



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

114 Quail Trail Winfield MO 63389 Lincoln
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

(1) Age Unknown (2) Shape Round (3) Size (length x width) 24'

(4) Depth 4' (5) Volume (gallons) Apx 12,000

(6) Type ☒ Above ground (please check type) ☒ Vinyl liner ☐ Other

☐ In ground (please check type) ☐ Concrete ☐ Stainless ☐ Gunite ☐ Fiberglass ☐ Vinyl liner

☐ Other

(7) Pool Builder Unknown

(8) Type of chemical sanitizer ☒ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater

☐ Other

(9) Cover ☐ Yes ☒ No If "Yes", is it ☐ Automatic ☐ Manual

(10) Pool service provider None Last serviced (date)

(11) Last opened by Owner

Last closed by Owner

(12) Age of heater N/A Heating source N/A

(13) Age of pump Unknown

(14) Age of filter 1 year old Type of filter ☒ Sand ☐ DE ☐ Other

(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed)

We replaced the filter as well as the pipes with PVC piping in 2024.

Note: We do not have a permanent pool cover. We do close it and put a cover on it during the winter but the covers we use are disposable.

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: Not aware of any issues

HOT TUB: (Indicate if any information is approximate)

(1) Age (2) Volume (gallons) (3) Manufacturer

(4) Construction (e.g., fiberglass, plastic, cement)

(5) Type of chemical sanitizer? ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater

☐ Other

(6) Spa service provider Last serviced (date)

(7) Age of heater Heat source

(8) Age of pump (9) Age of filter (10) Number of jets

(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above? ☐ Yes ☐ No

Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS

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(date)

SELLER'S INITIALS

<i>JH</i>	<i>BH</i>
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(date)

10/01/25 10/01/25
5:08 PM CDT 5:14 PM CDT
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Last Revised 12/31/18

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