



SELLER'S PROPERTY DISCLOSURE STATEMENT

(To be completed by Seller)
Sunflower Association of REALTORS®, Inc.



Property Address: 4828 E 245th Lyndon, KS

Date: 10/17/2023

Approximate age of property: House on the deed is 1901

Date Purchased: 04/23/2007

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

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

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

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

4. PLUMBING / CLEAN WATER SYSTEMS	Working	Not Working	None/Not Included
a. Plumbing pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Plumbing fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water heater type(s) (check all that apply): # of units <input type="checkbox"/> Gas # of gallons <input checked="" type="checkbox"/> Electric # of gallons <u>50</u> <input type="checkbox"/> Propane # of gallons <input type="checkbox"/> Other # of gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Water softener <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Jet tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Hot tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Pool equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Underground sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Check all that apply below:			
m. <input type="checkbox"/> Septic <input checked="" type="checkbox"/> Lagoon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <input type="checkbox"/> Well <input checked="" type="checkbox"/> Cistern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments/explanations:			
Cistern used to water plants, never used for drinking water.			

RS Seller's initials Seller's initials
10/17/23
3:37 PM CDT

 Buyer's initials Buyer's initials

COMMENTS:	
-----------	--

Page 2 of 4
Revised 02/2023

Property Address: 4828 E245th Lyndon

Date: 10/10/23

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

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

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

Property Address: **4828 E 245th Lyndon, Ks**

Date: **10/17/2023**

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

COMMENTS:

Hail damage, new siding and windows were approved.

Small fire from a heat lamp in the large white barn. Burned a support post.

Check One:

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

SELLER

Daniel Smith

dotloop verified
10/17/23 3:37 PM
CDT
Z000-JAS0-CLU0-JK0K

Date

SELLER

Date

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

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

BUYER

Date

BUYER

Date