

APPENDIX A. RESIDENTIAL PROPERTY CONDITION DISCLOSURE STATEMENT

Notice to Seller: Oklahoma Law (the "Residential Property Condition Disclosure Act," Title 60, O.S., §831 et.seq., effective July 1, 1995) requires Sellers of 1 and/or 2 residential dwelling units to complete this form. A Seller must complete, sign and date this disclosure form and deliver it or cause it to be delivered to a purchaser as soon as practicable, but in any event no later than before an offer is accepted by the Seller. If the Seller becomes aware of a defect after delivery of this statement, but before the Seller accepts an offer to purchase, the Seller must deliver or cause to be delivered an amended disclosure statement disclosing the newly discovered defect to the Purchaser. If the disclosure form or amendment is delivered to a Purchaser after an offer to purchase has been made by the Purchaser, the offer to purchase shall be accepted by the Seller only after a Purchaser has acknowledged receipt of this statement and confirmed the offer to purchase in writing.

Notice to Purchaser: The declarations and information contained in this disclosure statement are not warranties, express or implied of any kind, and are not a substitute for any inspections or warranties the Purchaser may wish to obtain. The information contained in this disclosure statement is not intended to be a part of any contract between the Purchaser and Seller. The information and statements contained in this disclosure statement are declarations and representations of the Seller and are not the representations of the real estate licensee.

"Defect" means a condition, malfunction, or problem that would have a materially adverse effect on the monetary value of the property, or that would impair the health or safety of future occupants of the property. 59 O.S. Section 832(9).

LOCATION OF SUBJECT PROPERTY 814 ^{LD} Craig Ave, Haileyville, OK 74546

SELLER IS _____ IS NOT OCCUPYING THE SUBJECT PROPERTY.

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Complete this form yourself. (4) If an item is not on the property, or will not be included in the sale, mark "None/Not Included." If you do not know the facts, mark "Do Not Know if Working." (5) The date of completion by you may not be more than 180 days prior to the date this form is received by a purchaser.

ARE THE ITEMS LISTED BELOW IN NORMAL WORKING ORDER?

Appliances/Systems/Services (Continued on Page 2)	Working	Not Working	Do Not Know if Working	None/ Not Included
Sprinkler System				/ / /
Swimming Pool				/ / /
Hot Tub/Spa				/ / /
Water Heater <input checked="" type="checkbox"/> Electric Gas Solar	<input checked="" type="checkbox"/>			
Water Purifier				/ / /
Water Softener Leased Owned				/ / /
Sump Pump				/ / /
Plumbing	<input checked="" type="checkbox"/>			
Whirlpool Tub				/ / /
Sewer System <input checked="" type="checkbox"/> Public Septic Lagoon	<input checked="" type="checkbox"/>			
Air Conditioning System Electric Gas <input checked="" type="checkbox"/> Heat Pump		<input checked="" type="checkbox"/>		
Window Air Conditioner(s)				/ / /
Attic Fan				/ / /
Fireplaces				/ / /
Heating System Electric Gas <input checked="" type="checkbox"/> Heat Pump		<input checked="" type="checkbox"/>		
Humidifier				/ / /
Ceiling Fans	<input checked="" type="checkbox"/>			
Gas Supply Public Propane Butane				/ / / / /
Propane Tank Leased Owned				/ / / / /
Electric Air Purifier				/ / / / /
Garage Door Opener				/ / / / /
Intercom				/ / / / /
Central Vacuum				/ / / / /
Security System Leased Owned Monitored Financed				/ / / / /

Buyer's Initials _____ Buyer's Initials _____

Seller's Initials BE Seller's Initials RM

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Appliances/Systems/Services (Continued from Page 1)	Working	Not Working	Do Not Know if Working	None/ Not Included
Smoke Detectors			<input checked="" type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>			
Electrical Wiring	<input checked="" type="checkbox"/>			
Garbage Disposal	<input checked="" type="checkbox"/>			
Gas Grill				<input checked="" type="checkbox"/>
Vent Hood				<input checked="" type="checkbox"/>
Microwave Oven				<input checked="" type="checkbox"/>
Built-in Oven/Range	<input checked="" type="checkbox"/>			
Kitchen Stove	<input checked="" type="checkbox"/>			
Trash Compactor				<input checked="" type="checkbox"/>
Solar Panels & Generators	Leased	Owned	Financed	<input checked="" type="checkbox"/>
Source of Household Water	<input checked="" type="checkbox"/> Public	Well	Private/Rural District	

IF YOU ANSWERED Not Working to any items on pages 1 and 2, please explain. Attach additional pages with your signature.

Heat Pump system is not running

Zoning and Historical		
1. Property is zoned: (Check One) <input checked="" type="checkbox"/> residential commercial historical office agricultural industrial urban conservation other unknown		
2. Is the property designated as historical or located in a registered historical district or historic preservation overlay district? (Check one) Yes <input checked="" type="checkbox"/> No Unknown		
Flood and Water	Yes	No
3. What is the flood zone status of the property? _____		
4. Are you aware if the property is located in a floodway as defined in the Oklahoma Floodplain Management Act?		<input checked="" type="checkbox"/>
5. Are you aware of any flood insurance requirements concerning the property?		<input checked="" type="checkbox"/>
6. Are you aware of any flood insurance on the property?		<input checked="" type="checkbox"/>
7. Are you aware of the property being damaged or affected by flood, storm run-off, sewer backup, draining or grading defects?		<input checked="" type="checkbox"/>
8. Are you aware of any surface or ground water drainage systems which assist in draining the property, e.g. "French Drains?"		<input checked="" type="checkbox"/>
9. Are you aware of any occurrence of water in the heating and air conditioning duct system?		<input checked="" type="checkbox"/>
10. Are you aware of water seepage, leakage or other draining defects in any of the improvements on the property?		<input checked="" type="checkbox"/>
Additions/Alterations/Repairs (Continued on Page 3)	Yes	No
11. Are you aware of any additions being made without required permits?		<input checked="" type="checkbox"/>
12. Are you aware of any previous foundation repairs?		<input checked="" type="checkbox"/>
13. Are you aware of any alterations or repairs having been made to correct defects?		<input checked="" type="checkbox"/>
14. Are you aware of any defect or condition affecting the interior or exterior walls, ceilings, roof structure, slab/foundation, basement/storm cellar, floors, windows, doors, fences or garage?		<input checked="" type="checkbox"/>
15. Are you aware of the roof covering ever being repaired or replaced during your ownership of the property?		<input checked="" type="checkbox"/>

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Additions/Alterations/Repairs (Continued from Page 2)	Yes	No
16. Approximate age of roof covering, if known _____ number of layers, if known _____		
17. Do you know of any current defects with the roof covering?		<input checked="" type="checkbox"/>
18. Are you aware of treatment for termite or wood-destroying organism infestation?		<input checked="" type="checkbox"/>
19. Are you aware of a termite bait system installed on the property?		<input checked="" type="checkbox"/>
20. If yes, is it being monitored by a licensed exterminating company? If yes, annual cost \$ _____		<input checked="" type="checkbox"/>
21. Are you aware of any damage caused by termites or wood-destroying organisms?		<input checked="" type="checkbox"/>
22. Are you aware of major fire, tornado, hail, earthquake or wind damage?		<input checked="" type="checkbox"/>
23. Have you ever received payment on an insurance claim for damages to residential property and/or any improvements which were not repaired?		<input checked="" type="checkbox"/>
24. Are you aware of defects pertaining to sewer, septic, lateral lines or aerobic system?		<input checked="" type="checkbox"/>
Environmental	Yes	No
25. Are you aware of the presence of asbestos?		<input checked="" type="checkbox"/>
26. Are you aware of the presence of radon gas?		<input checked="" type="checkbox"/>
27. Have you tested for radon gas?		<input checked="" type="checkbox"/>
28. Are you aware of the presence of lead-based paint?		<input checked="" type="checkbox"/>
29. Have you tested for lead-based paint?		<input checked="" type="checkbox"/>
30. Are you aware of any underground storage tanks on the property?		<input checked="" type="checkbox"/>
31. Are you aware of the presence of a landfill on the property?		<input checked="" type="checkbox"/>
32. Are you aware of the existence of hazardous or regulated materials and other conditions having an environmental impact?		<input checked="" type="checkbox"/>
33. Are you aware of the existence of prior manufacturing of methamphetamine?		<input checked="" type="checkbox"/>
34. Have you had the property inspected for mold?		<input checked="" type="checkbox"/>
35. Are you aware of any remedial treatment for mold on the property?		<input checked="" type="checkbox"/>
36. Are you aware of any condition on the property that would impair the health or safety of the occupants?		<input checked="" type="checkbox"/>
37. Are you aware of any wells located on the property?		<input checked="" type="checkbox"/>
38. Are you aware of any dams located on the property? If yes, are you responsible for the maintenance of that dam? Yes No		<input checked="" type="checkbox"/>
Property Shared in Common, Easements, Homeowner's Associations and Legal (Continued on Page 4)	Yes	No
39. Are you aware of features of the property shared in common with the adjoining landowners, such as fences, driveways, and roads whose use or responsibility has an effect on the property?		<input checked="" type="checkbox"/>
40. Other than utility easements serving the property, are you aware of any easements or right-of-ways affecting the property?		<input checked="" type="checkbox"/>
41. Are you aware of encroachments affecting the property?		<input checked="" type="checkbox"/>
42. Are you aware of a mandatory homeowner's association? Amount of dues \$ _____ Special Assessment \$ _____ Payable: (check one) monthly quarterly annually Are there unpaid dues or assessments for the property? YES NO If yes, what is the amount? \$ _____ Manager's Name _____ Phone Number _____		<input checked="" type="checkbox"/>
43. Are you aware of any zoning, building code or setback requirement violations?		<input checked="" type="checkbox"/>
44. Are you aware of any notices from any government or government-sponsored agencies or any other entities affecting the property?		<input checked="" type="checkbox"/>
45. Are you aware of any surface leases, including but not limited to agricultural, commercial or oil and gas?		<input checked="" type="checkbox"/>

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