



Seller's Property Disclosure Statement

The following is a disclosure statement, made by the SELLER, of information concerning the condition of the Property during ownership of the Property, on the date on which it is signed. It is not a warranty of any kind by the SELLER(S) or any Agent representing any principal in this transaction and should not be accepted as a substitute for any inspections or warranties the BUYER may wish to obtain. The information provided in this statement is the representation of the SELLER and not the representation of any Agent. The information contained herein is not intended to be part of any Contract between the SELLER and BUYER.

This disclosure statement concerns the real property situated at:
1509 Alston IN THE CITY OF Marysville,
COUNTY OF Marshall, STATE OF KANSAS.

SELLER IS IS NOT currently occupying the property.
SELLER has owned property since: Nov 2013.

Seller's Information

The SELLER discloses the following information with the knowledge that even though this is not a warranty, prospective BUYERS may rely on this information in deciding whether, and on what terms, to purchase the subject real property. SELLER hereby authorizes any Agent(s) representing any principal(s) in this transaction to provide a copy of this statement to any person or entity in connection with any actual or possible sale of the real property.

Indicate the condition of the following items by marking the appropriate box. Check only one box per item. If negotiable, so indicate by writing "NEGOTIABLE" next to the item.

SELLER'S initials and date: PC 2-11-26 BUYER'S initial and date: _____
SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION A - APPLIANCES

| | | Working | Not Working | Don't Know | N/A |
|-----|--|---------|-------------|------------|-----|
| 1. | Built-in Vacuum System <input type="checkbox"/> Attachments Included <input type="checkbox"/> Pre-Plumbed Only <input type="checkbox"/> Other | | | | X |
| 2. | Clothes Dryer <input type="checkbox"/> Gas <input type="checkbox"/> Electric | | | | X |
| 3. | Clothes Washer | | | | X |
| 4. | Dishwasher | X | | | |
| 5. | Disposal | X | | | |
| 6. | Freezer - Free Standing | | | | X |
| 7. | Refrigerator | | | | X |
| 8. | Microwave Oven <input type="checkbox"/> Built-In <input checked="" type="checkbox"/> Free Standing | X | | | |
| 9. | Wall Oven <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other | X | | | |
| 10. | Cook Top <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric | X | | | |
| 11. | Range/Stove <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-In <input type="checkbox"/> Other | X | | | |
| 12. | Range Ventilation System | | | | X |
| 13. | Trash Compactor | | | | X |
| 14. | Exterior Grill - Built in | | | | X |
| 15. | TV Antenna/Satellite Dish | | | | X |
| 16. | Other: _____ | | | | |

Comments/ Explanations from Section A: _____

SELLER'S initials and date: PC 2-11-26
 SELLER'S initials and date: _____

BUYER'S initial and date: _____
 BUYER'S initial and date: _____

SECTION B – ELECTRICAL SYSTEMS

| | | Working | Not Working | Don't Know | N/A |
|-----|--|---------|-------------|------------|-----|
| 1. | Electrical Service Panel Capacity: <u>200</u> AMPS (See main Breaker Panel). <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses | X | | | |
| 2. | Type of Electrical Wiring <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Unknown | X | | | |
| 3. | 220 Volt Services (i.e. Stove, a/c, dryer) | X | | | |
| 4. | Cable TV wiring & Jacks - Number of Jacks: _____ | | | | |
| 5. | Telephone Wiring Jacks - Number of Jacks: _____ | | | | |
| 6. | Ceiling Fans - Number of ceiling fans: <u>3</u> | X | | | |
| 7. | Doorbell | X | | | |
| 8. | Electrical Outlets & Switches | X | | | |
| 9. | Bathroom Vent Fan(s) | X | | | |
| 10. | Light Fixtures | X | | | |
| 11. | Intercom System - Built-In | | | | X |
| 12. | Sound System - Built-In <input checked="" type="checkbox"/> Speakers - Built-In <input type="checkbox"/> Wiring - Built-In | | | | |
| 13. | High Speed Internet Wiring <input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> Satellite <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other Number of Jacks: _____ | | | | |
| 14. | Security System - (Pre-Wired Only) | | | | X |
| 15. | Smoke/Fire Alarms - Number of Heat Detectors: _____ | | | | |
| 16. | Sauna (<input type="checkbox"/> Steam <input type="checkbox"/> Dry) | | | | X |
| 17. | Garage Door Openers - Number of Remotes: _____ | X | | | |
| 18. | Garage Door Keyless Entry | X | | | |
| 19. | Other: | | | | |

Comments/ Explanations from Section B: _____

SELLER'S initials and date: PL 2-11-26
 SELLER'S initials and date: _____

BUYER'S initial and date: _____
 BUYER'S initial and date: _____

SECTION C - HEATING AND COOLING SYSTEMS

| | | Working | Not Working | Don't Know | N/A |
|-----|--|---------|-------------|------------|-----|
| 1. | Furnace <input type="checkbox"/> Forced Air Gas <input type="checkbox"/> Forced Air Electric <input checked="" type="checkbox"/> Forced Air <input type="checkbox"/> Propane <input type="checkbox"/> Radiant <input type="checkbox"/> Gravity Flow <input type="checkbox"/> Other: Age: _____ <input type="checkbox"/> Zoned Number of Units: _____ | X | | | |
| 2. | Humidifier | | | | X |
| 3. | Heat Pump Age: _____ <input type="checkbox"/> Zoned Number of Units: _____ | | | | X |
| 4. | Air Conditioning <input checked="" type="checkbox"/> Central Air Age: _____ <input type="checkbox"/> Zoned # of Units: _____ <input type="checkbox"/> Electric Other: _____ | X | | | |
| 5. | Propane Tank <input type="checkbox"/> Owned <input type="checkbox"/> Leased - From: _____ | | | | X |
| 6. | Air Purifier (Electronic Air Filter) | | | | X |
| 7. | Solar Heating (Panels & Plumbing) | | | | X |
| 8. | Whole House Fan | X | | | . |
| 9. | Attic Ventilation System (Attic Only) | | | | |
| 10. | Fireplace <input type="checkbox"/> Masonry <input type="checkbox"/> Insert <input type="checkbox"/> Wood Burning <input type="checkbox"/> Direct Vent | | | | X |
| 11. | Gas Fireplace Logs | | | | X |
| 12. | Gas Fireplace Starter | | | | X |
| 13. | Free Standing Heating Stove Fuel Source: <input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Corn <input type="checkbox"/> Other: _____ | | | | X |
| 14. | Other: _____ | | | | . |

Comments/ Explanations from Section C: _____

SELLER'S initials and date: PC 2-11-26 BUYER'S initial and date: _____

SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION D – WATER SYSTEMS

| | | Working | Not Working | Don't Know | N/A |
|-----|--|--------------|-------------|------------|----------------|
| 1. | Water Supply | | | | |
| 2. | Connect to Treated Water System: <input checked="" type="checkbox"/> City <input type="checkbox"/> Rural <input type="checkbox"/> Well <input type="checkbox"/> Cistern Other: _____ Rural Water District # _____ Phone # _____ | X | | | |
| 3. | Sewage System Property is Connected to: <input checked="" type="checkbox"/> City Sanitary Sewer System <input type="checkbox"/> Septic System <input type="checkbox"/> Lagoon <input type="checkbox"/> Other: _____ | X | | | |
| 4. | Plumbing | X | | | |
| | Water Supply Lines | X | | | |
| | Sewer/Waste Lines | X | | | |
| | Plumbing Fixtures & Faucets | X | | | |
| | Grinder Pit/Lift Station | X | | | N/A |
| 5. | Jetted Tub | | | | X |
| 6. | Hot tub | | | | X |
| 7. | Sump Pump Discharges to _____ Number of Sump Pumps _____ | X | | | |
| 8. | Swimming Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground | | | | X |
| 9. | Underground Sprinkler System Installed: <input type="checkbox"/> Professionally <input type="checkbox"/> Homeowner <input type="checkbox"/> Unknown | | | | X |
| 10. | Water Heater <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____ # of Water Heaters: _____ Age: _____ Gallons: _____ | X | | | |
| 11. | Water Purifier | | | | X |
| 12. | Water Softener (<input type="checkbox"/> Leased <input type="checkbox"/> Owned) | | | | X |
| 13. | Other: _____ | | | | |

Comments/ Explanations from Section D: _____

SELLER'S initials and date: fc 2-11-26 BUYER'S initial and date: _____
 SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION E – STRUCTURAL CONDITIONS

| | | Yes | No | Unknown |
|-----------------|---|-----|----|---------|
| 1. | Age of Roof: <u>3 Years</u> <input checked="" type="checkbox"/> Composition <input type="checkbox"/> 3-D Composition <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ | | | |
| 2. | Has the roof ever leaked? | | X | |
| 3. | Is there present damage to the roof? | | X | |
| 4. | Are you aware of any adverse conditions regarding the exterior siding of the structure? | | X | |
| 5. | Is there a history of infestation of termites, carpenter ants, fleas, rodents, etc.? | | X | |
| 6. | Has the property been treated for infestation? | | X | |
| 7. | Unrepaired damage from previous infestation? | | X | |
| 8. | Is the Property currently under warranty or other coverage by a licensed pest control company? | | X | |
| 9. | Have any of the windows ever leaked? | | X | |
| 10. | Are there any windows that have broken thermo-pane seals? (moisture between panels) | | X | |
| 11. | Is there any Damage to the chimney which requires repair? | | X | |
| 12. | Has there ever been leakage/seepage in the basement/crawlspace? | | X | |
| 13. | Are there any structural problems with the improvements? | | X | |
| 14. | Have any corrections been made to stabilize the foundation or retaining walls? | | X | |
| 15. | Have you experienced any moving or settling of the following? | | X | |
| | a. Foundations | | | |
| | b. Floors | | | |
| | c. Walls | | | |
| | d. Driveways | | | |
| | e. sidewalks | | | |
| | f. Patios | | | |
| | g. Retaining Walls | | | |
| h. Other: _____ | | | | |

SELLER'S initials and date: PC 2-11-26 BUYER'S initial and date: _____
 SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION E – STRUCTURAL CONDITIONS - CONTINUED

| | | Yes | No | Unknown |
|-----|---|-----|----|---------|
| 16. | Has there ever been damage to the real property or any of the improvements due to fire, flood, wind, hail, or other acts of nature? | | X | |
| 17. | Have you ever had a lead from any plumbing line/fixture or appliance? | | X | |
| 18. | Have you had the property inspected for the existence of any types of mold? If yes, attach copy of any inspection report. | | X | |
| 19. | Name of insurance carrier: <u>State Farm</u> | | | |
| 20. | Have you received any insurance proceeds or filed any insurance claim on the property? | X | | |

If yes, please comment and include any/all reports: Roof Hail Damage

SECTION F – HAZARDOUS CONDITIONS

Are you (SELLER), to the best of your knowledge, aware of any of the following substances, materials, or products on the real property which may be an environmental hazard?

| | | Yes | No | Unknown |
|----|---|-----|----|---------|
| 1. | Radon <input type="checkbox"/> Pre-Plumbed <input type="checkbox"/> Operating Mitigation System | | X | |
| 2. | Mold | | X | |
| 3. | Lead-Based Paint | | X | |
| 4. | Contaminated Soil or Water | | X | |
| 5. | Toxic Materials | | X | |
| 6. | Asbestos | | X | |
| 7. | Landfill or Buried Materials | | X | |
| 8. | Underground fuel or chemical storage tanks | | X | |
| 9. | Other: _____ | | | |

If yes, please comment and include any/all reports: _____

SELLER'S initials and date: PC 2-11-26 BUYER'S initial and date: _____
 SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION G - TITLE DISCLOSURES:

| | | Yes | No | Unknown |
|-----|--|-----|----|---------|
| 1. | Any Covenants and Restrictions or other deed restrictions or obligations | | X | |
| 2. | Do you have a copy of a property survey | | X | |
| 3. | Any lot-line disputes or other unusual claims against the real property | | X | |
| 4. | Any encroachments | | X | |
| 5. | Any zoning violations | | X | |
| 6. | Any non-conforming uses of the property | | X | |
| 7. | Any violations of "set back" requirements | | X | |
| 8. | Easements other than normal utility easements | | X | |
| 9. | Any planned road or street expansions or improvements adjacent to the property | | X | |
| 10. | Any notices from any governmental, or quasi-governmental agency (HOA) affecting this real property | | X | |
| 11. | Any Pending/Certified assessments on the real estate, including but not limited to those for sidewalks, streets, sewers and waterlines | | X | |

Total Balance of remaining special taxes: \$ _____

Certified Special Taxes: please itemize below:

Special Assessment 1 Description: _____ Amount \$ _____ Pay Off Year: _____

Special Assessment 2 Description: _____ Amount \$ _____ Pay Off Year: _____

Pending (estimated) Special taxes or Benefit Districts: \$ _____ (principal only); Type of Assessment _____

| | | | | |
|-----|--|--|---|--|
| 12. | Features, such as walls, fences and driveways which are shared in common with adjoining landowners who use or have a responsibility to maintain the feature | | X | |
| 13. | Any lawsuits against the SELLER threatening, or affecting, this real property | | X | |
| 14. | Any Home Owners Association (HOA) which has authority over the real property Association contact Person: _____ Phone: _____ | | X | |
| 15. | Are Home Owner's Association (HOA) dues/fees assessed against the property Dues: \$ _____ per _____; Transfer/Initiation Fee: \$ _____ *Please explain in Comments/Explanation below what is covered/included by the HOA dues and fees | | X | |
| 16. | Any "common area" (facilities such as pools, tennis courts, walkways, or other areas Co-owned in individual interest with others) | | X | |
| 17. | Any problems related to any common area | | X | |

If yes, please comment and include any/all reports: _____

SELLER'S initials and date: pc 2-11-26 BUYER'S initial and date: _____

SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION I - MAINTENANCE:

| | |
|--|---------|
| Serviced Air Conditioner - Date: _____ | Unknown |
| Serviced Furnace - Date: _____ | |
| Cleaned/Serviced Fireplace - Date: _____ | K |
| Chimney/Woodstove Flue - Date: _____ | 7 |

| | |
|---|--------------|
| Serviced/Cleaned Septic System Date: _____ | X |
| Serviced/Cleaned Main Plumbing Waste Lines - Date: _____ | X |
| Checked Sprinkler System Back- Flow Valve - Date: _____ | NA |
| Sprinkler System Winterized Date: _____ | NA |

Other Routine/Recurring Maintenance: _____

Comments/Explanations from Section I:

SECTION H - OTHER DISCLOSURES:

| | | Yes | No | Unknown |
|----|--|-----|----|---------|
| 1. | Current zoning is _____ | | | X |
| 2. | Is any portion of the property in a flood plain If yes, is flood insurance required If yes, is there a certificate of elevation | | X | |
| 3. | Is the real property in a Wetlands area | | X | |
| 4. | Are there any flooding, drainage, or grading problems | | X | |
| 5. | Any room additions, structural modifications, or other alterations without: | | X | |
| | Necessary permits Licensed Contractors | | | |
| 6. | Are any trees or shrubs diseased or dead | | X | |
| 7. | Is there located on the real property any of the following, active or inactive | | X | |
| | a. Septic System | | | |
| | b. Lagoon | | | |
| | c. Well | | | |
| | d. Cistern | | | |
| 8. | Is this a rental property? | | X | |
| 9. | Are you aware of any environmental conditions or incidents on, at, or over the real property that could possible lead to a lawsuit or liability under any law, rule, ordinance, or other legal theory? | | X | |

If yes, please comment and include any/all reports: _____

SELLER'S initials and date: PC 2-11-26 BUYER'S initial and date: _____
 SELLER'S initials and date: _____ BUYER'S initial and date: _____

SECTION J - PERSONAL PROPERTY: ANY PERSONAL PROPERTY INCLUDED IN THE SALE OF THIS PROPERTY SHOULD BE ITEMIZED IN THE SALES CONTRACT AS NEGOTIATED BETWEEN SELLER AND BUYER

1. ITEMS THAT REMAIN WITH PROPERTY:

2. ITEMS RESERVED BY SELLER:

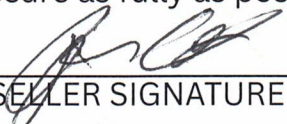
SECTION K - ADDITIONAL INFORMATION:

1. ANY OTHER FACTS OR INFORMATION RELATING TO THIS PROPERTY THAT WOULD BE OF INTEREST TO A BUYER:

2. ARE YOU AWARE OF ANY ADDITIONAL DEFECTS PRIOR TO YOUR OWNERSHIP?

SELLER certifies that the information herein is true and correct to the best of SELLER'S knowledge as of the date signed by SELLER. SELLER further agrees to hold the Real Estate Broker(s) harmless from any liability incurred as a result of any third-party reliance on the disclosure contained herein and acknowledge receipt of a copy of this statement.

I have not occupied this property in the past _____ years of my ownership. Therefore, there are conditions of this property with which I am not familiar, however I have completed this disclosure as fully as possible.



SELLER SIGNATURE

2-11-26

DATE

Philip Cohorst

SELLER NAME (PRINT)

SELLER SIGNATURE

DATE

SELLER NAME (PRINT)

BUYER'S initial and date: _____

BUYER'S initial and date: _____

BUYER'S RECEIPT OF DISCLOSURE STATEMENT

BUYER acknowledges that this disclosure does not constitute a warranty. The BUYER is urged to carefully inspect the property and to have the property inspected by a qualified inspector. The BUYER understands that there are areas of the property of which the SELLER has no knowledge and this disclosure statement does not encompass those areas. The BUYER also acknowledges that he has read and received a signed copy of this statement from the SELLER or SELLER'S Agent. The BUYER acknowledges any personal property not included in the sales contract remains the property of the SELLER.

BUYER'S RIGHT TO PROFESSIONAL COUNSEL: BUYER acknowledges and agrees that the purchase of real property encompasses many professional disciplines, and while Broker possesses considerable general knowledge, Broker is not expert in matters of law, tax, financing, surveying, structural conditions, hazardous material, engineering, etc. BUYER acknowledges that BUYER has been advised by Broker to seek professional expert assistance and advice in those and other areas of professional expertise. In the event that Broker provides to BUYER names or sources for such advice and assistance, BUYER acknowledges and agrees that Broker does not warrant or guarantee such services and/or products.

BUYER herein understands that outside legal and tax counsel is recommended. Comprehensive mechanical, structural and other inspections are recommended. I, at BUYER'S option and choice, BUYER decides not to conduct inspections or obtain tax and legal counsel before closing, then BUYER accepts the Property in its present condition and will make no claim against SELLER, Brokers, or agents, based upon the lack of tax or legal counsel or based on any known or unknown past, current, or future condition of the above property and/or its improvements including but not limited to latent or patent defects, repairs, or replacements.

BUYER is advised that school boundaries are subject to change.

BUYER is advised that Kansas law requires persons who are convicted of certain sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. BUYER is advised that information regarding those registrants may be available through the Kansas Bureau of Investigation (home page address: <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

Buyer is advised that fungal contaminants (molds, etc.) may exist in the Property of which the seller is unaware. These contaminants generally grow in places where there is excess moisture, such as where leakage may have occurred in roofs, pipes, walls, plant pots, or where there has been flooding. A professional home inspection may not disclose fungal contaminants. BUYER may wish to obtain an inspection specifically for fungal contaminants to more fully determine the condition of the Property and its environmental status. Companies may be found in the Yellow Pages under "Environmental and Ecological Consultants," or "Environmental and Ecological Equipment and Services." Additional information about mold/fungal contaminants may be found at the following Internet Web Site: <http://www.cdc.gov/mold/faqs.htm>.

RADON: Every buyer of residential real property is notified that the property may present exposure to dangerous concentrations of indoor radon gas that may place occupants at risk of developing radon-induced lung cancer. Radon, a class-A human carcinogen, is the leading cause of lung cancer in non-smokers and the second leading cause overall. Kansas Law requires sellers to disclose any information known to the seller that shows elevated concentrations of radon gas in residential real property. The Kansas Department of Health and Environment recommends all homebuyers have an indoor radon test performed prior to purchasing or taking occupancy of residential real property. All testing for radon should be conducted by a radon measurement technician. Elevated radon concentrations can be easily reduced by a radon mitigation technician. For additional information go to <http://www.kansasradonprogram.org>. BUYER acknowledges that SELLER does not warrant code compliance.

BUYER SIGNATURE

DATE

BUYER NAME (PRINT)

BUYER SIGNATURE

DATE

BUYER NAME (PRINT)