

This document has legal consequences.

If you do not understand it, consult your attorney.

The text of this form may not be altered in any manner without written acknowledgement of all parties.

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Form # 2091

01/25

SELLER'S DISCLOSURE STATEMENT

Property Address : 11264 Village Dr West, Foristell, MO 63348

Note: If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect Buyer's decision to buy the property, then Seller needs to disclose it. This statement will assist Buyer in evaluating the property being considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot guarantee the accuracy of the information in this form.

TO SELLER: Your truthful disclosure of the condition of your property gives you the best protection against future charges that you violated your legal obligation to Buyer by concealing a material defect(s), lead-based paint, use as a site for methamphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to your ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some persistent pattern of a problem not completely remedied, such information should be included in this disclosure in order to achieve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, even after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all aspects of your property. If you know of or suspect some condition which would substantially lower the value of the property, impair the health or safety of future occupants, or otherwise affect Buyer's decision to buy your property, then use the space at the end of this form to describe that condition.

TO BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER. If you sign a contract to purchase the property, that contract, and not this disclosure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment included, you must specify them in the contract. Since these disclosures are based on the Seller's knowledge, you cannot be sure that there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the Seller are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of the property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, products, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or you should make the correction of these conditions by the Seller a requirement of the sale contract.

STATUTORY DISCLOSURES				
Note: The following information, if applicable to the property, is required by federal or state law to be disclosed to prospective buyers. Local laws and ordinances may require additional disclosures.				
LEAD-BASED PAINT		YES	NO	UNK
1	Does the Property include a residential dwelling built prior to 1978? If "Yes," 42 U.S.C. 4852d and EPA regulations promulgated pursuant thereto require that a completed Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards form (Form #2049) must be signed by Seller and any involved real estate licensee(s) and given to any potential buyer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Please explain any "Yes" answers you gave in this section:			
METHAMPHETAMINE		YES	NO	UNK
3	Are you aware if the Property is or was used as a site for methamphetamine production or the place of residence of a person convicted of a crime involving methamphetamine or a derivative controlled substance related thereto? If "Yes," §442.606 RSMo requires you to disclose such facts in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Please explain any "Yes" answers you gave in this section:			
WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)		YES	NO	UNK
5	Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? If "Yes," Section 260.213 RSMo requires Seller to disclose the location of any such site on the Property. Note: If Seller checks "Yes," Buyer may be assuming liability to the State for any remedial action at the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

UNK=Unknown

BUYER	BUYER

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6	Please explain any "Yes" answers you gave in this section:				
	RADIOACTIVE OR HAZARDOUS MATERIALS		YES	NO	UNK
7	Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Please explain any "Yes" answers you gave in this section:				
ADDITIONAL DISCLOSURES					
	Lead-Based Paint		YES	NO	UNK
9	Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Are you aware if it has ever been covered or removed?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Are you aware if the property has been tested for lead?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Please explain any "Yes" answers you gave in this section including test date, type of test and results:				
	Radon		YES	NO	UNK
13	Are you aware if the property has been tested for radon gas?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Are you aware if the property has ever been mitigated for radon gas?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Please explain any "Yes" answers you gave in this section:				
	Mold		YES	NO	UNK
16	Are you aware of the presence of any mold on the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Are you aware of anything with mold on the property that has ever been covered or removed?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Are you aware if the property has ever been tested for the presence of mold?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Please explain any "Yes" answers you gave in this section:				
	Asbestos Materials		YES	NO	UNK
20	Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Are you aware of any asbestos material that has been encapsulated or removed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Are you aware if the property has been tested for the presence of asbestos?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Please explain any "Yes" answers you gave in this section:				
	Other Environmental Concerns		YES	NO	UNK
24	Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Please explain any "Yes" answers you gave in this section:				
SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)					
26	Development Name		Incline Village HOA		
27	Contact Name		Incline Village		Phone # 6364632047
28	Type of Property (check all that apply) <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op				
29	Mandatory Assessment #1		\$400	per	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other
30	Mandatory Assessment #2		\$400	per	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other
31	Mandatory Assessment(s) include:				
	<input checked="" type="checkbox"/> entrance sign/structure <input checked="" type="checkbox"/> street maintenance <input checked="" type="checkbox"/> common ground <input type="checkbox"/> snow removal specific to dwelling <input checked="" type="checkbox"/> snow removal common area <input checked="" type="checkbox"/> landscaping of common area <input type="checkbox"/> landscaping specific to dwelling <input checked="" type="checkbox"/> reception facility <input checked="" type="checkbox"/> clubhouse <input checked="" type="checkbox"/> pool <input checked="" type="checkbox"/> tennis court <input type="checkbox"/> exercise area <input type="checkbox"/> water <input type="checkbox"/> sewer <input type="checkbox"/> trash removal <input type="checkbox"/> doorman <input type="checkbox"/> cooling <input type="checkbox"/> heating <input checked="" type="checkbox"/> security <input type="checkbox"/> elevator <input type="checkbox"/> some insurance <input type="checkbox"/> real estate taxes <input type="checkbox"/> other common facility _____ <input type="checkbox"/> assigned parking space(s): how many _____ identified as _____ <input type="checkbox"/> other specific item(s): _____ <input type="checkbox"/> Dwelling exterior maintenance covered by Assessment:				

UNK=Unknown

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	Services	Current Provider	Phone #		Avg Monthly Cost
41	Propane			<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
42	Gas				
43	Electric	Cuivre River Electric			120
44	Water	American Water			85
45	Sewer	American Water			0
46	Trash	Grace Hauling			15
47	Recycle				
48	Internet	Spectrum			65
49	Phone	Spectrum			0

Type of Heating Equipment:																	
50	Zone 1:	Age	5	Brand	Bryan	<input checked="" type="checkbox"/>	Forced Air	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>	Radiant	<input type="checkbox"/>	Baseboard	<input type="checkbox"/>	Geo-Thermal	<input type="checkbox"/>	Other
51	Zone 2:	Age	4	Brand	Water Heater	<input type="checkbox"/>	Forced Air	<input type="checkbox"/>	Heat Pump	<input type="checkbox"/>	Radiant	<input type="checkbox"/>	Baseboard	<input type="checkbox"/>	Geo-Thermal	<input checked="" type="checkbox"/>	Other
Fuel Source of Heating Equipment:																	
52	Zone 1:	AC/Heater				<input type="checkbox"/>	Natural Gas	<input checked="" type="checkbox"/>	Electric	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Fuel Oil	<input type="checkbox"/>	Solar	<input type="checkbox"/>	Other
53	Zone 2:	Water Heater				<input type="checkbox"/>	Natural Gas	<input checked="" type="checkbox"/>	Electric	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Fuel Oil	<input type="checkbox"/>	Solar	<input type="checkbox"/>	Other
Type of Air Conditioner:																	
54	Zone 1:	Age	5	Brand	Bryan	<input checked="" type="checkbox"/>	Central Electric	<input type="checkbox"/>	Central Gas	<input type="checkbox"/>	Window/Wall (# of Units: 1)			<input type="checkbox"/>	Other		
55	Zone 2:	Age		Brand		<input type="checkbox"/>	Central Electric	<input type="checkbox"/>	Central Gas	<input type="checkbox"/>	Window/Wall (# of Units:)			<input type="checkbox"/>	Other		

		YES	NO	UNK
56	Are you aware of any problems or issues with any part of the HVAC system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57	Do you have any existing maintenance agreements in place?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58	Are any areas of the home not covered by central heating /cooling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

59 **With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:**

60 Please explain any “Yes” or “Other” answers you gave in this section:

61	Location 1: Room: Living Electric Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> UNK	Functional and properly vented?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	Location 2: Room: Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	Functional and properly vented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Location 3: Room: Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	Functional and properly vented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Are you aware of any problems or repairs needed with any item in this section?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65 Please explain any “Yes” or “No” answers you gave in this section:

66	Plumbing System: <input type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other:										
67	Water Heater 1: Age: 4		Location: Basement		Tank Size: 50		<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Tankless	<input type="checkbox"/> Other
68	Water Heater 2: Age:		Location:		Tank Size:		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Tankless	<input type="checkbox"/> Other

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	YES	NO	UNK
69 Does the property have an ice-maker supply line?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70 Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
71 Are you aware of any problems or repairs needed in the plumbing system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72 Does property have a Swimming Pool/Spa/Hot Tub? (If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73 Please explain any "Yes" or "Other" answers you gave in this section:			
WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)			
74 What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other			
75 If well, when was the water last tested? Is test documented? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No. If yes, please provide documentation.			
76 Do you have a water softener? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.			
	YES	NO	UNK
77 Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :			
SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)			
79 What is the type of sewerage system to which the house is connected? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other If Other, please explain: Public			
80 If septic/aerator, when was system last serviced?			
	YES	NO	UNK
81 Is there a sewerage lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82 Is there a sewerage grinder system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83 Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84 Please explain any "Yes" answers you gave in this section:			
ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)			
Type of Service Panel(s):			
85 Panel 1: Amps 200 Brand Cutler Hammer <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
86 Panel 2: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
87 Panel 3: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
Type of Wiring:			
88 Panel 1: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Other			
89 Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other			
90 Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other			
	YES	NO	UNK
91 Are you aware of any problems or repairs needed in the electrical system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92 Are you aware of any of the panels in services in the property being subject to recall or otherwise out of date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93 Please explain any "Yes" answers you gave in this section:			
CONSTRUCTION			
94 The property was originally constructed in: 1998 . Seller has occupied property from 2022 to 2025 .			
95 List all significant additions, modifications, renovations, & alterations to the property during your ownership below: Fireplace bump out, wainescoating, paint, remodel of pantry, demolition of entire basement, installed fence (lifetime warranty)			
	YES	NO	UNK
96 Were required permits obtained for the work described above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97 Please explain any "No" answers you gave in this section:			

UNK=Unknown

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FOUNDATION			
98	Type of Foundation:	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other:
		YES	NO UNK
99	Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
100	Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
101	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
102	Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
103	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
104	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
105	Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:		
	BASEMENT AND CRAWL SPACE (Complete only if applicable)		
		YES	NO UNK
106	Is the home equipped with a sump pit?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
107	Is the home equipped with a sump pump?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
108	Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
109	Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
110	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
111	Please explain any "Yes" answers you gave in this section:		
	ROOF, GUTTERS AND DOWNSPOUTS		
		YES	NO UNK
112	What is the approximate age of the roof? 5 Is it documented? If yes, please provide documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
113	Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
114	Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
115	Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
116	Are you aware of any problems with the roof, gutters or downspouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
117	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
118	Please explain any "Yes" answers you gave in this section and attach any documentation:		
	PESTS/TERMITES/WOOD DESTROYING INSECTS		
		YES	NO UNK
119	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
120	Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
121	Are you aware of any control reports for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
122	Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
123	Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
124	Please explain any "Yes" answers you gave in this section:		
	SOIL AND DRAINAGE		
		YES	NO UNK
125	Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
126	Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
127	Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
128	Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement)	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
129	Please explain any "Yes" answers you gave in this section:		

UNK=Unknown

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SURVEY AND ZONING				YES	NO	UNK
130	Do you have a survey of the property? If yes, please attach.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
131	Does the survey include all existing improvements on the property?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
132	Are you aware of any shared or common features with adjoining properties?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
133	Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
134	Is any portion of the property located within the 100-year flood hazard area (flood plain)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
135	Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
136	Please explain any "Yes" answers you gave in this section:					
INSURANCE				YES	NO	UNK
137	Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
138	If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed.					
APPLIANCES/EQUIPMENT						
(Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable)						
139	Range/Stove	<input type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
140	Oven	<input type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
141	Cooktop	<input type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
142	Outdoor Grill	<input type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
143	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
144	Built in Microwave	<input type="checkbox"/> N/A	Age _____			
145	Built in Refrigerator	<input type="checkbox"/> N/A	Age _____			
146	Dishwasher	<input type="checkbox"/> N/A	Age _____			
147	Garbage Disposal	<input type="checkbox"/> N/A	Age _____			
148	Trash Compactor	<input type="checkbox"/> N/A	Age _____			
149	Electric Pet Fence	<input type="checkbox"/> N/A	# of collars _____			
150	Gas Powered Exterior Lights	<input type="checkbox"/> N/A	# of lights _____			
151	Security System/Cameras	<input type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
				YES	NO	UNK
152	Are you aware of any items in this section in need of repair or replacement?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
153	Please explain any "Yes" answers you gave in this section:					
MISCELLANEOUS				YES	NO	UNK
154	Has the property been continuously occupied during the last twelve months?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155	Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
156	Is the property located in an area that requires any specific disclosure(s) from the city or county?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
157	Is the property designated as a historical home or located in a historic district?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
158	Is property tax abated? If yes, attach documentation from taxing authority.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
159	Are you aware of any pets having been kept in or on the property? Explain below.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
161	Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass? Explain below.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162	Are you aware if carpet has been laid over a damaged wood floor? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	Are you aware of any existing or threatened legal action affecting the property? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
164	Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165	Please explain any "Yes" answers you gave in this section:					
Pets- 2;Dogs/1 Cat Some broken window seals						

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page.

TR
06/12/25

JR
06/12/25

SELLER SELLER
dotloop verified dotloop verified

ADDITIONAL COMMENTS

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Seller attaches the following document(s): _____

SELLER'S ACKNOWLEDGEMENT:

Seller acknowledges that he has carefully examined this statement and that it is complete and accurate to the best of Seller's knowledge. Seller agrees to immediately notify listing broker in writing of any changes in the property condition. Seller authorizes all brokers and their licensees to furnish a copy of this statement to prospective Buyers.

Tanner Roberts

dotloop verified
06/12/25 6:09 PM CDT
PXHE-CVLX-HKFS-9TAK

SELLER SIGNATURE

DATE

Jalynn Roberts

dotloop verified
06/12/25 6:15 PM CDT
8RJD-CJZE-ECXN-UQX1

SELLER SIGNATURE

DATE

Tanner Roberts

Seller Printed Name

Jalynn Roberts

Seller Printed Name

BUYER'S ACKNOWLEDGEMENT:

Buyer acknowledges having received and read this Seller's Disclosure Statement. Buyer understands that the information in this Seller's Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker is not an expert at detecting or repairing physical defects in property.

BUYER SIGNATURE

DATE

BUYER SIGNATURE

DATE

Buyer Printed Name

Buyer Printed Name