

SELLER'S PROPERTY DISCLOSURE STATEMENT

(To Be Completed by Seller)

Property Address: 600 El Dorado Pt. Hutchinson Mo Date 2-23-23
 SELLER IS IS NOT currently occupying the property or HAS NEVER occupied the property.

Approximate age of property 62 years Date purchased 1961 - Built by owner's father

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH IT IS SIGNED. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER(S) OR ANY REAL ESTATE LICENSEE IN THIS TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY REAL ESTATE LICENSEE.

THE INFORMATION CONTAINED HEREIN IS INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE SELLER AND THE PURCHASER.

SELLER'S INFORMATION

The Seller discloses the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on this information in deciding whether, and on what terms, to purchase the subject real property. Seller hereby authorizes any real estate licensee in this transaction to provide a copy of this statement to any person or entity in connection with any actual or possible sale of the real property.

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

| | None/ INCLUDED | | | None/ INCLUDED | | |
|--|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|-------------------------------------|
| | NOT INCLUDED | WORKING | NOT WORKING | NOT INCLUDED | WORKING | NOT WORKING |
| Section A - Appliances: | | | | | | |
| 1. Built-in vacuum system & equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Microwave oven | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Clothes dryer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Oven | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Clothes washer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Range | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Dishwasher | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Refrigerator | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Disposal | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. TV antenna/satellite dish | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Freezer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Trash compactor | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Gas grill | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Range ventilation system | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Section B - Electrical Systems: | | | | | | |
| 1. Electric service panel (Capacity _____ AMPS) <input checked="" type="checkbox"/> Fuse <input type="checkbox"/> Circuit breakers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Sauna (<input type="checkbox"/> Steam <input type="checkbox"/> Dry, If included) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Ceiling fan(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Smoke/fire alarm | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Garage door opener/remotes No remotes <u>1 per unit</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Vent fan(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Telephone wiring/jacks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. 220 Volt service | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Cable TV wiring/jacks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Security system <input type="checkbox"/> Owned <input type="checkbox"/> Leased | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Intercom or sound system wiring and built-in speakers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Central station - monitoring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 12. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 13. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Section C - Heating and Cooling Systems: | | | | | | |
| 1. Air purifier | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Propane tank <input type="checkbox"/> Leased <input type="checkbox"/> Own | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Attic fan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Humidifier | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Whole house fan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Fireplace/fireplace insert <input type="checkbox"/> Blower | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Central A/C | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Factory built <input type="checkbox"/> Masonry | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Room air conditioner(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Gas starter (fireplace) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Heating system <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Forced air gas <input type="checkbox"/> Elec <input type="checkbox"/> Boiler (<input type="checkbox"/> Hot water <input type="checkbox"/> Steam) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Gas logs | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Heat pump | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Woodburning stove | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Solar house heating | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 16. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Section D - Water Systems: | | | | | | |
| 1. Hot tub/whirlpool | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Well system <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Plumbing | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Sewer (specify) <input type="checkbox"/> Lift <input checked="" type="checkbox"/> Direct | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Sump pump Discharges to _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Lagoon | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Swimming pool | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Septic | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Underground sprinkler <input type="checkbox"/> Back Flow Preventer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. E.T. Bed (Evapotranspiration Bed) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Water heater | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Water purifier | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Water softener <input type="checkbox"/> Rent <input type="checkbox"/> Own | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Buyer's Initials

Date _____

Date _____

Seller's Initials

[Signature] Date 2-23-23
[Signature] Date 2-23-23

PART II - Answer all questions TO THE BEST OF YOUR (SELLER'S) KNOWLEDGE.

| Section A. - Structural Conditions: | | YES | NO | | | YES | NO |
|-------------------------------------|--|-------------------------------------|-------------------------------------|----|---|-------------------------------------|-------------------------------------|
| 1 | Age of roof (if known) <u>8</u> years | | | | | | |
| 2 | Does the roof leak? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | (Continued) Has there been an inspection to determine whether the structure has excessive moisture accumulation and/or related damage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Is there present damage to the roof? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | If yes, attach the results of the inspection | | |
| 4 | Have you had any insurance claims? If yes, were all repairs made? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9 | Is there any damage to the chimney? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Has there ever been leakage/seepage in the basement or crawl space? If yes, explain <u>burst pipe</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10 | Is there any exposed wiring presently in any structures on the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | Has there been any damage to the real property or any of the improvements due to the following occurrences, including, but not limited to, wind, fire, flood? If yes, explain <u>roof</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11 | Are there any windows or doors which leak or have broken thermopane seals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | Are there any structural problems with the property? If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | Have you ever experienced any moving or settling of the following: Foundations? <input checked="" type="checkbox"/> Floors? <input checked="" type="checkbox"/> Walls? <input checked="" type="checkbox"/> Sidewalks? <input checked="" type="checkbox"/> Patios? <input checked="" type="checkbox"/> Driveways? <input checked="" type="checkbox"/> Retaining Walls? <input checked="" type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | Is any exterior wall covering of the structure covered with Exterior Insulation and Finishing Systems (EIFS) or Synthetic stucco? If yes, are you aware of any adverse conditions? If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> |

Section B - Hazardous Conditions: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following substances, materials, or products on or near the real property which may be an environmental hazard?

| | | YES | NO | | | YES | NO |
|---|---|--------------------------|-------------------------------------|----|--|--------------------------|-------------------------------------|
| 1 | Asbestos | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7 | Toxic materials | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Contaminated soil or water (including drinking water) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | Underground fuel or chemical storage tanks | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Expansive soil | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9 | EMF's (Electric Magnetic Fields) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | Landfill or buried materials | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10 | Gas or oil wells in area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Lead-based paint (See attached lead disclosure form) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Radon gas in house or well | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 13 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Section C - Title Disclosures: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following which could affect the real property?

| | | YES | NO | | | YES | NO |
|---|--|--------------------------|-------------------------------------|----|--|--------------------------|-------------------------------------|
| 1 | Features, such as walls, fences, driveways, which are shared in common w/ adjoining landowners who use or have responsibility for maintenance of the feature | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9 | Any condominium, regime or other deed restrictions or obligations, or any Homeowner's Association which has authority over the real property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Has a boundary survey been performed? Date _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10 | Any "common area" (facilities such as pools, tennis courts, walkways, or other areas co-owned in individual interest with others) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Any mortgage survey or ILC (Improvement Location Certificate) Date _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11 | Any lawsuits against Seller threatening or affecting, this real property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | Easements, other than normal utility easements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12 | Any notices from any governmental or quasi-governmental agency affecting this real property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Any encroachments | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13 | Any planned road or street expansions, improvements or widenings adjacent to the property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | Any zoning violations, non-conforming uses, or violations of setback requirements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Any lot-line disputes or other unusual claims against the real property | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Any pending or levied assessments on the real estate, including but not limited to those for sidewalks, streets, sewers, water and gas lines | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 17 | Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Section D - Other Disclosures: For property and improvements thereon:

| | | YES | NO | | | YES | NO |
|---|--|-------------------------------------|-------------------------------------|----|---|-------------------------------------|-------------------------------------|
| 1 | Is the property connected to a public water system? <input type="checkbox"/> Rural <input checked="" type="checkbox"/> City | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6 | Are there any trees or shrubs diseased or dead? Scheduled to be removed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | Is the property connected to a public sewer system? <input type="checkbox"/> County <input checked="" type="checkbox"/> City Is the system operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7 | Are there any flooding, drainage, or grading problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Is the property connected to a private/community water system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8 | Is the property in a flood plain? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | Is the property connected to a private/community sewer system? Is the system operational? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9 | Trash Service <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | Is the property connected to a septic system? Is the system operational? Are you aware of any problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10 | Do you own the fencing on your property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | 11 | Are you aware of any structural additions, changes or repairs made to the property without obtaining all necessary permits? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | 12 | Have you ever owned a pet in this property? Has there been any damage due to urine, odor, stain or other? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section E - Insert the most recent year in which the following occurred

| | | | | | |
|---|--|-------------|---|--|-----------|
| 1 | Serviced air conditioner | <u>2022</u> | 6 | Tested well water | <u>NA</u> |
| 2 | Cleaned fireplace, including chimney | <u>NA</u> | 7 | Serviced well water | <u>NA</u> |
| 3 | Serviced furnace | <u>2022</u> | 8 | Do you have a home warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 4 | Serviced septic system | <u>NA</u> | | Is it transferable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5 | Cleaned woodburning stove, including chimney | <u>NA</u> | | Company name(s) _____ | |

Buyer's Initials _____
Date _____
Date _____

Seller's Initials pmol Date 2-23-23
Date 2-23-23

PART II - (Continued)

Section F - Infestations

| | |
|--|--|
| <p>1 Do you have any knowledge of any damage to the property caused by termites, wood infestation, or dry rot? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>Is property currently under warranty? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, name company below <u>Advance Pest Control</u></p> | <p>2 Have you had any termite pest control treatments for the property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, name the company & year treated <u>Advance pest since 2013</u></p> <p>3 Has the ground been pre-treated for termites? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>sentri-con</u></p> |
|--|--|

PART III - Miscellaneous

1 Are you aware of any other facts, conditions or circumstances, on or off-site, which can affect the value, beneficial use, or desirability of property? YES NO

If yes, explain
In the last 10 years, soil had shifted causing water to drain toward, not away, from the building. Soil was regraded, no more problems.

PART IV - Additional comments and/or explanations. (Use additional pages, if necessary.) Reference comments on items responded to earlier by Part 1 or 2, Section letter and number. (Seller to attach any available property condition or inspection reports.)

If separate pages used, initial here _____

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof to the best of Seller's belief and knowledge, as of the date signed by the Seller. (Any substantive changes will be disclosed by the Seller to the Purchaser prior to closing)

Seller [Signature] Date 2-23-23

Seller [Signature] Date 2-23-23

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

- I acknowledge that I have read and received a signed copy of the Seller's Property Disclosure Statement from the Seller, the Seller's agent, or transaction broker.
- I have carefully inspected the property. Subject to any inspections allowed under my contract with Seller, I agree to purchase the property in its present condition only, without warranties or guarantees of any kind by Seller or any real estate licensee concerning the condition or value of the property.
- 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.
- I acknowledge that neither Seller nor any real estate licensee 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: _____
- I acknowledge that I have been informed that Kansas law requires persons who are convicted of certain sexually violent crimes 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 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at <http://www.ink.org/public/kbi> or by contacting the local sheriff's office.

Buyer _____ Receipt Date _____

Buyer _____ Receipt Date _____

This form was updated on the following date: _____

Seller _____ Date _____

Seller _____ Date _____

Buyer _____ Receipt Date _____

Buyer _____ Receipt Date _____