

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 2385 31st Rd

Inman

KS 67546

Seller: Beverly E Flowers

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						
		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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Detectors
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range (Circle One) <u>Gas</u> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built in (Circle One) <u>YES</u> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone Wiring/Blocks/Jacks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vented Outside (Circle One) YES NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer	# of Remotes: <u>2</u>					Keypad Entry: (Circle One) <u>YES</u> NO
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Wiring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<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"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220 Volt
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Attached Gas Grill					<input type="checkbox"/>	Service Panel Total Amps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____						(Circle One) Own Rent/Financed
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System
Comments: <u>oven doesn't stay at temperature</u>					Comments:						

26 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			
None	Does Not Transfer	Working	Not Working	Don't Know		None	Does Not Transfer	Working	Not Working	Don't Know	
27											
28											
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling System	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating System	
33										Type	
34										Age	
35										Window/Wall Air Conditioning Units	
36										Electronic Air Filter	
37										Humidifier	
38										Fireplace	
39										Fireplace Insert	
40										Wood burning Stove	
41										Chimney/Flue - Date Last Cleaned	
42										Gas Log Lighter	
43										Whole House Attic Fan	
44										Solar Equipment	
45										Propane Tank	
46	Comments:										(Circle One) <u>Own</u> Rent/Lease Company
47						Comments:					
48	<b>MEDIA</b>										
49											
50											Any Additional Comments For Part I:
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
53	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
54	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
56	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
57	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
58	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
59	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
60	Comments:										
61											
62											

**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 <b>STRUCTURAL FOUNDATION/WALLS</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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
			<i>To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Movement, shifting, deterioration or other problems with walls or foundation?
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the walls?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the floors?
Additional Comments: <u>front walk has cracked and moved recently</u>			

YES	NO	DON'T KNOW	SECTION 2 <b>ROOF/INSULATION</b>
		<input checked="" type="checkbox"/>	Age: _____ Type: _____
<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with chimneys or chases? (If YES, explain below.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there insulation in the ceiling/attic?
Additional Comments:			

YES	NO	DON'T KNOW	SECTION 3 <b>MOLD/MILDEW</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presence of any mold/mildew in the property?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: <u>small amount of mold formed in storage room after heavy rains. Treated w/ bleach water to kill mold.</u>			

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

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

119 **SECTION 4**

120 **WATER/SEWAGE SYSTEMS**

121  YES  NO  DON'T KNOW Is the property connected to City Water?

122  YES  NO  DON'T KNOW Is the property connected to Rural Water? If YES, Transfer Fee: \_\_\_\_\_ District: \_\_\_\_\_

123  YES  NO  DON'T KNOW Is the property connected to any private water systems? (Mark all that apply.)

124  Drinking Well  Irrigation Well  Geo-Thermal Well

125  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

126  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

127  YES  NO  DON'T KNOW Working? Type: \_\_\_\_\_ Location: \_\_\_\_\_ Depth: \_\_\_\_\_

128  YES  NO  DON'T KNOW Has the water in any wells shown test results of contamination? (If YES, explain below.)

129  YES  NO  DON'T KNOW Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.

130  YES  NO  DON'T KNOW Is the property connected to a septic system? Date Last Pumped: \_\_\_\_\_

131 Tank Size: \_\_\_\_\_ Location: \_\_\_\_\_

132 # feet laterals: \_\_\_\_\_ # Feet infiltrators: \_\_\_\_\_ Location: \_\_\_\_\_

133  YES  NO  DON'T KNOW Is the property connected to a lagoon system? Location: \_\_\_\_\_

134  YES  NO  DON'T KNOW Is the property connected to some other type of waste disposal system? (If YES, explain below.)

135  YES  NO  DON'T KNOW Has the main waste disposal line ever been snaked or scoped?

136  YES  NO  DON'T KNOW To your knowledge, is there any problem relating to the waste disposal system?

137 Additional Comments:

139 **SECTION 5**

140 **WATER INTRUSION/LEAKS**

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

142  YES  NO  DON'T KNOW Any water leakage in or around the fireplace or chimney?

143  YES  NO  DON'T KNOW Any water leakage around (If YES, mark all that apply.)  WINDOWS  SKYLIGHTS  DOORS?

144  YES  NO  DON'T KNOW Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?

145  YES  NO  DON'T KNOW Any leaks caused by appliances?

146  YES  NO  DON'T KNOW Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?

147  YES  NO  DON'T KNOW Any water leakage into (If YES, mark all that apply.)  BASEMENT  CRAWL SPACE

148  YES  NO  DON'T KNOW Any accumulation of water within the basement/crawl space?

149  YES  NO  DON'T KNOW Sump Pump(s) Location(s): storage room and se corner in cabinet

150  YES  NO  DON'T KNOW Drain Tiles (If YES, mark all that apply.)  INTERIOR  EXTERIOR

151 Additional Comments: After heavy rain sometimes water will come in from the

152 garage area to the stairs.

154 **SECTION 6**

155 **PEST, WOOD INFESTATION & DRY ROT**

156  YES  NO  DON'T KNOW Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)

157  WOOD DESTROYING INSECTS  DRY ROT  OTHER WOOD INFESTATION

158  YES  NO  DON'T KNOW Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)

159  WOOD DESTROYING INSECTS  DRY ROT  OTHER WOOD INFESTATION

160  YES  NO  DON'T KNOW Have there been any repairs of such damage? (If YES, explain below.)

161  YES  NO  DON'T KNOW Is the property currently under a termite warranty or other coverage by a licensed pest control company?

162 Company: \_\_\_\_\_ Warranty Expiration Date: \_\_\_\_\_

163  YES  NO  DON'T KNOW Any wood destroying insects control reports in the last 5 years? (If YES, explain below.)

164  YES  NO  DON'T KNOW Any professional wood destroying insects control treatments in the last 5 years? (If YES, explain below.)

165  YES  NO  DON'T KNOW Any pest control reports in the last 5 years? (If YES, explain below.)

166  YES  NO  DON'T KNOW Any professional pest control treatments in the last 5 years? (If YES, explain below.)

167 Additional Comments:

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

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

			SECTION 7	
YES	NO	DON'T KNOW	ENVIRONMENTAL CONDITIONS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property located in a subdivision with a master drainage plan?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, is the property in compliance?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the property ever had any drainage problems during your ownership? (If YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any producing or non-producing gas/oil wells on the property or adjacent property?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do mineral rights convey to buyer? If NO, please define: _____	
<b>Groundwater contamination has been detected in several areas in the State of Kansas.</b>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you aware of groundwater contamination or other environmental concerns?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any reports or records pertaining to groundwater contamination or other environmental concerns?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any diseased or dead trees and shrubs?	
<i>To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)</i>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated soil or water (including drinking water)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landfill or buried materials	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lead-based paint (If YES, attach disclosure.)	
<input type="checkbox"/>	<input checked="" 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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Methane Gas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oil sheers in wet areas	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radioactive material	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic material disposal (solvents, chemicals, etc.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Underground fuel or chemical storage tanks	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMFs (Electro Magnetic Fields)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Urea formaldehyde foam insulation (UFFI)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	<input checked="" 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?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are any of the above conditions present <b>near</b> your property?	
Comments: <u>When gutters are full water pools at the back and tends to leak into the SW corner of the basement.</u>				

			SECTION 8		
YES	NO	DON'T KNOW	BOUNDARIES/LAND		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a survey of the property? (If YES, attach copy if available.)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the boundaries of your property marked in any way?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any fencing on the boundaries of the property?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does fencing belong to the property? If YES, which sides? <u>All</u>		
<input type="checkbox"/>	<input checked="" 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.)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property owner responsible for maintenance of any such shared feature(s)?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a federally designated flood plain?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you currently, or have you ever, paid flood insurance for the property?		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is any portion of the property located in a designated wetlands area?		
<input type="checkbox"/>	<input checked="" 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.)		
		<input type="checkbox"/>	EXPANSIVE SOIL	<input type="checkbox"/>	EARTH MOVEMENT
		<input type="checkbox"/>	FILL DIRT	<input type="checkbox"/>	UPHEAVAL
		<input type="checkbox"/>	SLIDING	<input type="checkbox"/>	EARTH STABILITY PROBLEMS
		<input type="checkbox"/>	SETTLING		
Comments:					

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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 9
<b>SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION</b>			
The law requires that the Seller disclose the existence of special assessments against a property.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any current/pending bonds, assessments, or special taxes that apply to property?
<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).
			<input type="checkbox"/> Owner <input type="checkbox"/> County <input type="checkbox"/> Public Record <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to rules or regulations of an active Homeowner's Association?
		<input type="checkbox"/>	Annual Dues? _____                      Initiation Fee? _____
		<input type="checkbox"/>	Homeowner's Association contact information: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property subject to a right of first refusal?
<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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any violations of such covenants and restrictions?
Comments:			

YES	NO	DON'T KNOW	SECTION 10
<b>MISCELLANEOUS</b>			
<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 <b>without obtaining required permits</b> ?
<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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the present use of the property a non-conforming use?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have there been any insurance claims during the seller's ownership?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were repairs made? If so, explain: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there any unrepaired damage due to hail, storm, wind, fire or flood?
<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?
<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?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do all window and door treatments remain? If NO, please list: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any other personal property remain? If YES, please list: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the property contain any of the following? (Mark all that apply.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sauna <input type="checkbox"/> Water Feature
<input type="checkbox"/>	<input 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? _____
<input type="checkbox"/>	<input 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? Explain: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property in a holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?
<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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are there any transferable warranties on the property or any of its components?
Comments:			

**Any Additional Comments For Part II:**

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### SELLER'S ACKNOWLEDGEMENT

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

287  
288 Seller is occupant:  YES  NO  
289

290 Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date  
291 signed by Seller.

292 **SELLER:** Beverly E Flowers 12-4-2020 **SELLER:** \_\_\_\_\_  
293 Beverly E Flowers Date \_\_\_\_\_ Date

294

### BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

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

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

311 **BUYER:** \_\_\_\_\_ **BUYER:** \_\_\_\_\_  
312 \_\_\_\_\_ Date \_\_\_\_\_ Date

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