



# 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:  
112 N. Main St. IN THE CITY OF Barnes,  
COUNTY OF Washington, STATE OF KANSAS.

SELLER  IS  IS NOT currently occupying the property.

SELLER has owned property since: 1971.

## 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: DR 4-19-26 BUYER'S initial and date: \_\_\_\_\_  
SELLER'S initials and date: DR BUYER'S initial and date: \_\_\_\_\_  
MJ 5-1-26 BR 4-28-26  
CS  
SW 4-30-26  
KW 4-30-26

# SECTION A – APPLIANCES

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

Comments/ Explanations from Section A: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SELLER'S initials and date: Di 4-19-26 BUYER'S initial and date: \_\_\_\_\_  
 SELLER'S initials and date: BR 4/27/26 BUYER'S initial and date: \_\_\_\_\_  
 MJ 5-1-26  
 BR 4-28-26  
 CS  
 SW 4-30-26  
 KW

# SECTION B – ELECTRICAL SYSTEMS

	Working	Not Working	Don't Know	N/A
<b>1. Electrical Service Panel</b> Capacity: <u>200</u> AMPS (See main Breaker Panel). <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses	X			
<b>2. Type of Electrical Wiring</b> <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Unknown	X			
<b>3. 220 Volt Services (i.e. Stove, a/c, dryer)</b>	X			
<b>4. Cable TV wiring &amp; Jacks</b> - Number of Jacks: <u>2</u>	X			
<b>5. Telephone Wiring Jacks</b> - Number of Jacks: <u>3</u>	X			
<b>6. Ceiling Fans</b> - Number of ceiling fans: <u>2</u>	X			
<b>7. Doorbell</b>	X			
<b>8. Electrical Outlets &amp; Switches</b>	X			
<b>9. Bathroom Vent Fan(s)</b>	X			
<b>10. Light Fixtures</b>	X			
<b>11. Intercom System - Built-In</b>				X
<b>12. Sound System - Built-In</b> <input type="checkbox"/> Speakers - Built-In <input type="checkbox"/> Wiring - Built-In				X
<b>13. High Speed Internet Wiring</b> <input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> Satellite <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other    Number of Jacks: _____			X	
<b>14. Security System - (Pre-Wired Only)</b>				X
<b>15. Smoke/Fire Alarms</b> - Number of Heat Detectors: _____			X	
<b>16. Sauna</b> ( <input type="checkbox"/> Steam <input type="checkbox"/> Dry)				X
<b>17. Garage Door Openers</b> - Number of Remotes: <u>21</u>	X			
<b>18. Garage Door Keyless Entry</b>				X
<b>19. Other:</b>				

Comments/ Explanations from Section B: \_\_\_\_\_

SELLER'S initials and date: DJ 4-19-26    BUYER'S initial and date: \_\_\_\_\_  
 SELLER'S initials and date: BR 4/27/26    BUYER'S initial and date: \_\_\_\_\_  
MJ 5-1-26    ST 4-28-26    SW 4-30-24    KW

# SECTION C – HEATING AND COOLING SYSTEMS

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

Comments/ Explanations from Section C: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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MJ 5-1-26   ST 4-28-26   KW  
EW 4-30-26

# SECTION D – WATER SYSTEMS

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

Comments/ Explanations from Section D: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 MJ 5-1-26  
 BR 4-28-26 KW  
 CJ 4-30-26

# SECTION E – STRUCTURAL CONDITIONS

		Yes	No	Unknown
1.	Age of Roof: <u>2018</u> <input 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?			
	a. Foundations	X		
	b. Floors			
	c. Walls			
	d. Driveways			
	e. sidewalks			
	f. Patios			
	g. Retaining Walls			
h. Other: _____				

SELLER'S initials and date: DJ 4-19-26 BUYER'S initial and date: \_\_\_\_\_  
 SELLER'S initials and date: XR 4/27/26 BUYER'S initial and date: \_\_\_\_\_  
MJ 5-1-26 BR 4-28-26 KV  
CS 4-30-24

## 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>Farmers Mutual</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: \_\_\_\_\_

## 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. <b>Radon</b> <input type="checkbox"/> Pre-Plumbed <input type="checkbox"/> Operating Mitigation System			X
2. <b>Mold</b>		X	
3. <b>Lead-Based Paint</b>		X	
4. <b>Contaminated Soil or Water</b>		X	
5. <b>Toxic Materials</b>		X	
6. <b>Asbestos</b>			X
7. <b>Landfill or Buried Materials</b>		X	
8. <b>Underground fuel or chemical storage tanks</b>		X	
9. <b>Other:</b> _____			

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

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MJ 5-1-26 CS 4-28-26  
SW 4-30-26 KW