

Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 25 Arnold dr. Augusta KS 6790

Seller: Cotty J Hoger

Date of Purchase:

Message to the Seller. This statement is a disclosure of the condition of the above described Property known by the SELLER on the date that it is signed. It is not a warranty of any kind by the SELLER(S) or any real estate licensees involved in this transaction, and should not be accepted as a substitute for any inspections or warranties the BUYER(S) may wish to obtain. If you know something important about the Property that is not addressed on the Seller's Property Disclosure, add that information to the form. Prospective Buyers may rely on the information you provide.

Instructions: (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the comment lines to explain.

By signing below you acknowledge that the failure to disclose known material information about the Property may result in liability.

Message to the Buyer: Although Seller's Property Disclosure is designed to assist the SELLER in disclosing all known material (important) facts about the Property, there are likely facts about the Property that the SELLER does not know. Therefore, it is important that you take an active role in obtaining the information about the Property.

Instructions: (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the Seller's Property Disclosure. (5) Obtain professional inspections of the Property. (6) Investigate the surrounding area.

THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT INDEPENDENTLY VERIFIED BY THE BROKER(S) OR AGENTS(S).

PART I

APPLIANCES				ELECTRICAL					
None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	None	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.
	Does Not Transfer	Working	Not Working			Don't Know	Does Not Transfer	Working	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke/Fire Detectors
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Light Fixtures
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Bell
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		# of Remotes: <u>3</u> Keypad Entry: (Circle One) <u>YES</u> NO			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Wiring
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copper Wiring
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	220 Volt
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Panel Total Amps
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Company			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind - (Circle One) Own Rent/Lease
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydroelectric - (Circle One) Own Rent/Lease
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease
						Company			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System
23	Comments:								
24									
25									

	WATER/SEWAGE SYSTEMS (See Part II Also)				HEATING & COOLING SYSTEMS			
	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.	TRANSFERS TO BUYER			Indicate the condition of the following items by marking only one appropriate box.
	None Does Not Transfer	Working	Not Working Don't Know		None Does Not Transfer	Working	Not Working Don't Know	
27								
28								
29								
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cooling System
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump		<input type="checkbox"/>	<input type="checkbox"/>	Type
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backup Sump Pump/Battery		<u>2023</u>	<input type="checkbox"/>	Age
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating System
34				Type		<input type="checkbox"/>	<input type="checkbox"/>	Type
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect <u>Gas</u>		<u>2023</u>	<input type="checkbox"/>	Age
36		<u>Age 3 year</u>		Size & Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier
39				(Circle One) Own Rent/Lease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace - <u>wood burning</u>
40				Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Sprinkler System		<input type="checkbox"/>	<input type="checkbox"/>	Chimney/Flue - Date Last Cleaned
43				Backflow Device (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter
44				Date Last Tested or Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Attic Fan
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa				Company
47	Comments:				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geothermal
48	<u>J Sprinkler system not connected</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank - (Circle One) Own Rent/Lease
49	<u>but its there</u>							Company
50					Comments:			
51	MEDIA				<u>Never used fireplace</u>			
52					Any Additional Comments For Part I:			
53								
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58	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish				
59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes				
60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas				
61	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks				
62	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)				
63	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)				
64	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)				
65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers				
66	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound				
67	Comments:							
68								



PART II

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
 Attach all relevant documentation for further explanation, including any and all repair reports.

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SECTION 1		
YES	NO	DON'T KNOW
STRUCTURAL FOUNDATION/WALLS		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?		
If YES, are you aware of any adverse conditions? _____		
Indicate all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any structural engineer's report(s) available?		
If YES, Date of Report: _____ Copy Attached? (Mark One): <input type="checkbox"/> YES <input type="checkbox"/> NO		
To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement, shifting, deterioration or other problems with walls or foundation?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
Any corrective actions to items in this section? (Example - Piering, bracing, etc.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there insulation in the walls?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there insulation in the floors?		
Additional Comments:		
Line 82 - Crack in dining room wall due to back deck. Line 83 - Crack in driveway been there before purchase. Back door shifted due to back deck.		
SECTION 2		
YES	NO	DON'T KNOW
ROOF/INSULATION		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Age: _____ Type: _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
To your knowledge, are there any <input type="checkbox"/> PAST <input type="checkbox"/> PRESENT roof leaks? (Mark One)		
If any, identify details below.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During your ownership, has the roof ever been <input type="checkbox"/> REPLACED? <input type="checkbox"/> REPAIRED? (Mark One)		
If YES, Date: _____ (Identify details below.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any transferable warranties? Date: _____ (If YES, explain below and attach copy.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you know of any problems with chimneys or chases? (If YES, explain below.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there insulation in the ceiling/attic?		
Additional Comments:		
North west gutter detach from house due to high winds.		
SECTION 3		
YES	NO	DON'T KNOW
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: (Use Comment Lines for further explanations)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Presence of any mold/mildew in the property?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any problems created by mold or mildew for occupants of the structure during your ownership?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you had any inspections for mold or mildew? If YES, Date: _____ (If YES, explain below.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the property had any professional mold remediation during your ownership? If YES, Date: _____		
Additional Comments:		



124

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

125

Attach all relevant documentation for further explanation, including any and all repair reports.

126

	YES	NO	DON'T KNOW	SECTION 4
				WATER/SEWAGE SYSTEMS

128

Is the property connected to City Water?

129

Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____

130

Is the property connected to any private water systems? (Mark all that apply.)

131

[] Drinking Well [] Irrigation Well [] Geo-Thermal Well

132

Working? Type: _____ Location: _____ Depth: _____

133

Working? Type: _____ Location: _____ Depth: _____

134

Working? Type: _____ Location: _____ Depth: _____

135

Has the water in any wells shown test results of contamination? (If YES, explain below.)

136

Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.

137

Is the property connected to a septic system? Date Last Pumped: _____

138

Tank Size: _____ Location: _____

139

feet laterals: _____ # Feet Infiltrators: _____ Location: _____

140

Is the property connected to a lagoon system? Location: _____

141

Is the property connected to some other type of waste disposal system? (If YES, explain below.)

142

Has the main waste disposal line ever been snaked or scoped?

143

To your knowledge, is there any problem relating to the waste disposal system?

144

Additional Comments:

145

Collapse from house to street have been replaced New 2023

146

	YES	NO	DON'T KNOW	SECTION 5
				WATER INTRUSION/LEAKS

148

To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)

149

Any water leakage in or around the fireplace or chimney?

150

Any water leakage around (If YES, mark all that apply.) [] WINDOWS [] SKYLIGHTS [] DOORS?

151

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

152

Any leaks caused by appliances?

153

Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

154

Any water leakage into (If YES, mark all that apply.) BASEMENT [] CRAWL SPACE

155

Any accumulation of water within the basement/crawl space?

156

Sump Pump(s) Location(s): Basement

157

Drain Tiles (If YES, mark all that apply.) [] INTERIOR [] EXTERIOR

158

Additional Comments:

159

From Collapse line water backed up into house has been fixed 2023

160

	YES	NO	DON'T KNOW	SECTION 6
				PEST, WOOD INFESTATION & DRY ROT

163

Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)

164

[] WOOD DESTROYING INSECTS [] DRY ROT [] OTHER WOOD INFESTATION

165

Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)

166

[] WOOD DESTROYING INSECTS [] DRY ROT [] OTHER WOOD INFESTATION

167

Have there been any repairs of such damage? (If YES, explain below.)

168

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

169

Company: _____ Warranty Expiration Date: _____

170

Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)

171

Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.)

172

Any pest control reports in the last 5 years? (If YES, explain below.)

173

Any professional pest control treatments in the last 5 years? (If YES, explain below.)

174

Additional Comments:

175

I bought house 2years ago has pest report, no pests reported from inspection

176

177

178

179

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

180

Attach all relevant documentation for further explanation, including any and all repair reports.

181

	YES	NO	DON'T KNOW	SECTION 7 ENVIRONMENTAL CONDITIONS
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183

Is the property located in a subdivision with a master drainage plan?

184

If YES, is the property in compliance?

185

Has the property ever had any drainage problems during your ownership? (If YES, explain below.)

186

Are there any producing or non-producing gas/oil wells on the property or adjacent property?

187

Do mineral rights convey to buyer? If NO, please define: _____

188

Groundwater contamination has been detected in several areas in the State of Kansas.

189

Are you aware of groundwater contamination or other environmental concerns?

190

Any reports or records pertaining to groundwater contamination or other environmental concerns?

191

Are there any diseased or dead trees and shrubs?

192

To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)

193

Asbestos

194

Contaminated soil or water (including drinking water)

195

Landfill or buried materials

196

Lead-based paint (if YES, attach disclosure.)

197

Radon gas in house or well Has a mitigation system been installed? (Mark One) YES NO

198

Methane Gas

199

Oil sheers in wet areas

200

Radioactive material

201

Toxic material disposal (solvents, chemicals, etc.)

202

Underground fuel or chemical storage tanks

203

EMFs (Electro Magnetic Fields)

204

Urea formaldehyde foam insulation (UFFI)

205

Other: _____

206

Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment

207

used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?

208

To your knowledge, are any of the above conditions present near your property?

209

Comments:

210

211

212

	YES	NO	DON'T KNOW	SECTION 8 BOUNDARIES/LAND
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213

Have you had a survey of the property? (if YES, attach copy if available.)

214

Are the boundaries of your property marked in any way?

215

Is there any fencing on the boundaries of the property?

216

Does fencing belong to the property? If YES, which sides? _____

217

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

218

(if YES, explain below.)

219

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

220

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

221

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

222

Do you currently, or have you ever, paid flood insurance for the property?

223

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

224

Do you know of any of the following items that have occurred on the property or in the immediate area?

225

(Mark all that apply.)

226

EXPANSIVE SOIL EARTH MOVEMENT

227

FILL DIRT UPHEAVAL

228

SLIDING EARTH STABILITY PROBLEMS

229

SETTLING

230

231

Comments:

232

233

234

RELEASE DATE 4/2023 (Rev 1/23)

SELLER'S INITIALS: CK

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BUYER'S INITIALS: _____

#1004

235

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

236

Attach all relevant documentation for further explanation, including any and all repair reports.

237

YES	NO	DON'T KNOW	SECTION 9
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238

SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION

239

The law requires that the Seller disclose the existence of special assessments against a property.

240

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any current/pending bonds, assessments, or special taxes that apply to property?
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241

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The property may be subject to special assessments or is located in an Improvement district? (Refer to relevant tax disclosure - Mark One).
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242

Owner County Public Record Other: _____

243

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of an active Homeowner's Association?
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244

Annual Dues? _____ Initiation Fee? _____

245

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeowner's Association contact information: _____
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246

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to a right of first refusal?
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247

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?
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248

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any violations of such covenants and restrictions?
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249

Comments:

250

HDA is optional to use pond, park and pool. - I opted out

251

252

YES	NO	DON'T KNOW	SECTION 10
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253

MISCELLANEOUS

254

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property without obtaining required permits?
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255

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?
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256

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the present use of the property a non-conforming use?
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257

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have there been any insurance claims during the seller's ownership?
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258

Were repairs made? If so, explain: Yes, During sewer line Collapse, is fix 2023

259

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any unrepaid damage due to hail, storm, wind, fire or flood?
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260

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?
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261

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does a pet(s) reside or has a pet(s) ever resided in or on the property?
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262

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?
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263

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all window and door treatments remain? If NO, please list: _____
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264

Does any other personal property remain? If YES, please list: Bathroom Cabinet in garage, yard tools

265

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the property contain any of the following? (Mark all that apply.)
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266

Swimming Pool Spa Hot Tub Sauna Water Feature

267

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, are either of the following heated? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa If yes, type of heat? _____
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268

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?
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Explain: _____

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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property in a historic, historic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?
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271

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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?
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties on the property or any of its components?
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Comments:

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Any Additional Comments For Part II:

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RELEASE DATE 4/2023 (Rev 1/23)

SELLER'S INITIALS: CH

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BUYER'S INITIALS: _____

#1004

287

SELLER'S ACKNOWLEDGEMENT

288 Seller acknowledges that: the information contained in this disclosure is accurate, true and complete to the best of Seller's
 289 knowledge, information and belief; Seller has provided all the information contained in this Seller's Property Disclosure; and that the
 290 Broker/Realtor® has not prepared, nor assisted in the preparation of this Disclosure. Seller hereby indemnifies, holds harmless and
 291 releases all Brokers/Realtors® involved in the sale of the property from all liability, claims, loss, cost, or damage in connection with
 292 the information contained in this Disclosure. Seller hereby authorizes the listing broker to provide copies of this Disclosure to other
 293 real estate brokers and agents and prospective buyers of the property.

294 Seller is occupant: YES NO

295 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.

296 SELLER: Cotty Hagen 09-10-23 SELLER: _____
 297 Date Date

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

299 1. I have personally inspected the property. I have been advised to have the property examined by professional inspectors. Subject
 300 to any inspections, I agree to purchase the property in its present condition without representations or guarantees of any kind by
 301 the Seller or any REALTORS® concerning the condition or value of the property, except as given above or as stated in my contract
 302 with the Seller.

303 2. I acknowledge that neither Seller nor any REALTORS® involved in this transaction is an expert at detecting or repairing physical
 304 defects in the property.

305 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes
 306 after April 14, 1994, to register with the sheriff of the county in which they reside. I have been advised that if I desire information
 307 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at
 308 <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

309 4. I acknowledge that McConnell Air Force Base is located within Sedgwick County and is an operational military Air Force base that
 310 is open 24 hours a day and activity at that base may generate noise. The volume, pitch, amount and frequency of noise may be
 311 affected by future changes in McConnell Air Force Base activity. I have been informed that if I desire information regarding potential
 312 for noise caused by the aircraft operations associated with McConnell Air Force Base and its operations, I may find information by
 313 contacting the Metropolitan Area Planning Department.

314 BUYER: _____ BUYER: _____
 315 Date Date

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 Central Kansas and other authorized REALTORS®. No warranty is made or implied as to the legal validity or adequacy of this form, or that its use is
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