

PROPERTY ADDRESS:


| 2. HOUSE SYSTEMS | | N/A | YES | NO | UN-KNOWN |
|--|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Whether or not they have been corrected, state whether there have been problems affecting: | | | | | |
| a. | Plumbing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. | Electrical system | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. | Appliances | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. | Ceiling and attic fans | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Security system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Sump pump | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. | Chimneys, fireplaces, inserts | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| h. | Pool, hot tub, sauna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | Sprinkler system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | Heating system | age of system: june 2023 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| k. | Cooling/air conditioning system | age of system: june 2023 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| l. | Water heater | age of system: 9 years | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve these problems: | | | | | |
| cleaners threw away remote control for ceiling fan in master bedroom | | | | | |

| 3. BUILDING STRUCTURE | | N/A | YES | NO | UN-KNOWN |
|--|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| a. Whether or not they have been corrected, state whether there have been problems affecting: | | | | | |
| 1) | The foundation or slab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) | The structure or exterior veneer | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) | The floors and walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) | The doors and windows | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. | 1) Has the basement ever leaked? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 2) If so, when did the basement last leak? | | | | |
| | 3) Have you ever had any repairs done to the basement? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 4) If you have had basement leaks repaired, when was the repair done? | | | | |
| | 5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) | | | | |
| Explain: | | | | | |
| c. | Have you experienced, or are you aware of, any water or drainage problems in the crawl space? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. | Are you aware of any damage to wood due to moisture or rot? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| e. | Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. | Are you aware of any damage due to wood infestation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 1) Has the house or any other improvement been treated for wood infestation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 2) If yes, by whom? | | | | |
| | 3) Is there a warranty? | | | | |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems: | | | | | |

| 4. ROOF | | N/A | YES | NO | UN-KNOWN |
|---------|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| a. | How old is the roof covering? Age of the roof if known: | | X | | |
| b. | Has the roof leaked at any time since you have owned or lived at the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. | Has the roof leaked at any time before you owned or lived at the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. | When was the last time the roof leaked? | | | | |
| e. | Have you ever had any repairs done to the roof? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY ADDRESS:

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|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Please explain any deficiencies noted in this Section: | | | | |
| 9. CONSTRUCTION / REMODELING | | | | |
| | N/A | YES | NO | UN-KNOWN |
| a. Have there been any additions, structural modifications, or other alterations made? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. If so, were all necessary permits and government approvals obtained? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain: | | | | |
| 10. HOMEOWNERS ASSOCIATION (HOA) | | | | |
| | N/A | YES | NO | UN-KNOWN |
| a. 1) Is the property subject to any restrictions, rules, or regulations of a Homeowners Association? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, what is the annual or monthly assessment? | | | | |
| 3) HOA Name: wessex place hoa \$158. | | | | |
| HOA Primary Contact Name: 5024682730 | | | | |
| HOA Primary Contact Phone No. and email address: | | | | |
| b. Is the property a condominium? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, you must also complete KREC Form 404, the Condominium Seller's Certificate | | | | |
| c. Are you aware of any condition or legal action that may result in an increase in dues, taxes or assessments? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any pet or rental restrictions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain: must be one year lease/ pets must be on a leash | | | | |
| 11. HAZARDOUS CONDITIONS | | | | |
| | N/A | YES | NO | UN-KNOWN |
| a. Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Are you aware of any other environmental hazards? (e.g., carbon monoxide, hazardous waste, water contamination, asbestos, the use of urea formaldehyde, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| LEAD BASED PAINT DISCLOSURE REQUIREMENT | | | | |
| Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint, which may cause certain health risks. | | | | |
| c. Was this house built before 1978? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you aware of the existence of lead-based paint in or on this house? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| RADON DISCLOSURE REQUIREMENT | | | | |
| Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks, including lung cancer. The Kentucky Department for Public Health recommends radon testing. For more information, visit chfs.ky.gov and search "radon." | | | | |
| e. 1) Are you aware of any testing for radon gas? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, what were the results? | | | | |
| f. 1) Is there a radon mitigation system installed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, is it functioning properly? | | | | |
| METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT | | | | |
| A property owner who chooses NOT to decontaminate a property used in the production of methamphetamine MUST make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010. | | | | |
| g. 1) Is the property currently contaminated by the production of methamphetamine? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) If no, has the property been professionally decontaminated from methamphetamine contamination? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explain: | | | | |
| 12. MISCELLANEOUS | | | | |
| | N/A | YES | NO | UN-KNOWN |
| a. Are you aware of any existing or threatened legal action affecting this property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Are there any assessments other than property assessments that apply to this property (e.g. sewer assessments)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



 Seller Initials

4/16/2024 | 3:31 PM EDT

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Buyer Initials

Date/Time

Seller Initials

Date/Time

KREC Form 402 12/2022

Buyer Initials

Date/Time

PROPERTY ADDRESS:

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| c. Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Are there any transferable warranties? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explain: no warranties | | | | |
| e. Has this house ever been damaged by fire or other disaster? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are you aware of the existence of mold or other fungi on the property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Has this house ever had pets living in it? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explain: one small dog | | | | |
| h. Is this house in a historic district or listed on any registry of historic places? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

13. ADDITIONAL INFORMATION N/A YES NO UN-KNOWN

Do you know anything else about the property that that should be disclosed to the Buyer?

If yes, please provide details in the space provided, below. Attach additional sheets, as necessary.

14. SELLER(S) CERTIFICATION (CHOOSE ONE)

As Seller(s) I / we hereby certify that the information disclosed above is complete and accurate to the best of my / our knowledge and belief. I / we agree to immediately notify Buyer in writing of any changes that become known to me / us prior to closing.

| | | | |
|--|-------------------|---------------------------------|------|
| Seller Signature <small>DocuSigned by:</small> <i>Leonard Winters</i> <small>2022C0599261459...</small> | Date 4/16/2024 | Seller Signature 3:31 PM EDT | Date |
|--|-------------------|---------------------------------|------|

As Seller(s) I / we hereby certify that my / our Real Estate Agent, _____ (print name) has completed this form with information provided by me / us at my / our direction and request. I / we further agree to hold the above-named agent harmless for any representations that appear on this form, in accordance with KRS 324.360(9).

| | | | |
|------------------|------|------------------|------|
| Seller Signature | Date | Seller Signature | Date |
|------------------|------|------------------|------|

As Seller(s) I / we refuse to complete this form and acknowledge that the Real Estate Agent will so inform the Buyer.

| | | | |
|------------------|------|------------------|------|
| Seller Signature | Date | Seller Signature | Date |
|------------------|------|------------------|------|

The Seller(s) refuse(s) to complete this form or to acknowledge such refusal.

| | | |
|---|--|------|
| Principal Broker / Real Estate Agent Print Name | Principal Broker / Real Estate Agent Signature | Date |
|---|--|------|

The Buyer(s) hereby certifies they have received a copy of this Seller's Disclosure of Property form.

| | | | |
|-----------------|------|-----------------|------|
| Buyer Signature | Date | Buyer Signature | Date |
|-----------------|------|-----------------|------|