



# SELLER'S PROPERTY DISCLOSURE STATEMENT

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



Property Address: 534 South 9th Street, Osage City, KS 66523

Date: 12/30/2024

Approximate age of property: 100+ years

Date Purchased: 2016

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clothes washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>
j. Kitchen cook top/range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Kitchen refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vent hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Comments/explanations:</b> None			
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 3	<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 0	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Security system, includes (check all that apply): <input 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: None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Detectors (check all that apply) <input type="checkbox"/> Smoke alarm <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Switches & outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Bathroom vent fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Who is your electric service provider? <u>Osage city</u>			
m. Other: <u>None</u>			
n. Who is your internet provider? <u>None</u>			
<b>Comments/explanations:</b> None			

3. HEATING & COOLING SYSTEMS	Working	Not Working	None/Not Included
a. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other	<input checked="" 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 0 <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Fireplace - wood # of units 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Fireplace - gas # of units 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Fireplace - gas starter # of units 0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Wood burning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Other None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Comments/explanations:</b> No fire places			
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water heater type(s) (check all that apply): # of units 1 <input type="checkbox"/> Gas # of gallons 0 <input checked="" type="checkbox"/> Electric # of gallons 40 <input type="checkbox"/> Propane # of gallons 0 <input type="checkbox"/> Other # of gallons 0	<input checked="" 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: <u>None</u>	<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 type="checkbox"/>
<b>Check all that apply below:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. <input type="checkbox"/> Septic <input type="checkbox"/> Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n. <input type="checkbox"/> Well <input type="checkbox"/> Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o. Other City sewer an water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments/explanations:</b> City sewer an water			

Seller's initials  
 Seller's initials  
 12/29/24 8:03 PM CST  
 12/30/24 12:57 PM CST

Buyer's initials  
 Buyer's initials

Property Address: 534 South 9th Street, Osage City, KS 66523

Date: 12/29/2024

5. ROOF / EXTERIOR WALLS / INSULATION	Yes	No	Do Not Know
a. Approximate age of roof surface <u>4</u> years      Roof surface type: <u>Shingles</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any leaks in roof during your ownership? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has roof been replaced and/or repaired during your ownership? <i>If yes, explain below.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you know of any problems with roof and/or rain gutters? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Does the structure include an Exterior Insulated Finish System (EIFS)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any past and/or present moisture problems? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Location of insulation (check all that apply): <input type="checkbox"/> Ceiling <input checked="" type="checkbox"/> Attic <input checked="" type="checkbox"/> Walls <input type="checkbox"/> Floors			



**COMMENTS:**  
 Roof replaced with new shingles 4 years ago on house an garage

6. STRUCTURAL / FOUNDATION / WALLS	Yes	No	Do Not Know
a. Are you aware of any past and/or present movement, shifting, deterioration, or other problems with wall or foundation? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are you aware of any repairs and/or attempts to control any of the above? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Check all that are applicable: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab			

**COMMENTS:**  
 Has a crawl space

7. WATER / DRAINAGE / SEWAGE	Yes	No	Do Not Know
a. Property connected to (check all that apply): <input checked="" type="checkbox"/> City water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Rural water If Rural Water: District # <u>None</u> Phone: <u>None</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If on well water: To your knowledge, has water ever been tested during your ownership? If yes, did results show any contamination? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. <b>Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change?</b> For more information, visit FEMA's Flood Map Service Center at <a href="https://msc.fema.gov">https://msc.fema.gov</a> .)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Property is connected to (check all that apply): <input checked="" type="checkbox"/> City sewer system <input type="checkbox"/> County sewer system <input type="checkbox"/> Septic system <input type="checkbox"/> Private lagoon <input type="checkbox"/> Holding tank If septic system, when was it last serviced and/or cleaned? <u>None</u> Has a riser been installed? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>If the property is within the city limits and on a septic system, it MAY be required, at time of sale, to be connected to the city sewer system.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Are you aware of any available or pending sewer or water connection? <i>If yes, explain below.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**  
 All sewer an water working

 Seller's initials   
  Seller's initials   
  Buyer's initials   
  Buyer's initials

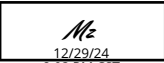
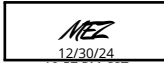


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8. BOUNDARIES / LAND / RESTRICTIONS / COVENANTS	Yes	No	Do Not Know
a. Do you have a copy of a (check all that apply)? <input type="checkbox"/> Pin survey <input type="checkbox"/> Mortgage title inspection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are the property survey pins visible or marked?	<input type="checkbox"/>	<input checked="" 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? If yes, does the fencing belong to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are there property features shared in common with adjoining landowners, such as walls, fences, roads, and/or driveways? If yes, who has responsibility for the maintenance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If yes, what are the dues? Amount 0 per 0 Contact information: None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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? <b>(See attached document required by KSA 12-601.)</b>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
534 south 9th street			

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"/>
<b>Mold and mildew occur in practically all residential properties and certain types can cause health problems to certain people.</b>			
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"/>
f. Have you received any reports pertaining to mold and/or mildew on or within the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>			
None			

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. When were the following last cleaned? Fireplace 0 Wood stove 0 Chimney 0 Flue 0			
g. Location of attic access: Upstairs south bed room			
h. Location of crawlspace access: North side of house			
i. Location of septic and/or sewer clean-out: North west of house by bush			
<b>COMMENTS:</b>			

 Seller's initials    
  Seller's initials    
  Buyer's initials    
  Buyer's initials

Property Address: 534 South 9th Street, Osage City, KS 66523

Date: 12/29/2024

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: <u>None</u>	<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: <u>None</u>	<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: <u>None</u> Date: <u>None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Name of insurance carrier: <u>None</u>			
h. Have you had insurance claims during your ownership? If yes, were repairs made? Explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
j. 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**COMMENTS:**  
 Had a hail storm come through an had to replace siding

- 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**

*Reba Marie Zabel*  
dotloop verified  
 12/29/24 8:03 PM CST  
 PS08JF6X4HWJ0-T15B  
 \_\_\_\_\_  
 Date

**SELLER**

*Michael Earl Zabel*  
dotloop verified  
 12/30/24 12:57 PM CST  
 NPMF-NNGW-3NTG-K0T1  
 \_\_\_\_\_  
 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