

SELLER'S PROPERTY DISCLOSURE STATEMENT

Property Address: _____
 Date _____

SELLER IS IS NOT currently occupying the property or HAS NEVER occupied the property.

Approximate age of property _____ Date purchased _____

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

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

SELLER'S INFORMATION

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

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

	NOT INCLUDED	WORKING	NOT WORKING		NOT INCLUDED	WORKING	NOT WORKING
Section A - Appliances:							
1. Built-in vacuum system & equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. TV antenna/ satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Range ventilation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B - Electrical Systems:							
1. Electric service panel (Capacity _____ AMPS) [] Fuse [] Circuit breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sauna ([] Steam [] Dry, If included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Smoke/fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remotes No. remotes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Vent fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring/jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. 220 Volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cable TV wiring/jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Security system [] Owned [] Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Central station - monitoring			
				12. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				13. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section C - Heating and Cooling Systems:

1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Propane tank []Leased []Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fireplace/fireplace insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Blower			
	NOT INCLUDED	WORKING	NOT WORKING		NOT INCLUDED	WORKING	NOT WORKING
5. Room air conditioner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Factory built [] Masonry			
6. Heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Gas starter (fireplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[] Gas [] Forced air gas [] Elec				13. Gas logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[]Boiler ([] Hot water []Steam)				14. Woodburning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Solar house heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D - Water Systems:

1. Hot tub/whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Well system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Cistern [] Irrigation Well			
3. Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Sewer (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharges to _____				[] Lift [] Direct			
4. Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underground sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Septic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[] Back Flow Preventer							
6. Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. E.T. Bed (Evapotranspiration Bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Water softener [] Rent [] Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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			Driveways? Retaining Walls?		
Section B - Hazardous Conditions: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following substances, materials, or products on or near the real property which may be an environmental hazard?					
1. Asbestos			7. Toxic materials		
2. Contaminated soil or water -including drinking water			8. Underground fuel or chemical storage tanks?		
	YES	NO		YES	NO
3. Expansive soil			9. EMF's (Electric Magnetic Fields)		
4. Landfill or buried materials			10. Gas or oil wells in area		
5. Lead-based paint (See attached lead disclosure form)			11. Other (specify)		
6. Radon gas in house or well			12. Other (specify)		
7. Toxic materials			13. Other (specify)		
Section C - Title Disclosures: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following which could affect the real property?					
1. Features, such as walls, fences, driveways, which are shared in common w/adjoining landowners who use or have responsibility for maintenance of the feature			9. Any condominium, regime or other deed restrictions or obligations, or any Homeowner's Association which has authority over the real property		
2. Has a boundary survey been performed? Date: _____			10. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas co-owned in individual interest with others)		
3. Any mortgage survey or ILC (Improvement Location Certificate) Date: _____			11. Any lawsuits against Seller threatening or affecting, this real property?		
4. Easements, other than normal utility easements			12. Any notices from any governmental or quasi-governmental agency affecting this real property		
5. Any encroachments			13. Any planned road or street expansions, improvements or widenings adjacent to the property		
6. Any zoning violations, non-conforming uses, or violations of setback requirements?			14. Other (specify)		
7. Any lot-line disputes or other unusual claims against the real property?			15. Other (specify)		
8. Any pending or levied assessments on the real estate, including but not limited to those for sidewalks, streets, sewers, water gas lines?			16. Other (specify)		
Section D - Other Disclosures: For property and improvements thereon:					
1. Is the property connected to a public water system? [] Rural [] City Is the system operational?			7. Are there any flooding, drainage, or grading problems?		
2. Is the property connected to a public sewer system? [] County [] City			8. Is the property in a flood plain?		

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3. Is the property connected to a private/community water system?			9. Trash Service []Public []Private		
4. Is the property connected to a private/community sewer system? Is the system operational?			10. Do you own the fencing on your property?		
5. Is the property connected to a septic system? Is the system operational? Are you aware of any problems?			11. Are you aware of any structural additions, changes or repairs made to the property without obtaining all necessary permits?		
6. Are there any trees or shrubs diseased or dead? Scheduled to be removed?			12. Have you ever owned a pet in this property? Has there been any damage due to urine, odor, stain?		

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

1. Serviced air conditioner:	5. Cleaned woodburning stove, including chimney:
2. Cleaned fireplace, including chimney:	6. Tested well water:
3. Serviced furnace:	7. Serviced well water:
4. Serviced septic system:	8. Do you have a home warranty? []Yes []No Is it transferable? []Yes []No Company name(s):

Section F - Infestations:	YES	NO		YES	NO
1. Do you have any knowledge of any damage to the property caused by termites, wood infestation, or dry rot?			2. Have you had any termite/pest control treatments for the property? If so, name the company & year treated.		
Is property currently under warranty? If so, name company below:			3. Has the ground been pre-treated for termites?		

PART III - Miscellaneous.

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

If _____ yes, _____ explain:

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

If separate pages used, initial here _____.

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

Seller: _____ Date: _____

Seller: _____ Date: _____

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

1. I acknowledge that I have read and received a signed copy of the Seller's Property Disclosure Statement from the Seller, the Seller's agent, or transaction broker.

2. I have carefully inspected the property. Subject to any inspections allowed under my contract with Seller, I agree to purchase the property in its present condition only, without warranties or guarantees of any kind by the Seller or any real estate licensee concerning the condition or value of the property.

3. I agree to verify any of the above information that is important to me by an independent investigation of my own. I have been advised to have the property examined by professional inspectors.

4. I acknowledge that neither Seller nor any real estate licensee involved in this transaction is an expert at detecting or repairing physical defects in the property. I state that no important representations concerning the condition of the property are being relied upon by me except as disclosed above or as fully set forth as follows:

5. I acknowledge that I have been informed that Kansas law requires persons who are convicted of certain sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. I have been advised that if I desire information regarding those registrants, I may find information on the homepage of the Kansas Bureau of Investigation (KBI) or by contacting the local sheriff's office.

Buyer _____ Receipt Date _____

Buyer _____ Receipt Date _____