

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 30 S. MILL ROAD LEON, KS. 67074

Seller: JAMES & SHERYL NEW

Date of Purchase: OCT. 2019

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				
None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.
	Does Not Transfer	Working	Not Working			Don't Know	Does Not Transfer	Working	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Detectors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Fixtures
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) Gas <u>Electric</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)
				Built in (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Bell
				Vented Outside (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Washer					# of Remotes: <u>2</u> Keypad Entry: (Circle One) YES <u>NO</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aluminum Wiring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copper Wiring
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	220 Volt
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill			<u>100</u>	<input type="checkbox"/>	Service Panel Total Amps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind - (Circle One) Own Rent/Lease
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydroelectric - (Circle One) Own Rent/Lease
Comments:					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease
									Company
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System



27 WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS					
		TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.			TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.
None	Does Not Transfer	Working	Not Working		Don't Know	None	Does Not Transfer	Working	
28									
29									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<u>RECOGN.</u>						<u>CENTRAL</u>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2006</u>	<input type="checkbox"/>	<input type="checkbox"/>
36	<u>ADGAL. 2022</u>						<u>CENTRAL</u>		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2008</u>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Comments:						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	MEDIA				Comments:				
52									
53									
54									
55									
56									
57									
58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
59	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
67	Comments:								
68									



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? _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicate all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab Are there any structural engineer's report(s) available? If YES, Date of Report: <u>8-29-2009</u> Copy Attached? (Mark One): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, indicate any past or present: (Use Comment Lines for further explanations) Movement, shifting, deterioration or other problems with walls or foundation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?
Additional Comments: <u>SEVERAL WINDOWS ARE PAINTED SHUT, DINING ROOM WINDOW GLASS BROKEN OUT &amp; CRACKED GLASS IN SEVERAL PANES IN LIVING ROOM</u>			
YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Age: _____ Type: <u>ASPHALT SHINGLE</u> To your knowledge, are there any <input checked="" type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One) If any, identify details below.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One) If YES, Date: _____ (Identify details below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>GUTTERS NEED REPLACED, PAST ROOF LEAK NOTED IN PLAYROOM CLOSET UPSTAIRS NO CURRENT LEAK NOTED</u>			
YES	NO	DON'T KNOW	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.			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, indicate any past or present: (Use Comment Lines for further explanations) 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:			



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 SECTION 4  
127 WATER/SEWAGE SYSTEMS

128  YES  NO  DON'T KNOW Is the property connected to City Water?

129  YES  NO  DON'T KNOW Is the property connected to Rural Water? If YES, Transfer Fee: \_\_\_\_\_ District: \_\_\_\_\_

130  YES  NO  DON'T KNOW Is the property connected to any private water systems? (Mark all that apply.)

131  Drinking Well  Irrigation Well  Geo-Thermal Well

132  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

133  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

134  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

135  YES  NO  DON'T KNOW Has the water in any wells shown test results of contamination? (If YES, explain below.)

136  YES  NO  DON'T KNOW Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.

137  YES  NO  DON'T KNOW Is the property connected to a septic system? Date Last Pumped: \_\_\_\_\_

138 Tank Size: \_\_\_\_\_ Location: \_\_\_\_\_

139 # feet laterals: \_\_\_\_\_ # Feet infiltrators: \_\_\_\_\_ Location: \_\_\_\_\_

140  YES  NO  DON'T KNOW Is the property connected to a lagoon system? Location: \_\_\_\_\_

141  YES  NO  DON'T KNOW Is the property connected to some other type of waste disposal system? (If YES, explain below.)

142  YES  NO  DON'T KNOW Has the main waste disposal line ever been snaked or scoped?

143  YES  NO  DON'T KNOW To your knowledge, is there any problem relating to the waste disposal system?

144 Additional Comments:

145 **New Sewer Line Installed Oct. 2019**

146 SECTION 5  
147 WATER INTRUSION/LEAKS

148 *To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)*

149  YES  NO  DON'T KNOW Any water leakage in or around the fireplace or chimney?

150  YES  NO  DON'T KNOW Any water leakage around (If YES, mark all that apply.)  WINDOWS  SKYLIGHTS  DOORS?

151  YES  NO  DON'T KNOW Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?

152  YES  NO  DON'T KNOW Any leaks caused by appliances?

153  YES  NO  DON'T KNOW Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

154  YES  NO  DON'T KNOW Any water leakage into (If YES, mark all that apply.)  BASEMENT  CRAWL SPACE

155  YES  NO  DON'T KNOW Any accumulation of water within the basement/crawl space?

156  YES  NO  DON'T KNOW Sump Pump(s) Location(s): **Basement**

157  YES  NO  DON'T KNOW Drain Tiles (if YES, mark all that apply.)  INTERIOR  EXTERIOR

158 Additional Comments:

161 SECTION 6  
162 PEST, WOOD INFESTATION & DRY ROT

163  YES  NO  DON'T KNOW Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)

164  WOOD DESTROYING INSECTS  DRY ROT  OTHER WOOD INFESTATION

165  YES  NO  DON'T KNOW Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)

166  WOOD DESTROYING INSECTS  DRY ROT  OTHER WOOD INFESTATION

167  YES  NO  DON'T KNOW Have there been any repairs of such damage? (If YES, explain below.)

168  YES  NO  DON'T KNOW Is the property currently under a termite warranty or other coverage by a licensed pest control company?

169 Company: \_\_\_\_\_ Warranty Expiration Date: \_\_\_\_\_

170  YES  NO  DON'T KNOW Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)

171  YES  NO  DON'T KNOW Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.)

172  YES  NO  DON'T KNOW Any pest control reports in the last 5 years? (If YES, explain below.)

173  YES  NO  DON'T KNOW Any professional pest control treatments in the last 5 years? (If YES, explain below.)

174 Additional Comments:

175 **Wood Destroying Insect Report Completed**

176 **8-16-2019**



179  
180  
181  
182  
183  
184  
185  
186  
187  
188  
189  
190  
191  
192  
193  
194  
195  
196  
197  
198  
199  
200  
201  
202  
203  
204  
205  
206  
207  
208  
209  
210  
211

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.

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

212  
213  
214  
215  
216  
217  
218  
219  
220  
221  
222  
223  
224  
225  
226  
227  
228  
229  
230  
231  
232  
233

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

234

RELEASE DATE 4/2022 (Rev 11/21)

SELLER'S INITIALS *JWSN*

BUYER'S INITIALS: \_\_\_\_\_

Pg 5 of 7



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

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

237 SECTION 9

238 **SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION**

239 The law requires that the Seller disclose the existence of special assessments against a property.

240  YES  NO  DON'T KNOW  Any current/pending bonds, assessments, or special taxes that apply to property?

241  YES  NO  DON'T KNOW The property may be subject to special assessments or is located in an improvement district? (Refer to relevant tax

242  Owner  County  Public Record  Other: \_\_\_\_\_

243  YES  NO  DON'T KNOW Is the property subject to rules or regulations of an active Homeowner's Association?

244  Annual Dues? \_\_\_\_\_ Initiation Fee? \_\_\_\_\_

245  Homeowner's Association contact information: \_\_\_\_\_

246  YES  NO  DON'T KNOW Is the property subject to a right of first refusal?

247  YES  NO  DON'T KNOW Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision

248  YES  NO  DON'T KNOW Any violations of such covenants and restrictions?

249 Comments:

250

251

252 SECTION 10

253 **MISCELLANEOUS**

254  YES  NO  DON'T KNOW Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions)

255  YES  NO  DON'T KNOW Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?

256  YES  NO  DON'T KNOW Is the present use of the property a non-conforming use?

257  YES  NO  DON'T KNOW Have there been any insurance claims during the seller's ownership?

258  YES  NO  DON'T KNOW Were repairs made? If so, explain: \_\_\_\_\_

259  YES  NO  DON'T KNOW Is there any unrepaired damage due to hail, storm, wind, fire or flood?

260  YES  NO  DON'T KNOW Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?

261  YES  NO  DON'T KNOW Does a pet(s) reside or has a pet(s) ever resided in or on the property?

262  YES  NO  DON'T KNOW Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?

263  YES  NO  DON'T KNOW Do all window and door treatments remain? If NO, please list: \_\_\_\_\_

264 \_\_\_\_\_

265  YES  NO  DON'T KNOW Does any other personal property remain? If YES, please list: \_\_\_\_\_

266 \_\_\_\_\_

267  YES  NO  DON'T KNOW Does the property contain any of the following? (Mark all that apply.)

268  Swimming Pool  Spa  Hot Tub  Sauna  Water Feature

269  If YES, are either of the following heated?  Swimming Pool  Spa If yes, type of heat? \_\_\_\_\_

270  Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water

271  feature? Explain: \_\_\_\_\_

272  YES  NO  DON'T KNOW Is the property in a holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?

273  YES  NO  DON'T KNOW Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use,

274  YES  NO  DON'T KNOW Are there any transferable warranties on the property or any of its components?

275 Comments:

276

277

278

279 Any Additional Comments For Part II:

280 New Sewer Line 2019, New Water Heater 2022

281

282

283

284



### SELLER'S ACKNOWLEDGEMENT

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

294  
 295 Seller is occupant:  YES  NO

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

298 SELLER: James M. Lewis 5/18/2022 SELLER: Sherry L. New 5-18-2022  
 299 Date Date Date

### 300 BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

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

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

317 BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_  
 318 Date Date



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