



Date: _____

Date Purchased: 1996

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 Please note that personal property items listed on this form are not included unless specified in the contract.)		Working	Not Working	None/Not Included
a.	Built-in vacuum system			✓
b.	Clothes dryer			✓
c.	Clothes washer			✓
d.	Dishwasher	✓		
e.	Disposal	✓		
f.	Freezer			✓
g.	Gas grill			✓
h.	Built-in microwave	✓		
i.	Built-in oven			✓
j.	Kitchen cook top/range	✓		
k.	Kitchen refrigerator			✓
l.	Room air conditioner # of units _____			✓
m.	Trash compactor			✓
n.	TV antenna/dish	✓		
o.	Vent hood	✓		
p.	Other			
Comments/explanations:				
2. ELECTRICAL SYSTEM		Working	Not Working	None/Not Included
a.	Air purifier			✓
b.	Ceiling fan(s) # of units <u>5</u>	✓	except 2 fan	
c.	Doorbell	✓		
d.	Garage door opener(s) # of units <u>1 door</u>	✓		
e.	Inside telephone wiring	✓		
f.	Intercom/sound system			✓
g.	Light fixtures	✓		
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 checked="" type="checkbox"/> Carbon monoxide detection <input type="checkbox"/> Own <input type="checkbox"/> Lease Monitored by: _____			
i.	Detectors (check all that apply): <input checked="" type="checkbox"/> Smoke alarm <input checked="" type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane			
j.	Switches & outlets	✓		
k.	Bathroom vent fan(s)	✓		
l.	Who is your electric service provider?	4 Rivers		
m.	Other:			
Comments/explanations:				

3. HEATING & COOLING SYSTEMS		Working	Not Working	None/Not Included
a.	Attic fan		✓	
b.	Central air conditioning	✓		
c.	Electronic air cleaner			✓
d.	Heat pump			✓
e.	Heating system type(s) (check all that apply): <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other			
f.	Humidifier			✓
g.	Propane tank # of gallons <u>200</u> <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			
h.	Fireplace - wood # of units _____			✓
i.	Fireplace - gas # of units _____			✓
j.	Fireplace - gas starter # of units _____			✓
k.	Wood burning stove			✓
l.	Other			
Comments/explanations:				
4. PLUMBING / CLEAN WATER SYSTEMS		Working	Not Working	None/Not Included
a.	Plumbing pipes	✓		
b.	Plumbing fixtures	✓		
c.	Water heater type(s) (check all that apply): # of units <u>1</u> <input type="checkbox"/> Gas # of gallons _____ <input checked="" type="checkbox"/> Electric # of gallons <u>40</u> <input type="checkbox"/> Propane # of gallons _____ <input type="checkbox"/> Other # of gallons _____			
d.	Water purifier			✓
e.	Water softener <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name: <u>not installed</u>			
f.	Jet tub	✓		
g.	Hot tub			✓
h.	Pool			✓
i.	Pool equipment			✓
j.	Sauna			✓
k.	Underground sprinkler			✓
l.	Sump pump	✓		
Check all that apply below:				
m.	<input type="checkbox"/> Septic <input type="checkbox"/> Lagoon			
n.	<input type="checkbox"/> Well <input type="checkbox"/> Cistern			
o.	Other <u>City Sewer</u>	✓		
Comments/explanations:				

gsp Seller's initials _____ Seller's initials

Buyer's initials

Property Address: 1011 N. Arrowhead Dr. New Straawn, KS Date: _____

5. ROOF / EXTERIOR WALLS / INSULATION	Yes	No	Do Not Know
a. Approximate age of roof surface <u>26 yrs</u> Roof surface type: <u>Composite</u>			
b. Are you aware of any leaks in roof during your ownership? If yes, explain below.		✓	
c. Has roof been replaced and/or repaired during your ownership? If yes, explain below.		✓	
d. Do you know of any problems with roof and/or rain gutters? If yes, explain below.		✓	
e. Does the structure include an Exterior Insulated Finish System (EIFS)?		✓	
f. Are you aware of any past and/or present moisture problems? If yes, explain below.	✓	✓	
g. Location of insulation (check all that apply): <input checked="" type="checkbox"/> Ceiling <input checked="" type="checkbox"/> Attic <input checked="" type="checkbox"/> Walls <input type="checkbox"/> Floors			

COMMENTS:

2 window wells leak - Drains need repaired
1 wall corner leaks

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? If yes, explain below.	✓		
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? If yes, explain below.		✓	
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? If yes, explain below.	✓		
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? If yes, explain below.		✓	
e. Are you aware of any repairs and/or attempts to control any of the above? If yes, explain below.	✓		
f. Check all that are applicable: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab			

COMMENTS:

2 window wells leak - Drains need repair
1 wall corner leaks

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 # _____ Phone: _____	✓		
b. If on well water: To your knowledge, has water ever been tested during your ownership? If yes, did results show any contamination? If yes, explain below.			✓
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. If yes, explain below.		✓	
d. Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change? For more information, visit FEMA's Flood Map Service Center at https://msc.fema.gov .		✓	
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? _____ Has a riser been installed? <input type="checkbox"/>			
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.			
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? If yes, explain below.		✓	
g. Are you aware of any available or pending sewer or water connection? If yes, explain below.		✓	

COMMENTS:

gap Seller's initials _____ Seller's initials _____ Buyer's initials _____ Buyer's initials _____

Date: _____

211	Seller's initials	Seller's initials	Buyer's initials	Buyer's initials
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Property Address: 1011 N. Arrowhead Dr

Date: _____

11. DAMAGE DISCLOSURES	Yes	No	Do Not Know
a. Are there any trees and/or shrubs diseased or dead?		<input checked="" type="checkbox"/>	
b. Do you have any knowledge of termites, other wood destroying insects, and/or dry rot on or affecting the property?		<input checked="" type="checkbox"/>	
c. Are you aware of any damage to the property caused by termites, other wood destroying insects, and/or dry rot?		<input checked="" type="checkbox"/>	
d. Have you had termite and/or pest control reports and/or treatments for the property?	<input checked="" type="checkbox"/>		
If yes, name of company: _____			
e. Is property currently under contract by a licensed pest control company for termites and/or other wood destroying insects?		<input checked="" type="checkbox"/>	
If yes, name of company: _____			
f. Are you aware of any past and/or present damage due to wind, fire, flood, rodents, and/or pets?		<input checked="" type="checkbox"/>	
If yes, were repairs made? _____			
If yes, name of company: _____ Date: _____			
g. Have you had insurance claims during your ownership?	<input checked="" type="checkbox"/>		
If yes, were repairs made? If yes, explain below. _____			
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 checked="" 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"/>	
COMMENTS:			
<u>Nail Storm - Replaced AC & some Screens</u>			

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

Glenda S Perkins

SELLER

1-3-23

Date

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

BUYER

Date

Date