

# Seller's Property Disclosure

(To be completed by Seller)

**This report supersedes any list appearing in the MLS**

Property Address: 1744 21st Road Waverly, KS 66877 Date of Purchase: 09/2004

Seller(s): Dan & Anne Tice

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 Know		Does Not Transfer to Buyer	Not 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiver(s) & Remotes # <u>        </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>Starlink</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>                    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ELECTRICAL SYSTEMS

Elec Air Filter	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent Fan	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Own ☐ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV Wiring/Jacks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote Control(s) # <u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Wiring	<input 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 <u>200</u>				
Other <u>                    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>                    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Sewage System ☐ ☒ ☐ ☐

Comments:

Lagoon

Seller Initials

AMC AT

Sump Pump ☐ ☒ ☐ ☐

Other                     

Other                     

Buyer Initials

**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 Know			Does Not Transfer to Buyer	Not Working	Don't Working Know

### HEATING AND COOLING SYSTEMS

Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole House/ Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window/Wall AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Log Lighter	<input 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"/>

☒ Own ☐ Rent Co. \_\_\_\_\_

Comments:

Cooling System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type	Central (2)			Age	9
Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type	Central / propane			Age	20
Fireplace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Woodburning Stove	<input type="checkbox"/>	<input checked="" 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	_____				
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"/>

### WATER SYSTEMS Part I (See Part II also)

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

☒ Own ☐ Rent Co. \_\_\_\_\_

Comments:

In line water filtration.  
Hot water circulator. (Kitchen)

Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type	Copper / PEX			
Water Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type/Size	Propane / 40			
Age	9			
Underground Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has approved backflow device been installed?	_____			
Date last tested/inspected	_____			

### 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?
			If yes, <input type="checkbox"/> City Water <input checked="" type="checkbox"/> Rural Water Transfer Fee \$ _____ District _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a private water system?
			If yes, <input type="checkbox"/> Drinking Well <input checked="" type="checkbox"/> Irrigation Well
			Location _____ Depth _____ Type _____
			Location _____ Depth _____ Type _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 _____

Seller Initials

AMT

Buyer Initials

\_\_\_\_\_

**Part II – Answer questions to the best of your (Seller's) knowledge. Specify relevant details in comments line.**

Yes      No      Don't Know

**DRAINAGE/SEWAGE SYSTEMS (Part II)**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is property connected to a public sewer system? If yes, no explanation is required.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is property connected to a septic system? Date last pumped <input type="text"/>
			Tank size <input type="text"/> Location <u>West</u> # feet laterals <input type="text"/>
			# feet infiltrators <input type="text"/> Location <input type="text"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a lagoon system? Location <u>West of house</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to some other type of waste disposal system? Explain below.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is there any problem relating to the waste disposal system?
<input type="checkbox"/>	<input 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 so, is the property in compliance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the property ever had a drainage problem during your ownership?
			Comments <input type="text"/>

**STRUCTURAL FOUNDATION/WALLS**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check all that apply <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, are you aware of any adverse conditions (explain below)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>To your knowledge, indicate any past or present:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cracks or flaws in the walls, floors, or foundation?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?
<input type="checkbox"/>	<input checked="" 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"/>	Repairs to items in this section?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties (explain below)?
			Comments <input type="text"/>

**ROOF/INSULATION**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Age <u>8</u> Type <u>Asphalt</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input type="checkbox"/> past or <input type="checkbox"/> present roof leaks?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the roof been <input checked="" type="checkbox"/> replaced or <input type="checkbox"/> repaired during your ownership?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with roof or rain gutters?
			Insulation in (circle all that apply): <u>Y</u> N DK ceiling/attic <u>Y</u> N DK walls <u>Y</u> (N)DK floors
			Comments <input type="text"/>

**HOMEOWNER'S ASSOCIATION**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of any homeowner's association?
			Comments <input type="text"/>
			Annual Dues \$ <input type="text"/> Initiation Fee \$ <input type="text"/>
Seller Initials <u>AMT</u> <u>DOT</u>		Buyer Initials <input type="text"/> <input type="text"/>	

<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.**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
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**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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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"/>
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Have you had any pest control reports in the last five years?

Comments \_\_\_\_\_

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? *shared with adjoining land owner*

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

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

*AM* *LOT*

Buyer Initials

\_\_\_\_\_  
\_\_\_\_\_

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

Yes      No      Don't  
Know

**WATER INTRUSION/LEAKS**

**To your knowledge, indicate any past or present:**

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

Water leakage in or around the fireplace or chimney?

Water leakage around ☐ windows or ☐ doors?

Accumulation of water within the basement/crawl space?

Dampness within the basement/crawl space?

Repairs or other attempts to control any water/dampness in basement/crawl space?

Leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?

Leaks caused by any appliance?

Leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

Comments \_\_\_\_\_

**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.**

**To your knowledge, indicate any past or present:**

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

Presence of any mold/mildew in the property?

Any problems created by mold or mildew for occupants of the structure during your ownership?

Have you had any inspections for mold or mildew?

Have you received any reports pertaining to mold or mildew on or within the structure?

Comments \_\_\_\_\_

**ENVIRONMENTAL CONDITIONS**

Groundwater contamination has been detected in several areas in and around Sedgwick County.

Licensees do not have any expertise in evaluating environmental conditions.

Are you aware of groundwater contamination or other environmental concerns?

Do you have any reports or records pertaining to groundwater contamination or other environmental concerns?

**To your knowledge, are any of the following substances, materials or products on the real property?**

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

Asbestos

Contaminated soil or water (including drinking water)

Landfill or buried materials

Lead-based paint (if yes, see attached disclosure)

Radon gas in house or well

Methane gas

Oil sheers in wet areas

Radioactive material

Toxic material disposal (e.g. solvents, chemicals, etc.)

Underground fuel or chemical storage tanks

EMFs (Electro Magnetic Fields)

Gas or oil wells

Seller Initials

Buyer Initials

**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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any diseased or dead trees or shrubs? <i>Timber area</i>
<input 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                      11/12/2025  
Date

Seller                      11-12-2025  
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