

# Seller's Property Disclosure

(To be completed by Seller)

**This report supersedes any list appearing in the MLS**

**Property Address:** 13010 E Maple Grove Rd Mount Hope, KS 67108

**Seller:** Julius P Ast Trust

**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		Not Working
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Detectors	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) Gas Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celling Fan(s)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)	
				Built in (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell	
				Vented Outside (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: _____				Keypad Entry: (Circle One) YES NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aluminum Wiring	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copper Wiring	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220 Volt	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill	_____				Service Panel Total Amps	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	_____				Company	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind - (Circle One) Own Rent/Lease	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydroelectric - (Circle One) Own Rent/Lease	
Comments:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease	
					_____				Company	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System	

SELLER NEVER OCCUPIED

SELLER NEVER OCCUPIED

*Seller never occupied residence*

*JA*



WATER/SEWAGE SYSTEMS (See Part II Also)				
None	TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.	
	Does Not Transfer	Working		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Sump Pump/Battery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing
				Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater (Circle One) Elect Gas
				Size & Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instant Hot Water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener
				(Circle One) Own Rent/Lease
				Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Purifier/Reverse Osmosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground Sprinkler System
				Backflow Device (Circle One) YES NO
				Date Last Tested or Inspected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub/Spa

Comments: *Seller never occupied*

HEATING & COOLING SYSTEMS				
None	TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.	
	Does Not Transfer	Working		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System
				Type
				Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating System
				Type
				Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window/Wall Air Conditioning Units
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Filter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace Insert
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning Stove
				Chimney/Flue - Date Last Cleaned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas Log Lighter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whole House Attic Fan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar Equipment - (Circle One) Own Rent/Lease
				Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geothermal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Propane Tank - (Circle One) Own Rent/Lease
				Company

Comments: *Seller never occupied*

MEDIA				
None	TRANSFERS TO BUYER		Indicate the condition of the following items by marking only one appropriate box.	
	Does Not Transfer	Working		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Rcvrs/Remotes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Antennas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV Wiring/Jacks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attached Television Mount(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Projector Screen(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surround Sound Speakers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wired for Surround Sound

Comments: *Seller never occupied residence*

Any Additional Comments For Part I:  
*Seller never occupied*

**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.

YES	NO	DON'T KNOW	SECTION 1 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 type="checkbox"/>	<input checked="" 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
			<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks or flaws in the walls, floors or foundation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with driveways, walkways, patios, retaining walls, party walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems with operation of windows or doors, or broken seals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any corrective actions to items in this section? (Example - Piering, bracing, etc.)
<input type="checkbox"/>	<input 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 type="checkbox"/>	Is there insulation in the walls?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?

Additional Comments:

*Seller never occupied*

YES	NO	DON'T KNOW	SECTION 2 ROOF/INSULATION
		<input type="checkbox"/>	Age: _____ Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Are there any transferable warranties?    Date: _____            (If YES, explain below and attach copy.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.)
<input 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 type="checkbox"/>	Is there insulation in the ceiling/attic?

Additional Comments:

*Seller never occupied*

YES	NO	DON'T KNOW	SECTION 3 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.			
<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of any mold/mildew in the property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any problems created by mold or mildew for occupants of the structure during your ownership?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you had any inspections for mold or mildew?            If YES, Date: _____            (If YES, explain below.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the property had any professional mold remediation during your ownership? If YES, Date: _____

Additional Comments:

*Seller never occupied*

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 **SECTION 4**

127 **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 *Seller never occupied*

146 **SECTION 5**

147 **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): \_\_\_\_\_

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

158 Additional Comments:

159 *Seller never occupied*

161 **SECTION 6**

162 **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 *Seller never occupied*





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.

			SECTION 7	
YES	NO	DON'T KNOW	ENVIRONMENTAL CONDITIONS	
183	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property located in a subdivision with a master drainage plan?
184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, is the property in compliance?
185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the property ever had any drainage problems during your ownership? (If YES, explain below.)
186	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any producing or non-producing gas/oil wells on the property or adjacent property?
187	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do mineral rights convey to buyer? If NO, please define: _____
188				<b>Groundwater contamination has been detected in several areas in the State of Kansas.</b>
189	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of groundwater contamination or other environmental concerns?
190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any reports or records pertaining to groundwater contamination or other environmental concerns?
191	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any diseased or dead trees and shrubs?
192				<b>To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)</b>
193	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos
194	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contaminated soil or water (including drinking water)
195	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landfill or buried materials
196	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead-based paint (If YES, attach disclosure.)
197	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radon gas in house or well Has a mitigation system been installed? (Mark One) <input type="checkbox"/> YES <input type="checkbox"/> NO
198	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methane Gas
199	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil sheers in wet areas
200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive material
201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic material disposal (solvents, chemicals, etc.)
202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground fuel or chemical storage tanks
203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMFs (Electro Magnetic Fields)
204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urea formaldehyde foam insulation (UFFI)
205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?
207				
208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are any of the above conditions present near your property?
209	Comments:			

210 *Seller never occupied*

			SECTION 8	
YES	NO	DON'T KNOW	BOUNDARIES/LAND	
214	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a survey of the property? (If YES, attach copy if available.)
215	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the boundaries of your property marked in any way?
216	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any fencing on the boundaries of the property?
217	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does fencing belong to the property? If YES, which sides? _____
218	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)
219				
220	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property owner responsible for maintenance of any such shared feature(s)?
221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
222	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a federally designated flood plain?
223	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently, or have you ever, paid flood insurance for the property?
224	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a designated wetlands area?
225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any of the following items that have occurred on the property or in the immediate area? (Mark all that apply.)
226				
227	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXPANSIVE SOIL
228	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FILL DIRT
229	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SLIDING
230	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SETTLING
231				
232				
233				

232 *Seller never occupied*

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 SECTION 9  
 238 SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION  
 239 The law requires that the Seller disclose the existence of special assessments against a property.  
 240    Any current/pending bonds, assessments, or special taxes that apply to property?  
 241    The property may be subject to special assessments or is located in an improvement district?  
 (Refer to relevant tax disclosure - Mark One).  
 242  Owner  County  Public Record  Other: \_\_\_\_\_  
 243    Is the property subject to rules or regulations of an active Homeowner's Association?  
 244  Annual Dues? \_\_\_\_\_ Initiation Fee? \_\_\_\_\_  
 245  Homeowner's Association contact information: \_\_\_\_\_  
 246    Is the property subject to a right of first refusal?  
 247    Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?  
 248    Any violations of such covenants and restrictions?  
 249 Comments:  
 250 \_\_\_\_\_  
 251 \_\_\_\_\_

252 SECTION 10  
 253 MISCELLANEOUS  
 254    Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to  
 the property without obtaining required permits?  
 255    Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?  
 256    Is the present use of the property a non-conforming use?  
 257    Have there been any insurance claims during the seller's ownership?  
 258    Were repairs made? If so, explain: \_\_\_\_\_  
 259    Is there any unrepaired damage due to hail, storm, wind, fire or flood?  
 260    Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?  
 261    Does a pet(s) reside or has a pet(s) ever resided in or on the property?  
 262    Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?  
 263    Do all window and door treatments remain? If NO, please list: \_\_\_\_\_  
 264 \_\_\_\_\_  
 265    Does any other personal property remain? If YES, please list: \_\_\_\_\_  
 266 \_\_\_\_\_  
 267    Does the property contain any of the following? (Mark all that apply.)  
 268  Swimming Pool  Spa  Hot Tub  Sauna  Water Feature  
 269    If YES, are either of the following heated?  Swimming Pool  Spa If yes, type of heat? \_\_\_\_\_  
 270    Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?  
 271 Explain: \_\_\_\_\_  
 272    Is the property in a historic, holistic, conservation or special review district, that requires any alterations or  
 273 improvements to the Property, be approved by a board or commission?  
 274    Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or  
 275 desirability of the property?  
 276    Are there any transferable warranties on the property or any of its components?  
 277 Comments:  
 278 \_\_\_\_\_  
 279 \_\_\_\_\_

280 Any Additional Comments For Part II:  
 281 \_\_\_\_\_  
 282 \_\_\_\_\_  
 283 *Seller never occupied*  
 284 \_\_\_\_\_  
 285 \_\_\_\_\_



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: *[Signature]* SELLER: \_\_\_\_\_  
297 The Trust Company of Kansas Date 20 Apr 2023 Date

### 298 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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