

SELLER'S PROPERTY DISCLOSURE STATEMENT

To be completed by owner of property.

NOTICE: This disclosure statement is designed to assist Seller in complying with requirement to disclose all known facts that materially and adversely affect the value of the property being sold and that are not readily observable.

PLEASE MAKE SURE TO INITIAL PAGES 1-4 AND SIGN AND DATE ON PAGE 5.

Seller's Name(s): Sotomillstar, Inc

Property Address: 229 Ripley Rd Spencer, WV 25276

1. Approximate age of house: _____ Date purchased: June 26, 2020

2. Does seller currently occupy property? Yes No
If no, how long since vacating? _____

Do you own the mineral rights? Yes _____ No

3. List the approximate age of each of the following items or mark "UNKNOWN":

Roof: _____ Furnace: _____ Air Conditioner(s): _____ Range: _____

Age of other appliances that remain: _____

Age of additions, remodels, structural changes (what was done and when):

****If necessary, continue to page 4****

Were all necessary permits/approvals obtained and work done in compliance with building codes? Yes No _____ **If NO, please explain on page 4.**

4. Have you made any major repairs in excess of \$1,000.00 while you have owned the home? Yes No _____ **If yes, give details on page 4.**

5. Land: Do you know of any fill, sliding, settling, earth movement, drainage problems, encroachments, boundary line disputes, easements, etc. on or affecting the property?
Yes _____ No **If yes, give details on page 4.**

Sellers initials: JS

Buyers initials: _____

Sellers initials: MS

Buyers initials: _____

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6. Location: To the best of your knowledge, is this property located in any of the following areas? Answer Yes or No. **If yes, explain on page 4.**
- A. Flood Plain: Yes No
- B. Are there any known boundary disputes? Yes No
- C. Are there any deed restrictions, protective covenants, rights of way or easements:
Yes No
- D. Are you aware of any condition or proposed change in your neighborhood, which could affect the value of desirability of property—such as noise, nuisance, condemnation, street changes or proposed construction: Yes No

7. Are you aware of **any current problems** regarding any of the following items:
PLEASE MARK YES-----NO-----N/A

Roof or Gutters	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Air Conditioning	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Swimming Pool	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Garage Door Openers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Thermostats	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Water Heater	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Hot Tub/Spa	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Insulation/Walls	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Plumbing	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Copper Plumbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Septic	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Windows	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Ceiling Fan(s)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Water softener	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Lawn Sprinklers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Insulation/Attic	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Heating System	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Electrical System	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Amperage	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Copper Wiring	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Appliances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Fireplace/Chimney	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Smoke Alarm/Security System	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Water Pressure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Downspouts lead from structure	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

Sellers initials: am

Buyers initials: _____

Sellers initials: JDS

Buyers initials: _____

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8. Are you aware of any past or present: **Mark Yes or No**
- A. Water damage or presence of mold? Yes ___ No
 - B. Water leakage or dampness in home, basement, crawl space or attic? Yes ___ No
 - C. Termites (or damage from), dry rot, other pests? Yes ___ No
 - D. Fire or smoke damage? Yes ___ No
 - E. Underground tanks or toxic substances on property? Yes ___ No
 - F. Shifting, cracks or deterioration of walls, foundation drives or walks? Yes ___ No

9. **Miscellaneous:**

- A. Is your property currently under warranty or coverage by a licensed pest control company? Yes No ___ If yes, provide name of company Affordable Pest Control
- B. Have there been any termite/pest treatments in the past 5 years? Yes ___ No
If yes, when? _____ By Whom? _____
- C. Do you have copies of any reports done on the property in the past? Yes ___ No
(Example: radon, pest, structural, general home, asbestos, mold, survey, other)
If yes, please provide.
- D. Does the property have any of the following: Active or Abandoned
Sump Pump ___ Cistern ___ Sewage Pump ___ Water Well ___
Gas/Oil Well ___ Synthetic Stucco ___ Radon Mitigation System ___
Standard Septic ___ Aerator ___
- E. If property has a well, cistern and/or septic, when were they last checked or serviced? _____ By Whom? _____
- F. Is internet available? Yes No ___ If yes, what kind and who provides the service? DSL ___ Satellite ___ Dial-Up ___
List the name of each company for the utilities on your property:
Gas Co. Consumer Gas Electric Co. man power
Water Co (if applicable) Waterworks Phone Co. Frontier
Trash Pickup Co. waste management

Is there anything else you feel you should disclose to a prospective buyer because it may materially and adversely affect the value or desirability of the property?

Sellers initials: AS

Buyers initials: _____

Sellers initials: AS

Buyers initials: _____

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Seller: For each item on page 1, 2 and 3, which require further explanation, please put the number of the item and complete details of corresponding information.

Item # _____ : _____

Item _____ : _____

Item # _____ : _____

Item # _____ : _____

Item # _____ : _____

Sellers initials: *AM*

Buyers initials: _____

Sellers initials: *JDS*

Buyers initials: _____

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SELLER: The undersigned Seller represents that the information set forth in the foregoing disclosure statement is accurate and complete to the best of their knowledge on the date it was signed. Seller does not intend this disclosure statement to be warranty or guarantee of any kind. Seller hereby authorizes Board-DePue Realty Co. and its associates to provide this information to prospective buyers and to real estate brokers and sales associates.

BUYER: This is a disclosure of Seller's knowledge of the condition of the property as of the date signed by Seller. It is not a warranty of any kind. This IS NOT a substitute for any inspections that Buyer may wish to obtain.

Neither the broker nor agent involved in the transaction is an expert at detecting or repairing physical defects in property. The real estate brokers and agents have relied on the information provided by the Seller to evaluate and market this property.

Buyer is advised to have the property examined by professional inspections.

Signing of this disclosure by Buyer is an acknowledgement of receipt of this form.

Seller: April Miller Date: 12-13-24

Seller: Jacqueline D Staud Date: 12-13-24

Buyer: _____ Date: _____

Buyer: _____ Date: _____