

Seller's Property Disclosure
(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 1112 16th St. Date of Purchase: 1/26/20
 Seller(s): Burlington KS 66839

This report serves a dual purpose, to disclose property condition and to indicate items the Seller intends to leave in the home which will be transferred to the Buyer pursuant to the purchase contract, and it will be made a part of the purchase contract. Please be as complete and accurate as possible. 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 disclosure.

PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.

	TRANSFERS TO BUYER			TRANSFERS TO BUYER			
Does Not Transfer to Buyer	Not Working	Don't Working	Don't Know	Does Not Transfer to Buyer	Not Working	Don't Working	Don't Know

APPLIANCES

Central Vac	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Oven/Range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiver(s) & Remotes #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL SYSTEMS

Elec Air Filter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door Bell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna <i>not used</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches/Outlets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent/Financed Co				
Comments:				

Smoke/Fire Detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside Telephone Wiring/ Blocks/Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cable TV Wiring/Jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garage Door Opener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Control(s) #	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
220 Volt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Panel Total Amps	200			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAINAGE/SEWAGE SYSTEMS Part I (See Part II also)

Sewage System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	Septic Tank with Leach			
Seller Initials	<div style="border: 1px solid black; padding: 2px;">PJ</div>	<div style="border: 1px solid black; padding: 2px;">MS</div>		

Sump Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buyer Initials	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		

PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.

		TRANSFERS TO BUYER					TRANSFERS TO BUYER		
		Does Not Transfer to Buyer	Not Working	Don't Know			Does Not Transfer to Buyer	Not Working	Don't Know
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEATING AND COOLING SYSTEMS

Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole House/ Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window/Wall AC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Log Lighter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane Tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent Co.				

Comments:

WATER SYSTEMS Part I (See Part II also)

Hot Tub/Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool/Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Purifier/R.O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Hot Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Own <input type="checkbox"/> Rent Co.				

Comments:

Cooling System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type			Age	4-5
Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type			Age	4-5
Fireplace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace Insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodburning Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date <input checked="" type="checkbox"/> Fireplace <input type="checkbox"/> wood stove <input type="checkbox"/> chimney <input type="checkbox"/> flue				
was last cleaned	2021			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II - Answer questions to the best of your (Seller's) knowledge.

Yes	No	Don't Know
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WATER SYSTEMS (Part II)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a public water system?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, <input checked="" type="checkbox"/> City Water <input type="checkbox"/> Rural Water Transfer Fee \$ <input type="text"/> District <input type="text"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a private water system?
	<input type="checkbox"/>	<input type="checkbox"/>	If yes, <input type="checkbox"/> Drinking Well <input type="checkbox"/> Irrigation Well
			Location <input type="text"/> Depth <input type="text"/> Type <input type="text"/>
			Location <input type="text"/> Depth <input type="text"/> Type <input type="text"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has water ever shown test results of contamination? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain below)
			Are there any abandoned <input type="checkbox"/> cisterns or <input type="checkbox"/> unplugged wells?
Comments <div style="border: 1px solid black; height: 40px;"></div>			

Seller Initials

☒ ☒

Buyer Initials

Yes	No	Don't Know
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Buyer Initials

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

To your knowledge, are there any problems relating to any common area?
 Have you been notified of any condition which may result in an increase in assessment?

Comments

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are there any restrictive covenants?

Comments

Part II – Answer questions to the best of your (Seller's) knowledge.

	Don't
Yes	No Know

TERMITES, WOOD INFESTATION, DRY ROT

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Do you have knowledge of ☐ termites, ☐ dry rot, or ☐ other wood infestation on/affecting property?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Do you have any knowledge of any damage to the property caused by ☐ termites, ☐ wood infestation, or ☐ dry rot?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Have there been any repairs of such damage?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Is the property currently under termite warranty or other coverage by a licensed pest control company? Who?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Have you had any termite control reports in the last five years?

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had any termite control treatments in the last five years?

Comments

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

Have you had any pest control reports in the last five years?

Comments

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Have you had any pest control treatments in the last five years?

Comments

BOUNDARIES/LAND

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had a survey of your property?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are the boundaries of your property marked in any way?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is there any fencing on the boundary(ies) of the property?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, does the fencing belong to the property?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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To your knowledge, is any portion of the property located in a federally designated flood plain or wetlands area?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Do you currently pay flood insurance?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are there any features of the property shared in common with adjoining landowners, such as walls, fences, roads, driveways (explain below)?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Is the property owner responsible for maintenance of any such shared feature?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Do you know of any ☐ expansive soil, ☐ fill dirt, ☐ sliding, ☐ settling, ☐ earth movement, ☐ upheaval, or ☐ earth stability problems that have occurred on the property or the immediate neighborhood?

Comments

Seller Initials

Buyer Initials

Yes	No	Don't Know
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Part II – Answer questions to the best of your (Seller's) knowledge.

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ureaformaldehyde foam insulation (UFFI)
<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are any of the above conditions present near your property?
		Comments <input type="text"/>

MISCELLANEOUS

To your knowledge:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have any structural additions, changes, or repairs been made to the property without obtaining all necessary permits and government approvals?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any producing or non-producing gas/oil wells on the property or adjacent property?
		Do mineral rights convey to Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A
		If no, please define: <input type="text"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any current special assessments or do you have knowledge of any future assessments?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there any unrepaired damage due to hail, storm, wind, fire, flood, rodents, or pets?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any stains, tears, burns, holes, etc. in the Property that are not readily visible?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you currently own or have you ever owned a pet in this property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has there been any damage due to pets, including but not limited to odors, stains, etc.?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had any insurance claims in the past five years?
		Were repairs made? Explain <input type="text"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the present use of the property a non-conforming use?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any diseased or dead trees or shrubs?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do all window and door treatments stay? If no, list those that do not stay <input type="text"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property? If yes, explain.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any transferable warranties on appliances or remaining personal property (list below)?
		Comments <input type="text"/>

Seller's Disclosures Concerning Special Assessments

The law requires that the Seller disclose the existence of special assessments or fee against a property. To your knowledge:

<input type="checkbox"/>	<input checked="" type="checkbox"/>	The Property may be subject to special assessment or similar fee or is located in an improvement district. (See attached document.)
		<input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other: <input type="text"/>

Seller Initials

Buyer Initials

Seller's Acknowledgment

Seller acknowledges that: the information contained in this disclosure is accurate, true and complete to the best of Seller's knowledge, information and belief; Seller has provided all the information contained in this Seller's Property Disclosure; and that the Broker has not prepared, nor assisted in the preparation of this Disclosure. Seller hereby authorizes the listing broker to provide copies of this Disclosure to other real estate brokers and agents and prospective buyers of the property.

Seller is occupant:

☒ Yes

☐ No

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

Seller Texas Jenkins 8/9/25
Date

Seller Mary Jenkins 8/9/25
Date

BUYER'S ACKNOWLEDGMENT AND AGREEMENT

1. I have personally inspected the property. I will rely upon the inspections encouraged under my contract with Seller. Subject to any inspections, I agree to purchase the property in its present condition without representations or guarantees of any kind by the Seller or any Brokers concerning the condition or value of the property.
2. I agree to verify any of the above information that is important to me by an independent investigation of my own. I have been advised to have the property examined by professional inspectors.
3. I acknowledge that neither Seller nor any Brokers involved in this transaction is an expert at detecting or repairing physical defects in the property. I state that no important representations concerning the condition of the property are being relied upon by me except as disclosed above or as fully set forth as follows:
4. "Kansas law requires persons who are convicted of certain crimes, including certain sexually violent crimes, to register with the sheriff of the county in which they reside. If you, as the buyer, desire information regarding those registrants, you may find information on the homepage of the Kansas Bureau of Investigation (KBI) at <http://www.Kansas.gov/kbi> or by contacting the local sheriff's office."

Buyer _____
Date

Buyer _____
Date