

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  10/20/25
Date

Seller  10/18/25
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

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

This report supersedes any list appearing in the MLS

Property Address: 2420 Rd 45 Reading, KS 66868 Date of Purchase:

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.

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

APPLIANCES

Central Vac	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 # <input type="text"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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 checked="" 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 checked="" 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"/>

Smoke/Fire Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Remote Control(s) # <input type="text"/>	<input type="checkbox"/>	<input 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 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 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Own Rent/Financed Co

Comments:

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

Sewage System

Comments:
New stabilization pond

Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller Initials

Buyer Initials

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

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

HEATING AND COOLING SYSTEMS

Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Log Lighter	<input type="checkbox"/>	<input checked="" 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:
 No solar, Attic fan or gas log lighter

Cooling System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type _____			Age _____	
Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type _____			Age _____	
Fireplace	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	<input 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 type="checkbox"/>

Own Rent Co. _____

Comments:

Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type _____				
Water Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type/Size _____				
Age _____				
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)

Is the property connected to a public water system?
 If yes, City Water Rural Water Transfer Fee \$ _____ District _____

Is the property connected to a private water system?
 If yes, Drinking Well Irrigation Well
 Location _____ Depth _____ Type _____
 Location _____ Depth _____ Type _____

Has water ever shown test results of contamination? No Yes (explain below)

Are there any abandoned cisterns or unplugged wells?
 Comments: Next to the propane tank

Seller Initials MS _____

Buyer Initials MS _____

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 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 <input type="text"/> # 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>South - SE of house</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to some other type of waste disposal system? Explain below.
<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	If so, is the property in compliance?
			Has the property ever had a drainage problem during your ownership?
			Comments <input type="text"/>

STRUCTURAL FOUNDATION/WALLS

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)?
			If yes, are you aware of any adverse conditions (explain below)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, indicate any past or present:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cracks or flaws in the walls, floors, or foundation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problems with operation of windows or doors, or broken seals?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Repairs to items in this section?
			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>14 years 2011</u> Type <input type="text"/>
<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 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 checked="" type="checkbox"/>	Are there any transferable warranties?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you know of any problems with roof or rain gutters?
			Insulation in (circle all that apply): <u>Y N DK</u> ceiling/attic <u>Y N DK</u> walls <u>Y N DK</u> floors
			Comments <input type="text"/>

HOMEOWNER'S ASSOCIATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of any homeowner's association?
			Comments <input type="text"/>

Annual Dues \$ Initiation Fee \$

Seller Initials 16p

Buyer Initials

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 _____

Are there any restrictive covenants?

Comments _____

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

Yes No Don't Know

TERMITES, WOOD INFESTATION, DRY ROT

Do you have knowledge of termites, dry rot, or other wood infestation on/affecting property?

Do you have any knowledge of any damage to the property caused by termites, wood infestation, or dry rot?

Have there been any repairs of such damage?

Is the property currently under termite warranty or other coverage by a licensed pest control company? Who? _____

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

Comments _____

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

Comments _____

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

Comments _____

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

Comments _____

BOUNDARIES/LAND

Have you had a survey of your property?

Are the boundaries of your property marked in any way?

Is there any fencing on the boundary(ies) of the property?

If yes, does the fencing belong to the property?

To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?

To your knowledge, is any portion of the property located in a federally designated flood plain or wetlands area?

Do you currently pay flood insurance?

Are there any features of the property shared in common with adjoining landowners, such as walls, fences, roads, driveways (explain below)?

Is the property owner responsible for maintenance of any such shared feature?

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 _____
East of house fence is shared with Hanks family

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 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Do all window and door treatments stay? If no, list those that do not stay <input type="text"/>
		<i>Storm windows are lose</i>
<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