warranty Expiration Date: _____
<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:				

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RELEASE DATE 4/2023 (Rev 1/23)

SELLER'S INITIALS: SK JK

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BUYER'S INITIALS: _____

#1004

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

180

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

181

182

YES	NO	DON'T KNOW	SECTION 7 ENVIRONMENTAL CONDITIONS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	183 Is the property located in a subdivision with a master drainage plan?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	184 If YES, is the property in compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	185 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"/>	186 Are there any producing or non-producing gas/oil wells on the property or adjacent property?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	187 Do mineral rights convey to buyer? If NO, please define: _____
			188 Groundwater contamination has been detected in several areas in the State of Kansas.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	189 Are you aware of groundwater contamination or other environmental concerns?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	190 Any reports or records pertaining to groundwater contamination or other environmental concerns?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	191 Are there any diseased or dead trees and shrubs?
			192 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"/>	193 Asbestos
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	194 Contaminated soil or water (including drinking water)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	195 Landfill or buried materials
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	196 Lead-based paint (If YES, attach disclosure.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	197 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"/>	198 Methane Gas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	199 Oil sheers in wet areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	200 Radioactive material
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	201 Toxic material disposal (solvents, chemicals, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	202 Underground fuel or chemical storage tanks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	203 EMFs (Electro Magnetic Fields)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	204 Urea formaldehyde foam insulation (UFFI)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	205 Other: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	206 Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment
			207 used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	208 To your knowledge, are any of the above conditions present near your property?
			209 Comments:
			210
			211

212

213

YES	NO	DON'T KNOW	SECTION 8 BOUNDARIES/LAND
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	214 Have you had a survey of the property? (If YES, attach copy if available.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215 Are the boundaries of your property marked in any way?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	216 Is there any fencing on the boundaries of the property?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	217 Does fencing belong to the property? If YES, which sides? <u>East, South, west, cross fence</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218 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 checked="" type="checkbox"/>	<input type="checkbox"/>	219 Is the property owner responsible for maintenance of any such shared feature(s)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	220 To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	221 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"/>	222 Do you currently, or have you ever, paid flood insurance for the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	223 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"/>	224 Do you know of any of the following items that have occurred on the property or in the immediate area? (Mark all that apply.)
			225 <input type="checkbox"/> EXPANSIVE SOIL <input type="checkbox"/> EARTH MOVEMENT
			226 <input type="checkbox"/> FILL DIRT <input type="checkbox"/> UPHEAVAL
			227 <input type="checkbox"/> SLIDING <input type="checkbox"/> EARTH STABILITY PROBLEMS
			228 <input type="checkbox"/> SETTLING
			229 Comments:
			230
			231
			232
			233 <u>North fence shared</u>

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RELEASE DATE 4/2023 (Rev 1/23)

SELLER'S INITIALS: SK JK

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BUYER'S INITIALS: _____

HA004

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

236

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

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YES	NO	DON'T KNOW	SECTION 9
			SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION
			The law requires that the Seller disclose the existence of special assessments against a property.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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? (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 checked="" 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: _____
			SECTION 10
			MISCELLANEOUS
<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 without obtaining required permits?
<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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Does any other personal property remain? If YES, please list: _____
<input type="checkbox"/>	<input checked="" 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 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 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 historic, historic, 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 checked="" type="checkbox"/>	<input 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: _____

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RELEASE DATE 4/2023 (Rev 1/23)

SELLER'S INITIALS SIC JIC

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BUYER'S INITIALS: _____

#1000

SELLER'S ACKNOWLEDGEMENT

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

294 Seller is occupant: ☐ YES ☐ NO

295 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.

296 SELLER: [Signature] 7-1-23 SELLER: [Signature] 7-25-23
 297 Date Date

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

305 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes
 306 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
 307 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at
 308 <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

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

314 BUYER: _____ BUYER: _____
 315 Date Date

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