

Pool/Hot Tub Disclosure Rider

This document has legal implications. If you do not understand it, consult your attorney. It must be attached to and becomes part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is executed by the undersigned Seller with respect to the property described below (the "Property"):

_____ MO _____
Street Address _____ **City** _____ **Zip Code** _____ **County** _____

Note: The Seller may not use the pool/hot tub regularly, if at all. If it is not used often, it might seem to be in perfect condition. However, even with frequent use, issues may arise that were not previously apparent or identifiable.

POOL: (Indicate if any information is approximate)

(1) Age _____ (2) Shape _____ (3) Size (length x width) _____

(4) Depth _____ (5) Volume (gallons) _____

(6) Type Above ground (please check type) Vinyl liner Other _____

In ground (please check type) Concrete Stainless Gunite Fiberglass Vinyl liner

Other _____

(7) Pool Builder _____

(8) Type of chemical sanitizer Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater

Other _____

(9) Cover Yes No If "Yes", is it Automatic Manual

(10) Pool service provider _____ Last serviced _____ (date)

(11) Last opened by _____

Last closed by _____

(12) Age of heater _____ Heating source _____

(13) Age of pump _____

(14) Age of filter _____ Type of filter Sand DE Other _____

(15) Indicate whether any repairs have been made to the Pool or any associated equipment during your ownership, including but not limited to the items listed above, as well as any visible components, deck equipment, or mechanical systems. (Please include any available repair history and attach extra pages if necessary.) _____

Are you aware of any leaks, defects, issues, or necessary repairs related to any of the items listed above?

If you answered "Yes," please provide an explanation and attach additional pages if necessary: _____

HOT TUB: (Indicate if any information is approximate)

(1) Age _____ (2) Volume (gallons) _____ (3) Manufacturer _____

(4) Construction (e.g., fiberglass, plastic, cement) _____

(5) Type of chemical sanitizer? Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater

Other _____

(6) Spa service provider _____ Last serviced _____ (date)

(7) Age of heater _____ Heat source _____

(8) Age of pump _____ (9) Age of filter _____ (10) Number of jets _____

(11) Indicate if any repairs have been made to the Hot Tub or any associated equipment during your ownership, including but not limited to the items mentioned above. (Please provide any available repair history and attach additional pages if necessary.) _____

Are you aware of any leaks, defects, issues, or required repairs related to any of the items listed above? Yes No

If you answered "Yes," please provide an explanation and attach any additional pages if needed: _____

BUYER'S INITIALS _____ (date)

SELLER'S INITIALS _____ (date)