

# Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

Property Address: 30400 W 101st St N

Mount Hope

KS 67108

Seller: Janice L Hefling

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke/Fire Detectors <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixtures <i>Some work a some don't</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches/Outlets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range (Circle One) <u>Gas</u> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan(s) <i>Some work some don't</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave <i>None</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Vent Fan(s) <i>NA</i>
				Built in (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Telephone Wiring/Blocks/Jacks <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Bell <i>NA</i>
				Vented Outside (Circle One) YES NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen Refrigerator <i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener <i>NA</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Washer <i>none</i>					# of Remotes: _____ Keypad Entry: (Circle One) YES NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clothes Dryer <i>none</i>	<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 <i>none</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copper Wiring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum <i>NA</i>	<input type="checkbox"/>	<input checked="" 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 <i>NA</i>			<input checked="" type="checkbox"/>		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 <i>NA</i>
<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 <i>NA</i>
<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 <i>NA</i>
Comments:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security System - (Circle One) Own Rent/Lease <i>NA</i>
									Company
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audio/Video Surveillance System <i>NA</i>

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**WATER/SEWAGE SYSTEMS (See Part II Also)**

**TRANSFERS TO BUYER**

None	Does Not Transfer	Working	Not Working	Don't Know
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Indicate the condition of the following items by marking only one appropriate box.

- Sewage Systems
- Sump Pump
- Backup Sump Pump/Battery NA
- Plumbing
- Type
- Water Heater (Circle One) Elect Gas
- Size & Age
- Instant Hot Water NA
- Water Softener NA
- (Circle One) Own Rent/Lease
- Company
- Water Purifier/Reverse Osmosis NA
- Underground Sprinkler System NA
- Backflow Device (Circle One) YES NO
- Date Last Tested or Inspected
- Pool Equipment NA
- Hot Tub/Spa NA

Comments:

**HEATING & COOLING SYSTEMS**

**TRANSFERS TO BUYER**

None	Does Not Transfer	Working	Not Working	Don't Know
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Indicate the condition of the following items by marking only one appropriate box.

- Cooling System
- Central Air Type
- Age
- Heating System
- Central Heat Type
- Age
- Window/Wall Air Conditioning Units NA
- Electronic Air Filter NA
- Humidifier NA
- Fireplace NA
- Fireplace Insert NA
- Wood burning Stove NA
- Chimney/Flue - Date Last Cleaned NA
- Gas Log Lighter NA
- Whole House Attic Fan NA
- Solar Equipment - (Circle One) Own Rent/Lease NA
- Company
- Geothermal NA
- Propane Tank - (Circle One) Own Rent/Lease NA
- Company

Comments:

**MEDIA**

**TRANSFERS TO BUYER**

None	Does Not Transfer	Working	Not Working	Don't Know
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Indicate the condition of the following items by marking only one appropriate box.

- Satellite Dish NA
- # of Rcvrs/Remotes NA
- Attached Antennas NA
- Cable TV Wiring/Jacks NA
- Attached Television Mount(s) NA
- Projector(s) NA
- Projector Screen(s) NA
- Surround Sound Speakers NA
- Wired for Surround Sound NA

Comments:

Any Additional Comments For Part I:

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	
<b>SECTION 1 STRUCTURAL FOUNDATION/WALLS</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)? <u>N/A</u> If YES, are you aware of any adverse conditions? _____
Indicate all that apply: <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab			
<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> NO <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"/>	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is there insulation in the floors?
Additional Comments:			

YES	NO	DON'T KNOW	
<b>SECTION 2 ROOF/INSULATION</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Age: _____ Type: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, are there any <input checked="" type="checkbox"/> PAST <input type="checkbox"/> PRESENT    roof leaks?    (Mark One) If any, identify details below.
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:			

YES	NO	DON'T KNOW	
<b>SECTION 3 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 type="checkbox"/>	<input checked="" 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:			

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.

			SECTION 4	
YES	NO	DON'T KNOW	WATER/SEWAGE SYSTEMS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to City Water?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to Rural Water? If YES, Transfer Fee: _____ District: _____	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to any private water systems? (Mark all that apply.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type: <input checked="" type="checkbox"/> Drinking Well	<input type="checkbox"/> Irrigation Well
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type: <u>Sump Pump</u>	Location: <u>North of Kitchen</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____	Depth: <u>60 ft</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____	Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type: _____	Depth: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has the water in any wells shown test results of contamination? (if YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a septic system? Date Last Pumped: _____	
			Tank Size: _____	Location: _____
			# feet laterals: _____	# Feet infiltrators: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property connected to a lagoon system? Location: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the property connected to some other type of waste disposal system? (If YES, explain below.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the main waste disposal line ever been snaked or scoped?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, is there any problem relating to the waste disposal system?	

Additional Comments:

			SECTION 5	
YES	NO	DON'T KNOW	WATER INTRUSION/LEAKS	
<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"/>	Any water leakage in or around the fireplace or chimney? <u>NA</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leakage around (If YES, mark all that apply.) <input checked="" type="checkbox"/> WINDOWS <input type="checkbox"/> SKYLIGHTS <input type="checkbox"/> DOORS?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any leaks caused by appliances?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any water leakage into (If YES, mark all that apply.) <input checked="" type="checkbox"/> BASEMENT <input type="checkbox"/> CRAWL SPACE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any accumulation of water within the basement/crawl space?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sump Pump(s) Location(s): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drain Tiles (If YES, mark all that apply.) <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR	

Additional Comments:

			SECTION 6	
YES	NO	DON'T KNOW	PEST, WOOD INFESTATION & DRY ROT	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)	
			<input type="checkbox"/> WOOD DESTROYING INSECTS	<input type="checkbox"/> DRY ROT
			<input type="checkbox"/> OTHER WOOD INFESTATION	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)	
			<input type="checkbox"/> WOOD DESTROYING INSECTS	<input type="checkbox"/> DRY ROT
			<input type="checkbox"/> OTHER WOOD INFESTATION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have there been any repairs of such damage? (if YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property currently under a termite warranty or other coverage by a licensed pest control company?	
			Company: _____	Warranty Expiration Date: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any wood destroying insects control reports in the last 5 years? (if YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any professional wood destroying insects control treatments in the last 5 years? (if YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any pest control reports in the last 5 years? (if YES, explain below.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any professional pest control treatments in the last 5 years? (if YES, explain below.)	

Additional Comments:

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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the property located in a subdivision with a master drainage plan? <i>NO</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES, is the property in compliance?	
<input type="checkbox"/>	<input checked="" 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?	
To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)				
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 near your property?	
Comments:				

			SECTION 8	
YES	NO	DON'T KNOW	BOUNDARIES/LAND	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Does fencing belong to the property? If YES, which sides? _____	
<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	To your knowledge, is any portion of the property located in a federally designated flood plain?	
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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:				

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 YES NO DON'T KNOW

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).  
 Owner  County  Public Record  Other: \_\_\_\_\_
- 242    Is the property subject to rules or regulations of an active Homeowner's Association?  
Annual Dues? \_\_\_\_\_ Initiation Fee? \_\_\_\_\_
- 243    Homeowner's Association contact information: \_\_\_\_\_
- 244    Is the property subject to a right of first refusal?
- 245    Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?
- 246    Any violations of such covenants and restrictions?

249 Comments:

252 SECTION 10

253 YES NO DON'T KNOW

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: POOF
- 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 holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?
- 273    Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?
- 274    Are there any transferable warranties on the property or any of its components?

275 Comments:

278 Any Additional Comments For Part II:

SELLER'S ACKNOWLEDGEMENT

285

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

292 Seller is occupant: [ ] YES [x] NO

293 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.

294 SELLER: Janice L. Hefling 10-6-22 SELLER: \_\_\_\_\_
295 Janice L Hefling Date Date

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

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

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

303 3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes
304 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
305 regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at
306 http://www.kansas.gov/kbi/ or by contacting the local sheriff's office.

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

312 BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_
313 Date Date

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# Property Taxes and Appraisals

30400 W 101ST ST N

## Property Description

Legal Description S 380 FT E 143 FT SW1/4 SEC 18-25-3W  
Owner HEFLING JANICE L  
Mailing Address 30400 W 101ST ST N MOUNT HOPE KS 67108-9762  
Geo Code GRE 001000002  
PIN 00262111  
AIN 054180340000100  
Tax Unit 0912 440 GREELEY TWP U-312T-73 GRE  
Land Use 1101 Single family detached dwelling  
Market Land Square Feet 53,143  
2022 Total Acres 1.22  
2022 Appraisal \$134,580  
2022 Assessment \$15,477

## Residential Structure Characteristics

Year Built 1897  
Bedrooms 3  
Living Sq. Ft. 1,852  
Full Baths 2  
Half Baths  
Architectural Style Old Style  
Basement Sq. Ft. 322  
Finished Basement Sq. Ft.  
Basement Type Partial - 3  
Condition AVERAGE  
More Details View the Property Record Card for full property details

*J. H.*  
*Janice L. Heffling*

## Appraisal Values

Year	Class	Land	Improvements	Total	Change
2022	Residential	\$14,100	\$120,480	\$134,580	+10%
2021	Residential	\$10,400	\$112,210	\$122,610	+4%
2020	Residential	\$10,400	\$107,760	\$118,160	+6%
2019	Residential	\$18,100	\$93,400	\$111,500	+9%
2018	Residential	\$7,800	\$94,700	\$102,500	+1%
2017	Residential	\$11,700	\$89,400	\$101,100	
2016	Residential	\$11,700	\$89,400	\$101,100	
2015	Residential	\$11,700	\$89,400	\$101,100	+22%
2014	Residential	\$11,700	\$71,500	\$83,200	
2013	Residential	\$16,000	\$67,200	\$83,200	

## Assessment Values



Year	Class	Land	Improvements	Total	Change
2022	Residential	\$1,622	\$13,855	\$15,477	+10%
2021	Residential	\$1,196	\$12,904	\$14,100	+4%
2020	Residential	\$1,196	\$12,392	\$13,588	+6%
2019	Residential	\$2,082	\$10,741	\$12,823	+9%
2018	Residential	\$897	\$10,891	\$11,788	+1%
2017	Residential	\$1,346	\$10,281	\$11,627	
2016	Residential	\$1,346	\$10,281	\$11,627	
2015	Residential	\$1,346	\$10,281	\$11,627	+22%
2014	Residential	\$1,346	\$8,223	\$9,569	+0%
2013	Residential	\$1,840	\$7,728	\$9,568	

## 2021 Tax Year Special Assessments

Project	Description	Principal	Interest	Total
2639 F	COUNTY SOLID WASTE SOLID WASTE USER FEE	\$0.00	\$0.00	\$7.90
<b>Totals:</b>		\$0.00	\$0.00	\$7.90

## Tax Billings

Tax Year	Tax Rate	General Tax	Specials Tax	Interest	Fees	Total	Paid	Balance
2021	94.904000	\$1,292.16	\$7.90	\$0.00	\$0.00	\$1,300.06	\$1,300.06	\$0.00
2020	100.148000	\$1,314.80	\$7.80	\$0.00	\$0.00	\$1,322.60	\$1,322.60	\$0.00
2019	101.772221	\$1,259.05	\$7.80	\$0.00	\$0.00	\$1,266.85	\$1,266.85	\$0.00
2018	105.997000	\$1,203.47	\$5.88	\$0.00	\$0.00	\$1,209.35	\$1,209.35	\$0.00
2017	108.790000	\$1,218.90	\$5.88	\$0.00	\$0.00	\$1,224.78	\$1,224.78	\$0.00
2016	109.068000	\$1,222.14	\$4.88	\$0.00	\$0.00	\$1,227.02	\$1,227.02	\$0.00
2015	105.061000	\$1,175.54	\$4.88	\$0.00	\$0.00	\$1,180.42	\$1,180.42	\$0.00
2014	101.113144	\$921.55	\$6.48	\$0.00	\$0.00	\$928.03	\$928.03	\$0.00
2013	103.478581	\$941.73	\$6.46	\$2.37	\$0.00	\$950.56	\$950.56	\$0.00
2012	101.606561	\$926.16	\$5.70	\$0.00	\$0.00	\$931.86	\$931.86	\$0.00

## Tax Authorities

Tax Authority	Tax Rate
0101 STATE	1.500000
0201 COUNTY	29.370000
0421 GREELEY TOWNSHIP	14.043000
0612 USD 312	14.666000
0612 USD 312 SC	5.060000
0612 USD 312 SG	20.000000
0723 USD 312 BOND	10.265000
<b>Total: 94.904000</b>	

*Janice L. Hefling*

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) J.H. Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) J.H. Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(c) \_\_\_\_\_ Purchaser has received copies of all information listed above.

(d) \_\_\_\_\_ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) PL Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

<u>Janice L. Hefling</u>	<u>10-6-22</u>	_____	_____
Seller Janice L Hefling	Date	Seller	Date
_____	_____	_____	_____
Purchaser	Date	Purchaser	Date
<u>Pam Lehner</u>	<u>10.16.22</u>	_____	_____
Agent Pam Lehner	Date	Agent	Date

**GROUNDWATER / ENVIRONMENTAL ADDENDUM**

THIS ADDENDUM to Contract for Sale and Purchase of Real Estate between and among the undersigned is entered into effective on the last date set forth below.

Groundwater contamination has been detected in several areas in and around Sedgwick County. Licensees do not have any expertise in evaluating environmental conditions.

The parties are proposing the sale and purchase of certain property, commonly known as:

The parties are advised to obtain expert advice in regard to any environmental concerns.

**SELLER'S DISCLOSURE (please complete both a and b below)**

(a) Presence of groundwater contamination or other environmental concerns (initial one):

J.H. Seller has no knowledge of groundwater contamination or other environmental concerns; or \_\_\_\_\_ Known groundwater contamination or other environmental concerns are:

(b) Records and reports in possession of Seller (initial one):

J.H. Seller has no reports or records pertaining to groundwater contamination or other environmental concerns; or \_\_\_\_\_ Seller has provided the Buyer with all available records and reports pertaining to groundwater contamination or other environmental concerns (list document below):

**BUYER'S ACKNOWLEDGMENT (please complete c below)**

(c) \_\_\_\_\_ Buyer has received copies of all information, if any, listed above. (initial)

**CERTIFICATION**

Seller certifies, to the best of Seller's knowledge, that the information Seller has provided is true and accurate, and that Buyer and all licensees involved are relying on Seller's information. Buyer certifies that Buyer has reviewed Seller's responses and any records and reports furnished by Seller.

Janice L. Hefling 10-6-22  
Seller Janice L Hefling Date Buyer \_\_\_\_\_ Date  
\_\_\_\_\_  
Seller Date Buyer Date

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