



## Seller's Disclosure Statement for Commercial/Industrial Property

### Addendum to Listing Contract # \_\_\_\_\_

The following is a disclosure statement, made by Seller concerning the condition of the property located at:

Street Address: 520 WATSON STREET  
 City: GLASSBORO State: MO  
 Zip Code: 65254 County: HOWARD

This disclosure is not a warranty of any kind by Seller or any agent of Seller in this transaction, and is not a substitute for any inspection or warranties the buyer may wish to obtain. The following are representations made by the Seller and are not representations of the Seller's agent.

#### To the Seller:

Please complete the following form, including past history or problems if known. **Do not leave any spaces blank.** If the condition is not applicable to your property, mark "NA" in the blank. **Attach additional pages if additional space is required.** Be sure to sign every page.

#### 1. GENERAL.

- a) Approximate Year Built: 1900 (Seller to complete Lead-based Paint Disclosure form (DSC-2000 or DSC-3000) for residential building built prior to 1978).
- b) Date Purchased: 20 1998

#### 2. OCCUPANCY.

- a) Is the property currently vacant? ☐ Yes ☒ No
- b) Does Seller currently occupy this property?  
☒ Yes ☐ No. If not, how long has it been since Seller occupied or inspected the property?  
 (1) Occupied \_\_\_\_\_  
 (2) Inspected \_\_\_\_\_

#### 3. LAND (SOILS, DRAINAGE AND BOUNDARIES).

- a) Has any part of the property been filled other than in ordinary construction? ☐ Yes ☒ No ☐ Unknown
- b) Is the property located in a flood zone, established flood plain or wetlands area? ☐ Yes ☒ No ☐ Unknown
- c) Do you know of any past or present drainage or flood problems affecting the property or immediately adjacent properties? ☐ Yes ☒ No
- d) Do you know of any encroachments, title disputes, boundary line disputes or easements affecting the property? ☐ Yes ☒ No

If any of your answers in this section are "Yes," explain in detail: \_\_\_\_\_

#### 4. ROOF. (Defined as outer layer of roof)

- a) Age: 12 years.
- b) Has the roof ever leaked during your ownership?  
☐ Yes ☒ No
- c) Has the roof been replaced or repaired during your ownership? ☒ Yes ☐ No
- d) Do you know of any problems with the roof or rain gutters? ☐ Yes ☒ No

If any of your answers in this section are "Yes," explain in detail: \_\_\_\_\_

#### 5. TERMITES, DRYROT, PESTS.

- a) Do you have any knowledge of termites, wood destroying insects, dryrot or pests on or affecting the property? ☐ Yes ☒ No
- b) Do you have any knowledge of any previous treatment or damage to the property relating to termites, dryrot or pests? ☐ Yes ☒ No
- c) Is your property currently under warranty or other coverage by a licensed pest control company?  
☐ Yes ☒ No

If any of your answers in this section are "Yes," explain in detail: \_\_\_\_\_

#### 6. STRUCTURAL ITEMS.

- a) Are you aware of any past or present cracks or flaws in the walls, foundations or structural areas?  
☐ Yes ☒ No
- b) Are you aware of any past or present water leakage or seepage in the building? ☒ Yes ☐ No
- c) Are you aware of any fire damage or other casualty to the property? ☐ Yes ☒ No
- d) Have there been any repairs or other attempts to control any problem described above? ☒ Yes ☐ No
- e) Have any insurance claims been made in the last 5 years? ☐ Yes ☒ No
- f) Have you received any insurance payments for damage to the property, which were not spent for repairs?  
☐ Yes ☒ No
- g) Are you aware of any insurance application or prior coverage regarding all or any part of the property that has been rejected or will not be renewed? ☐ Yes ☒ No

## Reference

- h) Are you aware that any existing insurance coverage will be subjected to increased premium rates?  
☐ Yes ☒ No
- i) Do you know of any temporary repairs that when made the repairmen advised that replacement would soon be needed?  
☐ Yes ☒ No

If any of your answers in this section are "Yes," explain in detail. When describing repairs or control efforts, describe the location, extent, date, and name of the persons who did the repair or control effort. Also attach copies of any available insurance claims made within the last 5 years. North Side Center has been leaking

## 7. BASEMENTS, CRAWLSPACES AND FOUNDATIONS.

- a) Does the property have a sump pump?  
☐ Yes ☒ No
- b) Has there ever been any water leakage, seepage, accumulation, moisture or dampness within or around the basement, crawlspace, foundation or slab?  
☐ Yes ☒ No If "Yes," describe in detail: \_\_\_\_\_
- c) Have there been any repairs or other attempts to control any water or dampness problem relating to the basement, crawlspace, foundation or slab?  
☐ Yes ☒ No If "Yes," describe the location, extent, date, and name of the person who did the repair or control effort: \_\_\_\_\_

## 8. ADDITIONS/REMODELS.

- a) Have you made any additions, improvements, structural changes, or other alterations to the property?  
☐ Yes ☒ No If "Yes," did you obtain all necessary permits and approvals and was all work in compliance with building codes? ☐ Yes ☐ No ☐ Unknown If your answer is "No," explain: \_\_\_\_\_

## 9. HEATING AND AIR CONDITIONING.

- a) Air Conditioning: ☒ Central Electric ☐ Central Gas ☐ Window ☐ (#) Units
- b) Heating: ☒ Electric ☐ Propane ☒ Natural Gas ☐ Other: \_\_\_\_\_
- c) Water Heating: ☒ Electric ☐ Gas ☐ Solar

Are you aware of any problems regarding these items?  
☐ Yes ☒ No If "Yes," explain in detail: \_\_\_\_\_

## 10. ELECTRICAL SYSTEM.

Are you aware of any problems with the electrical system? ☐ Yes ☒ No  
 If "Yes," explain in detail: \_\_\_\_\_

## 11. PLUMBING SYSTEM.

Are you aware of any problems with the plumbing system? ☐ Yes ☒ No  
 If "Yes," explain in detail: \_\_\_\_\_

## 12. OTHER EQUIPMENT AND ITEMS.

Mark the number of items being sold with property.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Electric Garage Door Opener     | <input type="checkbox"/> Transmitters  | <input type="checkbox"/> Water Softener  | <input type="checkbox"/> Smoke Detectors            |
| <input type="checkbox"/> Security Alarm System           | <input type="checkbox"/> Disposal      | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Fire Suppression Equipment |
| <input type="checkbox"/> Spa/Hot Tub                     | <input type="checkbox"/> Refrigerator  | <input type="checkbox"/> Dishwasher      | <input type="checkbox"/> Automatic Timers           |
| <input type="checkbox"/> Fireplace Doors and Covering    | <input type="checkbox"/> Stove         | <input type="checkbox"/> Microwave Oven  | <input type="checkbox"/> Ceiling Fans               |
| <input type="checkbox"/> TV Antennas                     | <input type="checkbox"/> Washer        | <input type="checkbox"/> Dryer           | <input type="checkbox"/> FP Insert                  |
| <input type="checkbox"/> Wood Stove                      | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pool Heater     | <input type="checkbox"/> Propane Tank               |
| <input type="checkbox"/> Pool/Spa Equipment (list) _____ |  |  |   |

Other (describe): \_\_\_\_\_

If any of the above are not in working order, or are not owned by Seller, explain: \_\_\_\_\_

## 13. AVAILABLE RESOURCES.

- ☐ Sewer System ☐ Natural Gas ☐ Electricity  
☐ Telephone Cable ☐ Television Cable

- a) What is your drinking water source:  
☒ Public ☐ Private System  
☐ Well on Property ☐ Shared Well
- b) If non-public, date last tested: \_\_\_\_\_  
 Results: \_\_\_\_\_
- c) What is the type of sewage system:  
☒ Public Sewer ☐ Connected ☐ Private Sewer  
☐ Septic Tank ☐ None  
 Other: \_\_\_\_\_  
 Explain: \_\_\_\_\_
- d) Is there a sewage lift pump? ☐ Yes ☐ No
- e) When was the septic system last serviced? \_\_\_\_\_
- f) Do you know of any leaks, backups or other problems relating to any of the plumbing, water and sewage-related items? ☐ Yes ☒ No  
 If "Yes," explain in detail: \_\_\_\_\_

## 14. NEIGHBORHOOD.

Are you aware of any annexation, school re-districting, threat of condemnation, zoning changes or street changes? ☐ Yes ☒ No If "Yes," explain in detail: \_\_\_\_\_

## 15. HAZARDOUS SUBSTANCES.

- a) Are you aware of the presence of any lead-based paint on the property? ☐ Yes ☒ No
- b) Are you aware of asbestos materials on the property, such as roof shingles, siding insulation, ceiling, flooring, pipe wrap, etc? ☐ Yes ☒ No
- c) Are you aware of the presence of other environmental concerns that may affect the property such as underground tanks, lead water supply pipes, polychlorinated biphenyls (PCB's), radon gas, mold, toxic waste, dump sites or any other hazardous substance? ☐ Yes ☒ No