



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

PO Box 41, 205 Oak Street Emma MO 65327 SALINE, MO
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

- (1) Age _____ (2) Shape _____ (3) Size (length x width) _____
- (4) Depth _____ (5) Volume (gallons) _____
- (6) Type Above ground (please check type) Vinyl liner Other _____
 In ground (please check type) Concrete Stainless Gunite Fiberglass Vinyl liner
 Other _____
- (7) Pool Builder _____
- (8) Type of chemical sanitizer Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater
 Other _____
- (9) Cover Yes No If "Yes", is it Automatic Manual
- (10) Pool service provider _____ Last serviced _____ (date)
- (11) Last opened by _____
Last closed by _____
- (12) Age of heater _____ Heating source _____
- (13) Age of pump _____
- (14) Age of filter _____ Type of filter Sand DE Other _____
- (15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed) _____

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: _____

HOT TUB: (Indicate if any information is approximate)

- (1) Age _____ (2) Volume (gallons) _____ (3) Manufacturer _____
- (4) Construction (e.g., fiberglass, plastic, cement) _____
- (5) Type of chemical sanitizer Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater
 Other _____
- (6) Spa service provider _____ Last serviced _____ (date)
- (7) Age of heater _____ Heating source _____
- (8) Age of pump _____ (9) Age of filter _____ (10) Number of jets _____
- (11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed) _____

Are you aware of any leak, defect or other problem or repair needed for any item above? Yes No

Please explain if "Yes" and attach additional pages if needed: _____

Buyer's Initials _____ **(date)** _____ **Seller's Initials** ^{DS} 6/23/2024 | 10:44 AM PDT

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