

SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

RESIDENTIAL – SDCL 43-4-44

Seller(s) Nakayla Burnham

Property Address 28318 315th Ave, Winner, SD 57580

This Disclosure Statement concerns the real property identified above and offered for sale. This disclosure is required by law to be completed by sellers of real property and given to potential buyers. This form can have important legal consequences. If you do not understand this form, you should seek advice from a competent source.

Seller states that the information contained in this disclosure fully reflects the Seller's knowledge of the matters disclosed as of the date affixed to the form. If any material fact changes prior to closing, the seller MUST disclose that change in a written amendment to this disclosure statement and give the same to the buyer.

This statement is a DISCLOSURE OF THE CONDITION OF THE ABOVE-DESCRIBED PROPERTY in compliance with South Dakota law § 43-4-38. It is NOT A WARRANTY of ANY KIND by the Seller or anyone representing any party in a transaction. It is NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES either party may wish to obtain.

Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

If the answer to any of the following requires more space for explanation, please fully explain in comments or on an attached separate sheet.

I. LOT OR TITLE INFORMATION

1. When did you purchase or build the home? 09 / 2019
Month Year

	LOT OR TITLE INFORMATION	Yes	No	Do Not Know	N/A	Comments
2.	Are there any recorded liens or financial instruments against the property, other than a first mortgage?		X			
3.	Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 44-9?		X			
4.	Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage, and sidewalks)?	X				Easement for radio tower
5.	Are there any problems related to establishing the lot lines/boundaries?		X			
6.	Do you have a location survey in your possession or a copy of the recorded plat?			X		If yes, attach a copy.
7.	Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)?		X			
8.	Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law?		X			If yes, attach a copy.
9.	Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes, or changes that could affect your property?		X			
10.	Is the property currently occupied by the owner?	X				
11.	Does the property currently receive the owner-occupied tax reduction pursuant to SDCL 10-13-39?	X				

Seller NB / Seller _____

Buyer _____ / Buyer _____

Property Address _____

	LOT OR TITLE INFORMATION	Yes	No	Do Not Know	N/A	Comments
12.	Is the property currently part of a property tax freeze for any reason?		<input checked="" type="checkbox"/>			
13.	Is the property leased?		<input checked="" type="checkbox"/>			
14.	If leased, does the property use comply with applicable local ordinances?				<input checked="" type="checkbox"/>	
15.	Does this property or any portion of this property receive rent?		<input checked="" type="checkbox"/>			If yes, how much \$ _____ and how often _____
16.	Do you pay any mandatory fees or special assessments to a homeowners' or condominium association?		<input checked="" type="checkbox"/>			If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly) Payable to whom: _____ For what purpose: _____
17.	Are you aware if the property has ever had water in either the front, rear, or side yard more than forty-eight hours?			<input checked="" type="checkbox"/>		
18.	Is the property located in a flood plain?		<input checked="" type="checkbox"/>			
19.	Are federally protected wetlands located upon any part of the property?		<input checked="" type="checkbox"/>			
20.	Are you aware of any private transfer fee obligations, as defined pursuant to § 43-4-48, that would require a buyer or seller of the property to pay a fee or charge upon the transfer of the property, regardless of whether the fee or charge is a fixed amount or is determined as a percentage of the value of the property?		<input checked="" type="checkbox"/>			If yes, what are the fees or charges? \$ _____ per _____ (i.e. annually, semi-annually, monthly)

Additional Comments

II. STRUCTURAL INFORMATION

	STRUCTURAL INFORMATION	Yes	No	Do Not Know	N/A	Comments
1.	Are you aware of any water penetration in the walls, windows, doors, basement, or crawl space?			<input checked="" type="checkbox"/>		
2.	Have any water damage related repairs been made?		<input checked="" type="checkbox"/>			
3.	Are there any unrepaired water-related damages that remain?					
4.	Are you aware if drain tile is installed on the property?			<input checked="" type="checkbox"/>		
5.	Are you aware of any interior cracked walls, ceilings or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas?			<input checked="" type="checkbox"/>		
6.	Type of roof covering: <u>Asph</u>					
7.	Age of roof covering, if known:			<input checked="" type="checkbox"/>		
8.	Are you aware of any roof leakage, past or present?		<input checked="" type="checkbox"/>			
9.	Have any roof repairs been made, when and by whom?		<input checked="" type="checkbox"/>			
10.	Is there any existing unrepaired damage to the roof?		<input checked="" type="checkbox"/>			
11.	Are you aware of insulation in ceiling/attic?			<input checked="" type="checkbox"/>		
12.	Are you aware of insulation in walls?	<input checked="" type="checkbox"/>				
13.	Are you aware of insulation in the floors?			<input checked="" type="checkbox"/>		
14.	Are you aware of any pest infestation or damage, either past or present?		<input checked="" type="checkbox"/>			
15.	Are you aware of the property having been treated or repaired for any pest infestation or damage?		<input checked="" type="checkbox"/>			If yes, who treated it and when?
16.	Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit?			<input checked="" type="checkbox"/>		

Seller NO / Seller _____

Buyer _____ / Buyer _____

Property Address _____

	STRUCTURAL INFORMATION	Yes	No	Do Not Know	N/A	Comments
17.	Was a permit obtained for work performed upon the property?			<input checked="" type="checkbox"/>		
18.	Was the work approved by an inspector as required by local or state ordinance?			<input checked="" type="checkbox"/>		
19.	Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail, or snow)?		<input checked="" type="checkbox"/>			
20.	Have any insurance claims been made for damage to the property?		<input checked="" type="checkbox"/>			
21.	Was an insurance payment received for damage to the property?		<input checked="" type="checkbox"/>			
22.	Has the damage to the property been repaired?				<input checked="" type="checkbox"/>	
23.	Are there any unrepaired damages to the property from the insurance claim?				<input checked="" type="checkbox"/>	
24.	Are you aware of any problems with sewer blockage or backup, past or present?		<input checked="" type="checkbox"/>			
25.	Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway?		<input checked="" type="checkbox"/>			

Additional Comments

III. SYSTEMS/UTILITIES INFORMATION

	SYSTEMS/UTILITIES INFORMATION	Working	Not Working	None	Not Included	Comments
1.	Air conditioning System	<input checked="" type="checkbox"/>				Age of System, if known:
2.	Air Exchanger			<input checked="" type="checkbox"/>		
3.	Air Purifier			<input checked="" type="checkbox"/>		
4.	Attic Fan			<input checked="" type="checkbox"/>		
5.	Bathroom Whirlpool and Controls			<input checked="" type="checkbox"/>		
6.	Burglar Alarm & Security System	<input checked="" type="checkbox"/>				
7.	Ceiling Fan	<input checked="" type="checkbox"/>				
8.	Central Air - Electric	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
9.	Central Air - Water Cooled			<input checked="" type="checkbox"/>		
10.	Cistern			<input checked="" type="checkbox"/>		
11.	Dishwasher	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
12.	Disposal			<input checked="" type="checkbox"/>		
13.	Doorbell	<input checked="" type="checkbox"/>				
14.	Fireplace	<input checked="" type="checkbox"/>				
15.	Fireplace Insert	<input checked="" type="checkbox"/>				
16.	Garage Door(s)	<input checked="" type="checkbox"/>				
17.	Garage Door Opener(s)	<input checked="" type="checkbox"/>				
18.	Garage Door Control(s)	<input checked="" type="checkbox"/>				
19.	Garage Wiring	<input checked="" type="checkbox"/>				
20.	Home Heating System(s) Type: <i>central</i>	<input checked="" type="checkbox"/>				Age of System, if known:
21.	Hot Tub and Controls			<input checked="" type="checkbox"/>		
22.	Humidifier			<input checked="" type="checkbox"/>		
23.	In Floor Heat			<input checked="" type="checkbox"/>		
24.	Intercom			<input checked="" type="checkbox"/>		
25.	Light Fixtures	<input checked="" type="checkbox"/>				
26.	Microwave	<input checked="" type="checkbox"/>				
27.	Microwave Hood	<input checked="" type="checkbox"/>				
28.	Plumbing and Fixtures	<input checked="" type="checkbox"/>				
29.	Pool and Equipment			<input checked="" type="checkbox"/>		
30.	Propane Tank - Select One: <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
31.	Radon System			<input checked="" type="checkbox"/>		

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	SYSTEMS/UTILITIES INFORMATION	Working	Not Working	None	Not Included	Comments
32.	Sauna			<input checked="" type="checkbox"/>		
33.	Septic/Leaching Field	<input checked="" type="checkbox"/>				
34.	Sewer Systems/Drains	<input checked="" type="checkbox"/>				
35.	Smart Home System			<input checked="" type="checkbox"/>		Smart Home System includes:
36.	Smoke/Fire Alarm	<input checked="" type="checkbox"/>				
37.	Solar House – Heating			<input checked="" type="checkbox"/>		
38.	Sump Pump(s)	<input checked="" type="checkbox"/>				
39.	Switches and Outlets	<input checked="" type="checkbox"/>				
40.	Underground Sprinkler and Heads			<input checked="" type="checkbox"/>		
41.	Vent Fan – Kitchen	<input checked="" type="checkbox"/>				
42.	Vent Fan – Bathroom	<input checked="" type="checkbox"/>				
43.	Water Heater, Select One: <u>Electric</u> Gas	<input checked="" type="checkbox"/>				Age of System, if known:
44.	Water Purifier, Select One: Leased Owned			<input checked="" type="checkbox"/>		
45.	Water Softener, Select One: Leased Owned			<input checked="" type="checkbox"/>		
46.	Well and Pump			<input checked="" type="checkbox"/>		
47.	Wood Burning Stove			<input checked="" type="checkbox"/>		

Additional Comments

IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?
If the answer is yes to any of the questions below, please explain in additional comments or on an attached separate sheet.

HAZARDOUS CONDITIONS	Existing Conditions		Tests Performed		Comments
	Yes	No	Yes	No	
1. Methane Gas		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2. Lead Paint		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
3. Radon Gas (House)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
4. Radon Gas (Well)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
5. Radioactive Materials		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
6. Landfill, Mineshaft		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
7. Expansive Soil		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
8. Mold		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
9. Toxic Materials		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
10. Urea Formaldehyde Foam Insulations		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
11. Asbestos Insulation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
12. Buried Fuel Tanks		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
13. Chemical Storage Tanks		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
14. Fire Retardant Treated Plywood		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
15. Production of Methamphetamines		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
16. Use of Methamphetamines		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

V. MISCELLANEOUS INFORMATION

	MISCELLANEOUS INFORMATION	Yes	No	Do Not Know	NA	Comments
1.	Is the street or road located at the end of the driveway to the property public or private? Public ____ Private ____				<input checked="" type="checkbox"/>	
2.	Is there a written road maintenance agreement? If yes, attach a copy of the maintenance agreement.		<input checked="" type="checkbox"/>			
3.	Has the fireplace/wood stove/chimney flue been cleaned? If yes, please provide date of service.			<input checked="" type="checkbox"/>		

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	MISCELLANEOUS INFORMATION	Yes	No	Do Not Know	NA	Comments
4.	Since you have owned the property, are you aware of a human death by homicide or suicide occurring on the property?		<input checked="" type="checkbox"/>			
5.	Is the water source (select one) <input checked="" type="checkbox"/> public or <input type="checkbox"/> private	<input checked="" type="checkbox"/>				If private, what is the date and result of the last water test?
6.	Is the sewer system (select one) <input type="checkbox"/> public or <input checked="" type="checkbox"/> private	<input checked="" type="checkbox"/>				If private, what is the date of the last time septic tank was pumped?
7.	Are there broken window panes or seals?			<input checked="" type="checkbox"/>		
8.	Are there any items attached to the property that will not be left, such as: towel bars, mirrors, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, tv mounts, speakers, etc.?	<input checked="" type="checkbox"/>				If yes, please list: <i>Playset</i>
9.	Are you aware of any other material facts which have not been disclosed on this form?		<input checked="" type="checkbox"/>			If yes, please explain:

Additional Comments

VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)

CLOSING SECTION

The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information, knowledge, and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of title to this property, the change will be disclosed in a written amendment to this disclosure statement.

 9/9/23
 Seller _____ Date _____ Seller _____ Date _____

THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.

I/We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent representing any party to this transaction makes no representations and is not responsible for any conditions existing in the property.

Buyer _____ Date _____ Buyer _____ Date _____

Seller _____ / Seller _____

Buyer _____ / Buyer _____