



- (6) Conduct personal or professional inspections of the Property; and
- (7) Investigate the surrounding areas of the Property to determine suitability for the BUYER.

B. By signing this Agreement, BUYER agrees and acknowledges that the failure to exercise due diligence to inspect the Property and verify the information about the condition of the Property contained in this Statement may affect the ability of the BUYER to hold the SELLER liable for conditions on the Property.

**3. BUYER'S AGREEMENT TO HOLD REAL ESTATE LICENSEES HARMLESS:**

A. BUYER agrees that any real estate licensees involved in this transaction are not experts at detecting or repairing physical defects in and on the Property. BUYER agrees to hold harmless any real estate licensees involved in this lease transaction and their agents, subagents, employees and independent contractors from and against any and all claims, demands, suits, damages, losses or expenses arising out of the discovery of property conditions in the Property of which the real estate licensees had no actual knowledge prior to the signing of the Contract to purchase the Property.

    
      
 \_\_\_\_\_  
 BUYER'S INITIALS      BUYER'S INITIALS      DATE OF BUYER'S INITIALS

**Part 3. GENERAL PROPERTY INFORMATION:**

1. Approximate age of the Property: 124
2. Approximate date that SELLER acquired the Property: 2016
3. Does SELLER currently occupy the Property?       Yes  No  
 If No, how long has it been since the SELLER occupied the Property? 2 months

**Part 4. APPLIANCES, EQUIPMENT AND FIXTURES:**

Indicate the condition of the following items by marking the appropriate box. Check only one box for each item.

|  |                                     | NOT<br>WORKING                      | NOT<br>WORKING                      | NOT<br>INCLUDED          |  |   | NOT<br>WORKING                      | NOT<br>INCLUDED                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Air conditioning – central system .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 24. Intercom, sound system wiring or<br>built-in speaker system .....                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Air conditioning – window units #2 .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 25. Microwave oven .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Air purifier system .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 26. Oven .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Attic fan .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas                   |                                     |                                     |                                     |
| 5. Cable television wiring/jacks .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 27. Propane tank .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6. Ceiling fan(s) #5 .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned                   |                                     |                                     |                                     |
| 7. Central vacuum and attachments .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 28. Range .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Clothes dryer .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas                   |                                     |                                     |                                     |
| 9. Clothes washer .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 29. Range ventilation system .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10. Dishwasher .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 30. Refrigerator #1 .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11. Disposal .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 31. Sauna/spa .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Doorbell .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input type="checkbox"/> Steam <input checked="" type="checkbox"/> Dry                      |                                     |                                     |                                     |
| 13. Exhaust fans – bathrooms .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 32. Security system .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Fireplace/fireplace insert .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned                   |                                     |                                     |                                     |
| <input checked="" type="checkbox"/> Blower <input type="checkbox"/> Factory-built <input type="checkbox"/> Masonry |                                     |                                     |                                     |                          |  | 33. Smoke alarms/detectors #0 .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Fireplace gas logs .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 34. Sprinkler system .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Fireplace gas starter .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> Back flow preventer <input checked="" type="checkbox"/> Auto-timer |                                     |                                     |                                     |
| 17. Fireplace wood-burning stove .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 35. Sump pump .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 18. Garage door opener(s) .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | 36. Swimming pool .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Number of remotes 1 _____  |                                     |                                     |                                     |                          |  | 37. Telephone wiring/jacks .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19. Gas grill .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 38. TV antenna/receiver/satellite dish .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. Heating system .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |  | <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned                   |                                     |                                     |                                     |
| <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Forced air gas <input type="checkbox"/> Electric  |                                     |                                     |                                     |                          |  | 39. Trash compactor .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Boiler ( <input checked="" type="checkbox"/> Hot water <input type="checkbox"/> Steam)    |                                     |                                     |                                     |                          |  | 40. Water heater .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 21. Heat pump .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 41. Water purifier/softener .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 22. Hot tub/whirlpool .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | 42. Other <u>None</u> .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23. Humidifier .....   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |   |                                     |                                     |                                     |

**Part 5. STRUCTURAL CONDITIONS:**

1. What is the approximate age of the roof (if known)? 4 years Type of roof: Shingle  
 Yes  No
2. Has there been any leaking or other problems with the roof, flashing or rain gutters?  
 If Yes, when was the date of the last occurrence? Summer of 2020  
 Yes  No
3. Have there been any repairs to the roof, flashing or rain gutters?  
 If Yes, please provide the date of the repairs: 2020  
 Yes  No
4. Has there been any roof replacement?  
 If Yes, was the replacement  complete or  partial.  
 Yes  No
5. How many layers of roofing materials are currently on the roof (if known)? 1
6. Have you made any homeowners' insurance claims on the Property?  
 If Yes, were all the claims addressed with repairs?  
 Yes  No  
 Yes  No
7. Has there ever been leakage/seepage in the basement or crawl space?  
 Yes  No
8. Has there been any damage to the Property due to fire, flood or wind?  
 Yes  No
9. Are there any structural problems with the Property?  
 Yes  No
10. Is any exterior wall covering of the structure covered with synthetic stucco?  
 If Yes, are you aware of any adverse conditions with the exterior wall covering?  
 If Yes, has there been an inspection to determine whether the structure has excessive moisture accumulation?  
 Yes  No  
 Yes  No
11. Is there any damage to the chimney or fireplace?  
 When was the chimney or fireplace last cleaned or serviced? 2021  
 Yes  No
12. Is there any exposed wiring presently in any structures on the Property?  
 Yes  No
13. Are there any windows or doors that leak or have broken thermopane seals?  
 Yes  No
14. Have you ever experienced or are you aware of any:  
 Movement, shifting, deterioration or other problems with the crawl space, foundations, slab or walls?  Yes  No  
 Cracks or flaws in the basement floor, ceilings, concrete slab, crawl space, foundations or garage?  Yes  No  
 Corrective action taking to remedy these structural conditions, including but not limited to bracing or ptering?  Yes  No  
 Water leakage or dampness in the Property, crawl space or basement?  Yes  No  
 Dry rot, wood rot or similar conditions on the wood of the Property?  Yes  No  
 Problems with decks, driveways, fences, patios or retaining walls on the Property?  Yes  No
15. Do you have any knowledge of any damage to the Property caused by termites or wood infestation?  
 If Yes, is the Property currently under warranty?  
 If Yes, please name the company here: None  
 Yes  No  
 Yes  No
16. Have you had any termite/pest control treatments for the Property?  
 If Yes, please name the company and year treated here: None  
 Yes  No
17. Has the ground been pre-treated for termites?  
 Yes  No
18. If you have answered "Yes" to any of the questions in Part 5, please attach documentation and explain here:

19. Additional Comments:

**Part 6. LAND CONDITIONS (BOUNDARIES, DRAINAGE, SOILS, ETC.):**

1. Is the Property or any portion of the Property located in a flood zone, wetlands area or proposed to be located in such as designated by the Federal Emergency Management Agency (FEMA)?  
 Yes  No
2. Are you aware of any drainage or flood problems on the Property or adjacent properties?  
 Yes  No
3. Have any neighbors complained that the Property causes drainage problems?  
 Yes  No
4. Has the Property had a stake survey?  
 If Yes, please attach a copy of the stake survey.  
 Yes  No
5. Are the boundaries of the Property marked in any way?  
 Yes  No

- 6. Do you have an Improvement Location Certificate (ILC) for the Property?  Yes  No  
If Yes, please attach a copy of the Improvement Location Certificate (ILC).
- 7. Is there fencing on the Property?  Yes  No  
If Yes, does the fencing belong to the Property?  Yes  No
- 8. Are you aware of any encroachments, boundary line disputes or non-utility easements affecting the Property?  Yes  No
- 9. Are there any features of the Property shared in common with adjoining landowners, such as walls, fences, roads or driveways?  Yes  No  
If Yes, is the Property owner responsible for the maintenance of any such shared features?  Yes  No
- 10. Are you aware of any expansive soil, fill dirt, sliding, settling, earth movement, upheaval or earth stability problems that have occurred on the Property or in the immediate vicinity of the Property?  Yes  No
- 11. Are you aware of any diseased, dead or damaged trees or shrubs on the Property?  Yes  No
- 12. If you have answered "Yes" to any of the questions in Part 6, please attach documentation and explain here:

None

13. Additional Comments:

None

**Part 7. PLUMBING, SEWAGE AND WATER SYSTEMS:**

- 1. What is the drinking water source on the Property?  Public Water  Private Water  Well  Cistern  Other  None
- 2. If the water source is a Well, please state: Type unknown Depth unknown  
Diameter unknown Age unknown
- 3. If the drinking water source is a Well, has the water originating from the well ever been tested?  Yes  No  
If Yes, please provide the results of such tests in separate documentation.
- 4. Does the Property have any sewage facilities on or connected to it?  Yes  No  
If Yes, please specify:  Public Sewer  Private Sewer  Septic System  Lagoon  Grinder Pump  Cesspool
- 5. If there are sewage facilities on or connected to the Property, when were they last serviced? 2022
- 6. Are you aware of any problems relating to the plumbing, sewage or water systems on the Property?  Yes  No

If Yes, please explain:  
None

7. Additional Comments:

None

**Part 8. ELECTRICAL, NATURAL GAS AND HEATING AND COOLING SYSTEMS:**

- 1. Is there electrical service connected to the Property?  Yes  No  
If Yes, is there a meter?  Yes  No
- 2. If there is no electrical service connected to the Property, what is the distance to the electrical service? Unknown
- 3. What type of material is used in the electrical wiring (if known)?  Copper  Aluminum  Unknown
- 4. What type of electrical panels exist on the Property (if known)?  Breaker  Fuse  Unknown  
Please specify the location of the electrical panels here: Garage, Stairway and Basement
- 5. Does the Property have heating systems?  Yes  No  
If Yes, what type?  Electric  Fuel Oil  Natural Gas  Heat Pump  Propane  Other Central Heating

If Yes, please provide the name, age and location of the unit along with the date that the unit was last serviced and by whom:  
Propane Central in the main living area, and electrical in the addition

6. Does the Property have air conditioning?  Yes  No  
 If Yes, what type?  Central Electric  Central Gas  Heat Pump  Window units  Other Both Central Electric  
 If Yes, please provide the name, age and location of the unit along with the date that the unit was last serviced and by whom:  
 Unknown
7. Does the Property have a water heater?  Yes  No  
 If Yes, what type?  Electric  Gas  Solar  
 If Yes, please provide the name, age and location of the unit along with the date that the unit was last serviced and by whom:  
 Unknown
8. Are you aware of any problems relating to the electrical, gas and heating and cooling systems on the Property?  Yes  No  
 If Yes, please explain:  
 None
9. Additional Comments:  
 None

**Part 9. HAZARDOUS CONDITIONS:**

1. Are you aware of any underground storage tanks on or near this Property?  Yes  No
2. Are you aware of any previous or current existence of hazardous conditions on the Property (e.g., storage tanks, oil tanks, oil spills, tires, batteries or other hazardous conditions)?  Yes  No
3. Are you in possession of any previous environmental reports (e.g., Phase 1 Environmental Reports)?  Yes  No  
 If Yes, please attach a copy of the environmental reports.
4. Are you aware of the previous disposal of any hazardous waste products, chemicals, polychlorinated biphenyls (PCBs), hydraulic fluids, solvents, paints, illegal or other drugs or insulation on the Property?  Yes  No
5. Are you aware of any other environmental matters (e.g., discoloration of soil or vegetation or oil sheers in wet areas)?  Yes  No
6. Are you aware of any existing hazardous conditions on the Property or adjacent properties (e.g., methane gas, radon gas, methamphetamine production, radioactive material, landfill or toxic materials)?  Yes  No
7. Are you aware of any methamphetamine or other controlled substances being manufactured, stored or used on the Property?  Yes  No
8. Are you aware of any natural gas/oil wells, lines or storage facilities on the Property?  Yes  No
9. Are you aware of any other environmental conditions on the Property?  Yes  No
10. Have any other environmental inspections or tests been conducted on the Property?  Yes  No
11. If you have answered "Yes" to any of the questions in Part 9, please attach documentation and explain here:  
 None
12. Additional Comments:  
 None

**Part 10. NEIGHBORHOOD INFORMATION AND HOMEOWNERS' ASSOCIATIONS:**

1. Are you aware of any current/pending assessments, bonds or special taxes that apply to the Property?  Yes  No
2. Is the property subject to conditions, covenants or restrictions of a homeowners' association, common interest community or subdivision restrictions?  Yes  No
3. Are you aware of any violations of such conditions, covenants or restrictions on the Property?  Yes  No
4. Does the homeowners' association impose a transfer fee upon the sale of Property?  Yes  No

- 5. Are you aware of any damage, defect, proposed change or problem with any common areas or elements?  Yes  No
- 6. Are you aware of any condition or claim that may result in a change to the assessments or fees?  Yes  No
- 7. Are the streets privately owned?  Yes  No
- 8. Is the Property in a conservation, historic or special review district that requires any alterations or improvements to the Property to be approved by a board, commission or panel?  Yes  No
- 9. Is the Property subject to a tax abatement?  Yes  No
- 10. Is the Property subject to a right of first refusal?  Yes  No
- 11. If you have answered "Yes" to any of the questions in Part 10, please attach documentation and explain here:

None

- 12. If you are required to pay assessments, dues, fees or any other periodic charges to a homeowners' association or common interest community, please specify here the amount and frequency of those payments:

None

- 13. Additional Comments:

None

**Part 11. OTHER MATTERS:**

**Are you aware of:**

- 1. Any violation of zoning, setbacks or restrictions or of a non-conforming use on the Property?  Yes  No
- 2. Any violation of laws or regulations affecting the Property?  Yes  No
- 3. Any existing or threatened legal action pertaining to the Property?  Yes  No
- 4. Any litigation or settlement pertaining to the Property?  Yes  No
- 5. Any current or future special assessments pertaining to the Property?  Yes  No
- 6. Any other conditions that may materially and adversely affect the value or desirability of the Property?  Yes  No
- 7. Any other condition that may prevent you from completing the sale of the Property?  Yes  No
- 8. Any burial grounds on the Property?  Yes  No
- 9. Any leases on the Property?  Yes  No

If Yes, please attach a copy of each lease agreement and describe the tenant's rights and obligations for vacating the Property:

None

- 10. Any easements or leases on the Property regarding wind energy?  Yes  No  
If Yes, please attach a copy of the easement or lease agreement.
- 11. Any public authority contemplating condemnation proceedings?  Yes  No
- 12. Any government rule limiting the future use of the Property other than existing zoning regulations?  Yes  No
- 13. Any government plans or discussion of public projects that could lead to the formation of a special benefit assessment district covering the Property or any portion of the Property?  Yes  No
- 14. Any interest in all or part of the Property that has been reserved by the previous owner or government action?  Yes  No
- 15. Any unrecorded interests affecting the Property?  Yes  No
- 16. Anything that would interfere in passing clear title to the BUYER?  Yes  No
- 17. Any general stains or pet stains to the carpet, flooring or sub-flooring?  Yes  No
- 18. If you have answered "Yes" to any of the questions in Part 11, please attach documentation and explain here:

None

- 19. Additional Comments:

None

**Part 12. ACKNOWLEDGEMENT AND AGREEMENT:**

1. The information provided in this Statement is the representation of the SELLER and not the representation of any real estate licensees involved in this transaction. Once the Statement is signed by both the BUYER and SELLER, the information contained in the Statement will become part of any Contract to purchase the Property between the BUYER and SELLER.
2. The information provided in this Statement has been furnished by the SELLER, who certifies to the truth thereof to the best of SELLER'S belief and knowledge, as of the date signed by the SELLER. Any substantive changes subsequent to initial completion of the Statement will be disclosed by the SELLER to the BUYER prior to the signing of the Contract to purchase the Property.
3. BUYER acknowledges that BUYER has received, read and understood a signed copy of the Statement from the SELLER, the SELLER'S agent or any other real estate licensees involved in this transaction.
4. BUYER agrees that BUYER has carefully inspected the Property. Subject to any inspections allowed under the Contract to purchase the Property with the SELLER, BUYER agrees to purchase the Property in its present condition only and without warranties or guarantees of any kind by the SELLER or any real estate licensee concerning the condition of the Property.
5. BUYER agrees to verify any of the above information that is important to the BUYER by an independent investigation. BUYER has been advised by the SELLER to have the Property examined by professional inspectors.
6. BUYER acknowledges that neither the SELLER nor any real estate licensees involved in the transaction are experts at detecting or repairing physical defects in the Property. BUYER states that no important representations of the SELLER or any real estate licensees involved in this transaction concerning the condition of the Property are being relied upon by the BUYER except as disclosed above or as fully set forth as follows and signed by the SELLER in this Statement or by real estate licensees in a separate document:

None

**CAREFULLY READ THE TERMS OF THIS STATEMENT BEFORE SIGNING. WHEN SIGNED BY ALL PARTIES, THIS DOCUMENT BECOMES PART OF A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, CONSULT AN ATTORNEY BEFORE SIGNING.**

|                     |  |
|---------------------|--|
| <i>Derik Wilson</i> | dotloop verified<br>08/19/24 10:35 AM CDT<br>ISQZ-VRG0-BKNZ-9VYD |
| SELLER'S SIGNATURE  | DATE   |

|                   |      |
|-------------------|------|
|                   |      |
| BUYER'S SIGNATURE | DATE |

|                    |      |
|--------------------|------|
|                    |      |
| SELLER'S SIGNATURE | DATE |

|                   |      |
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|                   |      |
| BUYER'S SIGNATURE | DATE |