



NEBRASKA REAL ESTATE COMMISSION
SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT
Residential Real Property

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. §76-2,120).

How long has the seller owned the property? _____ year(s)
Is seller currently occupying the property? (Circle one) YES NO If yes, how long has the seller occupied the property? _____ year(s)
If no, has the seller ever occupied the property? (Circle one) YES NO If yes when? From _____ (year) to _____ (year)

This disclosure statement concerns the real property located at 1319 East D Street
in the city of North Platte, County of Lincoln, State of Nebraska and legally described as:
Lot 2, Park Lane 2nd Addition

This statement is a disclosure of the condition of the real property known by the seller on the date on which this statement is signed. This statement is NOT a warranty of any kind by the seller or any agent representing a principal in the transaction, and should NOT be accepted as a substitute for any inspection or warranty that the purchaser may wish to obtain. Even though the information provided in this statement is NOT a warranty, the purchaser may rely on the information contained herein in deciding whether and on what terms to purchase the real property. Any agent representing a principal in the transaction may provide a copy of this statement to any other person in connection with any actual or possible sale of the real property. The information provided in this statement is the representation of the seller and NOT the representation of any agent, and is NOT intended to be part of any contract between the seller and purchaser.

Seller please note: you are required to complete this disclosure statement IN FULL. If any particular item or matter does not apply and there is no provision or space for indicating, insert "N/A" in the appropriate box. If age of items is unknown, write "UNK" on the blank provided. If the property has more than one item as listed below please put the numbered in the appropriate box. For example – if the home has three room air conditioners, one working, one not working, and one not included, put a "1" in each of the "Working", "Not Working", and "None/Not Included" boxes for that item, and a "3" on the line provided next to the item description to indicate total number of item. You may also provide additional explanation of any item in the comments section in PART III.

SELLER STATES THAT, TO THE BEST OF THE SELLER'S KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I – If there is more than one of any item in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section in PART III of this disclosure statement, or number separately as provided in the instructions above. If an item in this Part is not on the property, or will not be included in the sale, check only the "None/Not included" column for that item.

Section A - Appliances	Working	Not Working	Do not know if working	None / Not included
1. Refrigerator	<input checked="" type="checkbox"/>			
2. Clothes Dryer	<input checked="" type="checkbox"/>			
3. Clothes Washer	<input checked="" type="checkbox"/>			
4. Dishwasher	<input checked="" type="checkbox"/>			
5. Garbage Disposal	<input checked="" type="checkbox"/>			
6. Freezer	<input checked="" type="checkbox"/>			
7. Oven	<input checked="" type="checkbox"/>			
8. Range	<input checked="" type="checkbox"/>			
9. Cooktop				
10. Microwave oven	<input checked="" type="checkbox"/>			
11. Built-in vacuum system and equipment				<input checked="" type="checkbox"/>
12. Range ventilation systems				<input checked="" type="checkbox"/>
13. Gas grill				<input checked="" type="checkbox"/>
14. Room air conditioner (___ number)				<input checked="" type="checkbox"/>
15. TV antenna / Satellite dish				<input checked="" type="checkbox"/>
16. Trash compactor				<input checked="" type="checkbox"/>

Section B - Electrical Systems	Working	Not Working	Do not know if working	None / Not included
1. Electrical service panel capacity ___ AMP Capacity (if known) ___ fuse ___ circuit breakers	<input checked="" type="checkbox"/>			
2. Ceiling fan(s) (___ number)	<input checked="" type="checkbox"/>			
3. Garage door opener(s) (___ number)	<input checked="" type="checkbox"/>			
4. Garage door remote(s) (___ number)	<input checked="" type="checkbox"/>			
5. Garage door keypad(s) (___ number)				<input checked="" type="checkbox"/>
6. Telephone wiring and jacks	<input checked="" type="checkbox"/>			
7. Cable TV wiring and jacks	<input checked="" type="checkbox"/>			
8. Intercom or sound system wiring				<input checked="" type="checkbox"/>
9. Built-in speakers				<input checked="" type="checkbox"/>
10. Smoke detectors (___ number)	<input checked="" type="checkbox"/>			
11. Fire alarm				<input checked="" type="checkbox"/>
12. Carbon Monoxide Alarm (___ number)	<input checked="" type="checkbox"/>			
13. Room ventilation/exhaust fan (___ number)				<input checked="" type="checkbox"/>
14. 220 volt service	<input checked="" type="checkbox"/>			
15. Security System ___ Owned ___ Leased ___ Central station monitoring				<input checked="" type="checkbox"/>
16. Have you experienced any problems with the electrical system or its components? ___ YES ___ NO				<input checked="" type="checkbox"/>

Section C - Heating and Cooling Systems	Working	Not Working	Do not Know if working	None / Not included
1. Air purifier				X
2. Attic fan				X
3. Whole house fan				X
4. Central air conditioning 2023 year installed (if known)	X			
5. Heating system 2023 year installed (if known) Gas _____ Electric _____ Other (specify _____)	X			
6. Fireplace / Fireplace Insert	X			
7. Gas log (fireplace)				X
8. Gas starter (fireplace)				X
9. Heat pump _____ year installed (if known)				X
10. Humidifier				X
11. Propane Tank _____ year installed (if known) Rent _____ Own _____				X
12. Wood-burning stove _____ year installed (if known)				X

Section D - Water Systems	Working	Not Working	Do not Know if working	None / Not included
1. Hot tub / whirlpool				X
2. Plumbing (water supply)	X			
3. Swimming pool				X
4. a. Underground sprinkler system	X			
b. Back-flow prevention system	X			
5. Water heater _____ year installed (if known)	X			
6. Water purifier _____ year installed (if known)				X
7. Water softener _____ Rent _____ Own _____				X
8. Well system				X
Section E - Sewer Systems	Working	Not Working	Do not Know if working	None / Not included
1. Plumbing (water drainage)	X			
2. Sump pump (discharges to _____)				X
3. Septic System				X

PART II – In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in PART III of this disclosure statement.

Section A. Structural Conditions - If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the comment section in PART III of this disclosure statement.

Section A -Structural Conditions	YES	NO	Do not Know
1. Age of roof (if known) <u>8</u> year(s)	N / A	N / A	
2. Does the roof leak?		X	
3. Has the roof leaked?		X	
4. Is there presently damage to the roof?		X	
5. Has there been water intrusion in the basement or crawl space?		X	
6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents?		X	
7. Are there any structural problems with the structures on the real property?		X	
8. Is there presently damage to the chimney?		X	
9. Are there any windows which presently leak, or do any insulated windows have any broken seals?		X	

Section A -Structural Conditions	YES	NO	Do not Know
10. Year property was built <u>1955</u> (if known)	N / A	N / A	
11. Has the property experienced any moving or settling of the following:	-----	-----	-----
- Foundation		X	
- Floor		X	
- Wall		X	
- Sidewalk		X	
- Patio		X	
- Driveway		X	
- Retaining wall		X	
12. Any room additions or structural changes?		X	

Section B. Environmental Conditions - Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

Section B - Environmental Conditions	YES	NO	Do not Know
1. Asbestos		X	
2. Contaminated soil or water (including drinking water)		X	
3. Landfill or buried materials		X	
4. Lead-based paint		X	
5. Radon Gas		X	
6. Toxic materials		X	

Section B - Environmental Conditions	YES	NO	Do not Know
7. Underground fuel, chemical or other type of storage tank?		X	
8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law (N.A.C. Title 25, Ch. 10), on the property?		X	
9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)		X	

Seller's Initials MS9

Property Address 1319 East D Street North Platte, NE 69101

Buyer's Initials _____ / _____

