

# Warren County, MO



## Legend

- Road
  - Interstate
  - Numbered State Highway
  - Lettered State Highway
  - <all other values>
- Railroad
- Parcel
- Dashed Land Hook
- Solid Land Hook
- County Boundary

## Notes

This Cadastral Map is for informational purposes only. It does not purport to represent a property boundary survey of the parcels shown and shall not be used for conveyances or the establishment of property boundaries.

THIS MAP IS NOT TO BE USED FOR NAVIGATION

250.0 0 125.00 250 Feet

This document has legal consequences.

If you do not understand it, consult your attorney.

The text of this form may not be altered in any manner without written acknowledgement of all parties.

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Form # 2091

01/26

### SELLER'S DISCLOSURE STATEMENT

Property Address : 26169 DRY FOLK ROAD WARRENTON MO 63383

**Note: If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect Buyer's decision to buy the property, then Seller needs to disclose it. This statement will assist Buyer in evaluating the property being considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot guarantee the accuracy of the information in this form.**

**TO SELLER:** Your truthful disclosure of the condition of your property gives you the best protection against future charges that you violated your legal obligation to Buyer by concealing a material defect(s), lead-based paint, use as a site for methamphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to your ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some persistent pattern of a problem not completely remedied, such information should be included in this disclosure in order to achieve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, even after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all aspects of your property. If you know of or suspect some condition which would substantially lower the value of the property, impair the health or safety of future occupants, or otherwise affect Buyer's decision to buy your property, then use the space at the end of this form to describe that condition.

**TO BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.** If you sign a contract to purchase the property, that contract, and not this disclosure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment included, you must specify them in the contract. Since these disclosures are based on the Seller's knowledge, you cannot be sure that there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the Seller are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of the property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, products, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or you should make the correction of these conditions by the Seller a requirement of the sale contract.

| STATUTORY DISCLOSURES                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Note: The following information, if applicable to the property, is required by federal or state law to be disclosed to prospective buyers. Local laws and ordinances may require additional disclosures. |                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |
| <b>LEAD-BASED PAINT</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                | YES                      | NO                                  | UNK                      |
| 1                                                                                                                                                                                                        | Does the Property include a residential dwelling built prior to 1978? If "Yes," 42 U.S.C. 4852d and EPA regulations promulgated pursuant thereto require that a completed Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards form (Form #2049) must be signed by Seller and any involved real estate licensee(s) and given to any potential buyer. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2                                                                                                                                                                                                        | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |
| <b>METHAMPHETAMINE</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | YES                      | NO                                  | UNK                      |
| 3                                                                                                                                                                                                        | Are you aware if the Property is or was used as a site for methamphetamine production or the place of residence of a person convicted of a crime involving methamphetamine or a derivative controlled substance related thereto? If "Yes," §442.606 RSMo requires you to disclose such facts in writing.                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4                                                                                                                                                                                                        | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |
| <b>WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)</b>                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                | YES                      | NO                                  | UNK                      |
| 5                                                                                                                                                                                                        | Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? If "Yes," Section 260.213 RSMo requires Seller to disclose the location of any such site on the Property. Note: If Seller checks "Yes," Buyer may be assuming liability to the State for any remedial action at the property.                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |  |  |                                  |                                     |                                      |                                 |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------|
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>RADIOACTIVE OR HAZARDOUS MATERIALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available. |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>ADDITIONAL DISCLOSURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                              |  |  |                                  |                                     |                                      |                                 |                                |
| <b>Lead-Based Paint</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?                                                                                                                                                                                                                 |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if it has ever been covered or removed?                                                                                                                                                                                                                                                                        |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if the property has been tested for lead?                                                                                                                                                                                                                                                                      |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please explain any "Yes" answers you gave in this section including test date, type of test and results:                                                                                                                                                                                                                     |  |  |                                  |                                     |                                      |                                 |                                |
| <b>Radon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if the property has been tested for radon gas?                                                                                                                                                                                                                                                                 |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if the property has ever been mitigated for radon gas?                                                                                                                                                                                                                                                         |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>Mold</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware of the presence of any mold on the property?                                                                                                                                                                                                                                                                   |  |  | <input type="checkbox"/>         | <input type="checkbox"/>            | <input checked="" type="checkbox"/>  |                                 |                                |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware of anything with mold on the property that has ever been covered or removed?                                                                                                                                                                                                                                   |  |  | <input type="checkbox"/>         | <input type="checkbox"/>            | <input checked="" type="checkbox"/>  |                                 |                                |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if the property has ever been tested for the presence of mold?                                                                                                                                                                                                                                                 |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>Asbestos Materials</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?                                                                                                                                                                          |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware of any asbestos material that has been encapsulated or removed?                                                                                                                                                                                                                                                |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware if the property has been tested for the presence of asbestos?                                                                                                                                                                                                                                                  |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>Other Environmental Concerns</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                              |  |  | YES                              | NO                                  | UNK                                  |                                 |                                |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?                                                                                                     |  |  | <input type="checkbox"/>         | <input checked="" type="checkbox"/> | <input type="checkbox"/>             |                                 |                                |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                   |  |  |                                  |                                     |                                      |                                 |                                |
| <b>SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |  |  |                                  |                                     |                                      |                                 |                                |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Development Name                                                                                                                                                                                                                                                                                                             |  |  |                                  |                                     |                                      |                                 |                                |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contact Name                                                                                                                                                                                                                                                                                                                 |  |  | Phone #                          |                                     |                                      |                                 |                                |
| 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Type of Property (check all that apply) <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op                                                         |  |  |                                  |                                     |                                      |                                 |                                |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mandatory Assessment #1 \$ _____ per                                                                                                                                                                                                                                                                                         |  |  | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly  | <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Annual | <input type="checkbox"/> Other |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mandatory Assessment #2 \$ _____ per                                                                                                                                                                                                                                                                                         |  |  | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly  | <input type="checkbox"/> Semi-Annual | <input type="checkbox"/> Annual | <input type="checkbox"/> Other |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mandatory Assessment(s) include:                                                                                                                                                                                                                                                                                             |  |  |                                  |                                     |                                      |                                 |                                |
| <input type="checkbox"/> entrance sign/structure <input type="checkbox"/> street maintenance <input type="checkbox"/> common ground <input type="checkbox"/> snow removal specific to dwelling<br><input type="checkbox"/> snow removal common area <input type="checkbox"/> landscaping of common area <input type="checkbox"/> landscaping specific to dwelling <input type="checkbox"/> reception facility<br><input type="checkbox"/> clubhouse <input type="checkbox"/> pool <input type="checkbox"/> tennis court <input type="checkbox"/> exercise area <input type="checkbox"/> water <input type="checkbox"/> sewer <input type="checkbox"/> trash removal <input type="checkbox"/> doorman <input type="checkbox"/> cooling <input type="checkbox"/> heating<br><input type="checkbox"/> security <input type="checkbox"/> elevator <input type="checkbox"/> some insurance <input type="checkbox"/> real estate taxes <input type="checkbox"/> other common facility _____<br><input type="checkbox"/> assigned parking space(s): how many _____ identified as _____<br><input type="checkbox"/> other specific item(s): _____<br><input type="checkbox"/> Dwelling exterior maintenance covered by Assessment: _____ |                                                                                                                                                                                                                                                                                                                              |  |  |                                  |                                     |                                      |                                 |                                |

|                                                          |                                                                                                                                                                                           | YES                                            | NO                                                             | UNK                                                                     |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| 32                                                       | Are you aware of any existing or proposed special assessments?                                                                                                                            | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 33                                                       | Are you aware of any special taxes and/or district improvement assessments?                                                                                                               | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 34                                                       | Are you aware of any condition or claim which may cause an increase in assessment or fees?                                                                                                | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 35                                                       | Are you aware of any material defects in any common or other shared elements?                                                                                                             | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 36                                                       | Are you aware of any existing indentures/restrictive covenants?                                                                                                                           | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 37                                                       | Are you aware of any violation of the indentures/restrictions by yourself or by others?                                                                                                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 38                                                       | Is there a recorded shared driveway/street/road maintenance agreement?                                                                                                                    | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 39                                                       | Is there a driveway/street/road that is not maintained by city or county? If so, please explain in description.                                                                           | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 40                                                       | Please explain any "Yes" answers you gave in this section:                                                                                                                                |                                                |                                                                |                                                                         |
| <b>UTILITIES</b>                                         |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
|                                                          | <b>Services</b>                                                                                                                                                                           | <b>Current Provider</b>                        | <b>Phone #</b>                                                 | <b>Avg Monthly Cost</b>                                                 |
| 41                                                       | Propane                                                                                                                                                                                   |                                                | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |                                                                         |
| 42                                                       | Gas                                                                                                                                                                                       |                                                |                                                                |                                                                         |
| 43                                                       | Electric                                                                                                                                                                                  | AMERICAN                                       |                                                                |                                                                         |
| 44                                                       | Water                                                                                                                                                                                     | MARY GOMEZ CO. WATER                           |                                                                |                                                                         |
| 45                                                       | Sewer                                                                                                                                                                                     |                                                |                                                                |                                                                         |
| 46                                                       | Trash                                                                                                                                                                                     | CORAL                                          |                                                                |                                                                         |
| 47                                                       | Recycle                                                                                                                                                                                   |                                                |                                                                |                                                                         |
| 48                                                       | Internet                                                                                                                                                                                  | T MOBILE                                       |                                                                |                                                                         |
| 49                                                       | Phone                                                                                                                                                                                     |                                                |                                                                |                                                                         |
| <b>HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS</b> |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| Type of Heating Equipment:                               |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| 50                                                       | Zone 1: Age <u>6</u> Brand                                                                                                                                                                | <input checked="" type="checkbox"/> Forced Air | <input type="checkbox"/> Heat Pump                             | <input type="checkbox"/> Radiant                                        |
| 51                                                       | Zone 2: Age Brand                                                                                                                                                                         | <input type="checkbox"/> Forced Air            | <input type="checkbox"/> Heat Pump                             | <input type="checkbox"/> Radiant                                        |
| Fuel Source of Heating Equipment:                        |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| 52                                                       | Zone 1:                                                                                                                                                                                   | <input type="checkbox"/> Natural Gas           | <input checked="" type="checkbox"/> Electric                   | <input type="checkbox"/> Propane                                        |
| 53                                                       | Zone 2:                                                                                                                                                                                   | <input type="checkbox"/> Natural Gas           | <input checked="" type="checkbox"/> Electric                   | <input type="checkbox"/> Propane                                        |
| Type of Air Conditioner:                                 |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| 54                                                       | Zone 1: Age Brand                                                                                                                                                                         | <input type="checkbox"/> Central Electric      | <input type="checkbox"/> Central Gas                           | <input checked="" type="checkbox"/> Window/Wall (# of Units: <u>3</u> ) |
| 55                                                       | Zone 2: Age Brand                                                                                                                                                                         | <input type="checkbox"/> Central Electric      | <input type="checkbox"/> Central Gas                           | <input type="checkbox"/> Window/Wall (# of Units: <u>1</u> )            |
|                                                          |                                                                                                                                                                                           | YES                                            | NO                                                             | UNK                                                                     |
| 56                                                       | Are you aware of any problems or issues with any part of the HVAC system?                                                                                                                 | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                                                |
| 57                                                       | Do you have any existing maintenance agreements in place?                                                                                                                                 | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                                                |
| 58                                                       | Are any areas of the home not covered by central heating /cooling?                                                                                                                        | <input type="checkbox"/>                       | <input checked="" type="checkbox"/>                            | <input type="checkbox"/>                                                |
| 59                                                       | With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:                     |                                                |                                                                |                                                                         |
| 60                                                       | Please explain any "Yes" or "Other" answers you gave in this section:                                                                                                                     |                                                |                                                                |                                                                         |
| <b>FIREPLACE(S)</b>                                      |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| 61                                                       | Location 1: Room: _____ Functional and properly vented?                                                                                                                                   | YES                                            | NO                                                             | UNK                                                                     |
|                                                          | Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK          | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 62                                                       | Location 2: Room: _____ Functional and properly vented?                                                                                                                                   | YES                                            | NO                                                             | UNK                                                                     |
|                                                          | Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK          | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 63                                                       | Location 3: Room: _____ Functional and properly vented?                                                                                                                                   | YES                                            | NO                                                             | UNK                                                                     |
|                                                          | Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK          | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 64                                                       | Are you aware of any problems or repairs needed with any item in this section?                                                                                                            | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/>                                                |
| 65                                                       | Please explain any "Yes" or "No" answers you gave in this section:                                                                                                                        |                                                |                                                                |                                                                         |
| <b>PLUMBING SYSTEM, FIXTURES AND EQUIPMENT</b>           |                                                                                                                                                                                           |                                                |                                                                |                                                                         |
| 66                                                       | Plumbing System: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other: |                                                |                                                                |                                                                         |
| 67                                                       | Water Heater 1: Age: <u>10</u> Location: _____ Tank Size: _____                                                                                                                           | <input type="checkbox"/> Gas                   | <input checked="" type="checkbox"/> Electric                   | <input type="checkbox"/> Propane                                        |
| 68                                                       | Water Heater 2: Age: _____ Location: _____ Tank Size: _____                                                                                                                               | <input type="checkbox"/> Gas                   | <input checked="" type="checkbox"/> Electric                   | <input type="checkbox"/> Propane                                        |

|                                                                                                                         |                                                                                                                                                                                                                                                                               | YES                                 | NO                                  | UNK                      |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 69                                                                                                                      | Does the property have an ice-maker supply line?                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 70                                                                                                                      | Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 71                                                                                                                      | Are you aware of any problems or repairs needed in the plumbing system?                                                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 72                                                                                                                      | Does property have a Swimming Pool/Spa/Hot Tub?<br>(If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| 73                                                                                                                      | Please explain any "Yes" or "Other" answers you gave in this section:                                                                                                                                                                                                         |                                     |                                     |                          |
| <b>WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b>                 |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| 74                                                                                                                      | What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other                                                                                         |                                     |                                     |                          |
| 75                                                                                                                      | If well, when was the water last tested? Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.                                                                                                               |                                     |                                     |                          |
| 76                                                                                                                      | Do you have a water softener? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.                                                         |                                     |                                     |                          |
|                                                                                                                         |                                                                                                                                                                                                                                                                               | YES                                 | NO                                  | UNK                      |
| 77                                                                                                                      | Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 78                                                                                                                      | Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :                                                                                                                                                                |                                     |                                     |                          |
| <b>SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b> |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| 79                                                                                                                      | What is the type of sewerage system to which the house is connected? <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other<br>If Other, please explain: |                                     |                                     |                          |
| 80                                                                                                                      | If septic/aerator, when was system last serviced?                                                                                                                                                                                                                             |                                     |                                     |                          |
|                                                                                                                         |                                                                                                                                                                                                                                                                               | YES                                 | NO                                  | UNK                      |
| 81                                                                                                                      | Is there a sewerage lift system?                                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 82                                                                                                                      | Is there a sewerage grinder system?                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 83                                                                                                                      | Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 84                                                                                                                      | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)</b>                                |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| Type of Service Panel(s):                                                                                               |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| 85                                                                                                                      | Panel 1: Amps <u>200</u> Brand <input type="checkbox"/> Circuit Breakers <input checked="" type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                             |                                     |                                     |                          |
| 86                                                                                                                      | Panel 2: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                                                   |                                     |                                     |                          |
| 87                                                                                                                      | Panel 3: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                                                   |                                     |                                     |                          |
| Type of Wiring:                                                                                                         |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| 88                                                                                                                      | Panel 1: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                                        |                                     |                                     |                          |
| 89                                                                                                                      | Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                                        |                                     |                                     |                          |
| 90                                                                                                                      | Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                                        |                                     |                                     |                          |
|                                                                                                                         |                                                                                                                                                                                                                                                                               | YES                                 | NO                                  | UNK                      |
| 91                                                                                                                      | Are you aware of any problems or repairs needed in the electrical system?                                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 92                                                                                                                      | Are you aware of any panels in service in the property being subject to recall or otherwise out of date?                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 93                                                                                                                      | Are you aware of any active knob and tube wiring in the property?                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 94                                                                                                                      | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>CONSTRUCTION</b>                                                                                                     |                                                                                                                                                                                                                                                                               |                                     |                                     |                          |
| 95                                                                                                                      | The property was originally constructed in: <u>1990</u> . Seller has occupied property from <u>1993</u> to <u>2026</u> .                                                                                                                                                      |                                     |                                     |                          |
| 96                                                                                                                      | List all significant additions, modifications, renovations, & alterations to the property during your ownership below:                                                                                                                                                        |                                     |                                     |                          |
|                                                                                                                         |                                                                                                                                                                                                                                                                               | YES                                 | NO                                  | UNK                      |
| 97                                                                                                                      | Were required permits obtained for the work described above?                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 98                                                                                                                      | Please explain any "No" answers you gave in this section:                                                                                                                                                                                                                     |                                     |                                     |                          |

| FOUNDATION |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 99         | Type of Foundation:                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other: |
|            |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 100        | Are you aware of any problems or issues with foundation?                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 101        | Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?                                                                                                                                              | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 102        | Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 103        | Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?                                                                                                                                                                                               | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 104        | Are you aware of any repairs to any of the building elements listed above?                                                                                                                                                                                                                                                | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 105        | Were required permits obtained for any repairs described above?                                                                                                                                                                                                                                                           | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 106        | Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:                                                                                                                                                          |                                              |                                                                                                                                    |
|            |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|            | <b>BASEMENT AND CRAWL SPACE (Complete only if applicable)</b>                                                                                                                                                                                                                                                             | YES                                          | NO UNK                                                                                                                             |
| 107        | Is the home equipped with a sump pit?                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 108        | Is the home equipped with a sump pump?                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 109        | Are you aware of any issues with sump pit(s) & pump(s)?                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 110        | Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?                                                                                                                                                                                                                     | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 111        | Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 112        | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                    |
|            | <i>installed sump pumps</i>                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                    |
|            | <b>ROOF, GUTTERS AND DOWNSPOUTS</b>                                                                                                                                                                                                                                                                                       | YES                                          | NO UNK                                                                                                                             |
| 113        | What is the approximate age of the roof? <i>2010</i> Is it documented? If yes, please provide documentation.                                                                                                                                                                                                              | <input type="checkbox"/>                     | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 114        | Are you aware of any active leaks to the roof?                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 115        | Has the roof ever leaked during your ownership?                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>          | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 116        | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 117        | Are you aware of any problems with the roof, gutters or downspouts?                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 118        | Does the property have multiple layers of roofing currently installed on any portion of the property?                                                                                                                                                                                                                     | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 119        | Please explain any "Yes" answers you gave in this section and attach any documentation:                                                                                                                                                                                                                                   |                                              |                                                                                                                                    |
|            | <i>installed sump pumps</i>                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                    |
|            | <b>PESTS/TERMITES/WOOD DESTROYING INSECTS</b>                                                                                                                                                                                                                                                                             | YES                                          | NO UNK                                                                                                                             |
| 120        | Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?                                                                                                                                                                                                          | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 121        | Are you aware of any uncorrected damage to the property caused by above?                                                                                                                                                                                                                                                  | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 122        | Are you aware of any control reports for the property?                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 123        | Are you aware of any control treatments to the property?                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                  |
| 124        | Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?                                                                                                                                                                | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 125        | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                    |
|            |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|            | <b>SOIL AND DRAINAGE</b>                                                                                                                                                                                                                                                                                                  | YES                                          | NO UNK                                                                                                                             |
| 126        | Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?                                                                                                                                                                                                                   | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 127        | Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?                                                                                                                                                                                           | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 128        | Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?                                                                                                                                                                            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 129        | Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement) | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                       |
| 130        | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                    |
|            |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |

| SURVEY AND ZONING                                                                              |                                                                                                                                                                                 |                                         |              | YES                                 | NO                                           | UNK                                 |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-------------------------------------|----------------------------------------------|-------------------------------------|
| 131                                                                                            | Do you have a survey of the property? If yes, please attach.                                                                                                                    |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 132                                                                                            | Does the survey include all existing improvements on the property?                                                                                                              |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 133                                                                                            | Are you aware of any shared or common features with adjoining properties?                                                                                                       |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 134                                                                                            | Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?                                                                          |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 135                                                                                            | Is any portion of the property located within the 100-year flood hazard area (flood plain)?                                                                                     |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 136                                                                                            | Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?                                                       |                                         |              | <input type="checkbox"/>            | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> |
| 137                                                                                            | Please explain any "Yes" answers you gave in this section:                                                                                                                      |                                         |              |                                     |                                              |                                     |
|                                                                                                |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |
| INSURANCE                                                                                      |                                                                                                                                                                                 |                                         |              | YES                                 | NO                                           | UNK                                 |
| 138                                                                                            | Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)                                                         |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 139                                                                                            | If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed.                                  |                                         |              |                                     |                                              |                                     |
|                                                                                                |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |
| APPLIANCES/EQUIPMENT                                                                           |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |
| (Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable) |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |
| 140                                                                                            | Range/Stove                                                                                                                                                                     | <input type="checkbox"/> N/A            | Age          | <input type="checkbox"/> Gas        | <input type="checkbox"/> Electric            |                                     |
| 141                                                                                            | Oven                                                                                                                                                                            | <input type="checkbox"/> N/A            | Age 10 yrs   | <input type="checkbox"/> Gas        | <input checked="" type="checkbox"/> Electric |                                     |
| 142                                                                                            | Cooktop                                                                                                                                                                         | <input type="checkbox"/> N/A            | Age 7 yrs    | <input type="checkbox"/> Gas        | <input checked="" type="checkbox"/> Electric |                                     |
| 143                                                                                            | Outdoor Grill                                                                                                                                                                   | <input type="checkbox"/> N/A            | Age          | <input type="checkbox"/> Gas        | <input type="checkbox"/> Electric            |                                     |
| 144                                                                                            | Dryer Hookup                                                                                                                                                                    | <input type="checkbox"/> N/A            |              | <input type="checkbox"/> Gas        | <input checked="" type="checkbox"/> Electric |                                     |
| 145                                                                                            | Built in Microwave                                                                                                                                                              | <input checked="" type="checkbox"/> N/A | Age          |                                     |                                              |                                     |
| 146                                                                                            | Built in Refrigerator                                                                                                                                                           | <input checked="" type="checkbox"/> N/A | Age          |                                     |                                              |                                     |
| 147                                                                                            | Dishwasher                                                                                                                                                                      | <input checked="" type="checkbox"/> N/A | Age          |                                     |                                              |                                     |
| 148                                                                                            | Garbage Disposal                                                                                                                                                                | <input type="checkbox"/> N/A            | Age 17 yrs   |                                     |                                              |                                     |
| 149                                                                                            | Trash Compactor                                                                                                                                                                 | <input checked="" type="checkbox"/> N/A | Age          |                                     |                                              |                                     |
| 150                                                                                            | Electric Pet Fence                                                                                                                                                              | <input checked="" type="checkbox"/> N/A | # of collars |                                     |                                              |                                     |
| 151                                                                                            | Gas Powered Exterior Lights                                                                                                                                                     | <input checked="" type="checkbox"/> N/A | # of lights  |                                     |                                              |                                     |
| 152                                                                                            | Security System/Cameras                                                                                                                                                         | <input checked="" type="checkbox"/> N/A |              | <input type="checkbox"/> Owned      | <input type="checkbox"/> Leased              |                                     |
|                                                                                                |                                                                                                                                                                                 |                                         |              | YES                                 | NO                                           | UNK                                 |
| 153                                                                                            | Are you aware of any items in this section in need of repair or replacement?                                                                                                    |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 154                                                                                            | Please explain any "Yes" answers you gave in this section:                                                                                                                      |                                         |              |                                     |                                              |                                     |
|                                                                                                |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |
| MISCELLANEOUS                                                                                  |                                                                                                                                                                                 |                                         |              | YES                                 | NO                                           | UNK                                 |
| 155                                                                                            | Has the property been continuously occupied during the last twelve months?                                                                                                      |                                         |              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/>            |
| 156                                                                                            | Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority? |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 157                                                                                            | Is the property located in an area that requires any specific disclosure(s) from the city or county?                                                                            |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 158                                                                                            | Is the property designated as a historical home or located in a historic district?                                                                                              |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 159                                                                                            | Is property tax abated or subject to a tax freeze (such as Senior Property Tax Freeze)? If yes, attach documentation from taxing authority.                                     |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 160                                                                                            | Are you aware of any pets having been kept in or on the property?                                                                                                               |                                         |              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/>            |
| 161                                                                                            | Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?                                                                                      |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 162                                                                                            | Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?                                                                                |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 163                                                                                            | Are you aware if carpet has been laid over a damaged wood floor?                                                                                                                |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 164                                                                                            | Are you aware of any existing or threatened legal action affecting the property?                                                                                                |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 165                                                                                            | Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?                                                          |                                         |              | <input type="checkbox"/>            | <input checked="" type="checkbox"/>          | <input type="checkbox"/>            |
| 166                                                                                            | Please explain any "Yes" answers you gave in this section:                                                                                                                      |                                         |              |                                     |                                              |                                     |
|                                                                                                |                                                                                                                                                                                 |                                         |              |                                     |                                              |                                     |

ADDITIONAL COMMENTS

167  
168  
169  
170  
171  
172  
173  
174  
175  
176  
177

Seller attaches the following document(s): \_\_\_\_\_

**SELLER'S ACKNOWLEDGEMENT:**

Seller acknowledges having carefully examined this statement and that it is complete and accurate to the best of Seller's knowledge. Seller agrees to immediately notify listing broker in writing of any changes in the property condition. Seller authorizes all brokers and their licensees to furnish a copy of this statement to prospective Buyers.

 10-3-24  
SELLER SIGNATURE DATE

Judith Ryle  
Seller Printed Name

 10/5/2024  
SELLER SIGNATURE DATE

Douglas Ryle  
Seller Printed Name

**BUYER'S ACKNOWLEDGEMENT:**

Buyer acknowledges having received and read this Seller's Disclosure Statement. Buyer understands that the information in this Seller's Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker is not an expert at detecting or repairing physical defects in property.

\_\_\_\_\_  
BUYER SIGNATURE DATE

\_\_\_\_\_  
Buyer Printed Name

\_\_\_\_\_  
BUYER SIGNATURE DATE

\_\_\_\_\_  
Buyer Printed Name

This document has legal consequences.  
If you do not understand it, consult your attorney.  
The text of this form may not be altered in any manner  
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Form # 2165

01/20

## SEPTIC/WELL ADDENDUM TO SELLER'S DISCLOSURE STATEMENT

1 PROPERTY ADDRESS: 26169 Dry Fork Rd Warrenton DATE: 5 OCT 2026

2 **SEPTIC (Explain any "Yes" answers):**

3 **Note: Potential buyers should be aware that the current owner may not use the septic system to its full capacity. If the system**  
4 **is being underutilized, it may falsely appear to be problem free. If the system is more heavily utilized, problems may surface**  
5 **that were previously not known or detectable. These problems may not be discovered by a septic inspection.**

- 6 (a) How many people occupy the property? 3
- 7 (b) Has the property been vacant over any period during the last 12 months? ☐ Yes ☒ No
- 8 (c) Does any other property owner share this system? ☐ Yes ☒ No
- 9 (d) Is any part of your system located on a neighbor's property? ☐ Yes ☒ No
- 10 (e) Is there a well within 50 feet of the septic tank? ☐ Yes ☒ No
- 11 (f) Does the system have an aerator? ☐ Yes ☒ No
- 12 (g) Of what is the bottom of the tank constructed? ☐ gravel ☐ concrete ☐ unknown
- 13 (h) Are any laundry, sinks, tubs and/or showers dispersing outside of the septic system? ☐ Yes ☒ No
- 14 (i) Do any of the pipes flow into ditches, creeks, ravines or a lagoon? ☐ Yes ☒ No
- 15 (j) Are any of the pipes exposed? ☐ Yes ☒ No
- 16 (k) Is there any seepage or surface discharge (effluence) from the septic system? ☐ Yes ☒ No
- 17 If "Yes", is there any from your system onto your neighbor's property? ☐ Yes ☒ No
- 18 (l) Is there any seepage or surface discharge from a neighbor's system onto your property? ☐ Yes ☒ No
- 19 (m) Have you noticed any noxious, offensive or unusual odors from the system? ☐ Yes ☒ No
- 20 (n) Have you experienced slow drainage or drain backups? ☐ Yes ☒ No
- 21 (o) Is there a current maintenance service agreement covering your system? ☐ Yes ☒ No
- 22 If "Yes", what is the annual cost and who is the current provider? \_\_\_\_\_
- 23 (p) Does any government authority require a maintenance service agreement for the  
24 new homeowner? ☐ Yes ☒ No
- 25 (q) Have you ever been notified/cited by any governmental authority on problems  
26 related to the system? ☐ Yes ☒ No
- 27 (r) Has a service company ever recommended any work to be done to the system? ☐ Yes ☒ No
- 28 (s) Are you aware of any defects? ☐ Yes ☒ No
- 29 (t) Have you expanded, updated or modified the septic system? ☐ Yes ☒ No
- 30 (u) Have you cleaned or pumped the system during your ownership of the property? ☐ Yes ☒ No
- 31 If "Yes", when was it done and who did the work? \_\_\_\_\_

32 **WELLS (Explain any "Yes" answers):**

- 33 (a) Is any part of the well located on a neighbor's property? ☐ Yes ☒ No
- 34 (b) Is the well shared with any other properties? ☐ Yes ☒ No
- 35 If "Yes", is there a recorded well agreement? ☐ Yes ☒ No
- 36 (c) Are you aware of any problems relating to the quality or source of drinking water? ☐ Yes ☒ No
- 37 (d) Have you ever been notified/cited by any governmental authority on problems  
38 related to the system? ☐ Yes ☒ No
- 39 (e) Has a service company ever recommended any work be done to the system? ☐ Yes ☒ No
- 40 (f) Are you aware of any defects? ☐ Yes ☒ No
- 41 (g) Are you aware of any plans to bring public water to this property? ☐ Yes ☒ No

42 **Explanation of any "Yes" answers and additional comments for either of the above sections:**

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49 \_\_\_\_\_

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**SELLER'S ACKNOWLEDGEMENT:** Seller acknowledges that he has carefully examined this statement and that it is complete and accurate to the best of Seller's knowledge. Seller agrees to immediately notify listing broker in writing of any changes in the property condition. Seller authorizes all brokers and their licensees to furnish a copy of this statement to prospective buyers.

SELLER SIGNATURE Judith Schuck DATE 10/4/2026

Schultz  
Seller Printed Name

SELLER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Douglas Pyle 10-4-26  
Seller Printed Name

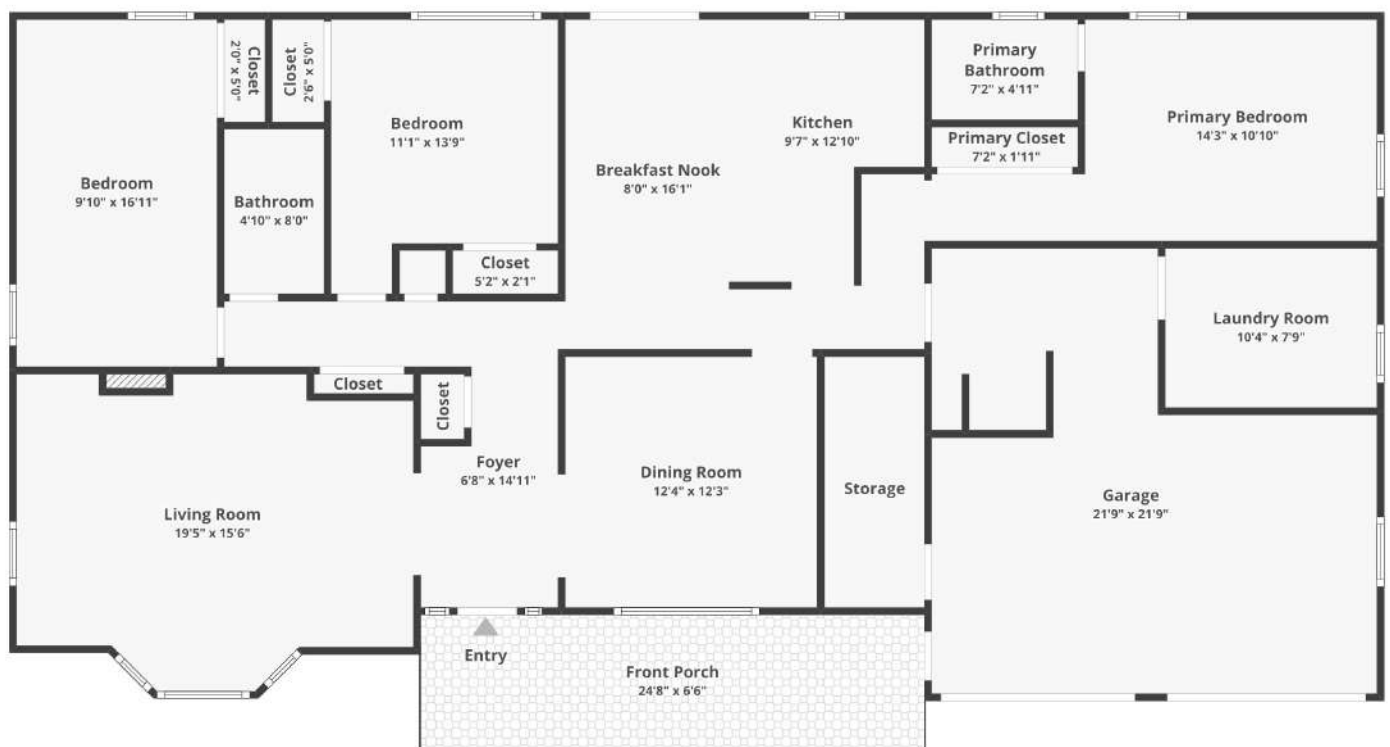
**BUYER'S ACKNOWLEDGEMENT:** Buyer acknowledge having received and read this Septic/Well Addendum to Sellers Disclosure Statement. Buyer understands that the information in this Addendum is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in this Septic/Well Addendum to Sellers Disclosure Statement and any other important information provided by either Seller or broker (including any information obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker is not an expert at detecting or repairing physical defects in property.

\_\_\_\_\_  
BUYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Buyer Printed Name \_\_\_\_\_

\_\_\_\_\_  
BUYER SIGNATURE DATE

Buyer Printed Name \_\_\_\_\_



26169 Dry Fork Rd, Warrenton, MO 63383

Floor 1

Floor plans/tour cannot be used for building or design purposes. Sizes and dimensions are approximate.