



NEBRASKA REAL ESTATE COM MISSION
SELLER 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? 4 year(s)
Is seller currently occupying the property? (Check one) [X] YES [] NO If yes, how long has the seller occupied the property? 4 year(s)
If no, has the seller ever occupied the property? (Check one) [] YES [X] NO If yes, when? From (year) to (year)

This disclosure statement concerns the real property located at 72 INDIAN CREEK RD WHITNEY, NE 69367
in the city of WHITNEY, County of Dawes, State of Nebraska and legally described as:
16 32 50 NW1/4 SE1/4 SW1/4, W1/2 SE1/4 SE1/4 SW1/4, SW1/4 SE1/4 SW1/4 (25.53 Acres) 16 32 50 NE1/4 SE1/4 SW1/4, E1/2 SE1/4
SE1/4 SW1/4 (15.28 Acres) Total Acres=40.81

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.

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.

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.

Table with 5 columns: Section A - Appliances, Working, Not Working, Do Not Know If Working, None / Not Included. Rows include Refrigerator, Clothes Dryer, Clothes Washer, Dishwasher, Garbage Disposal, Freezer, Oven, Range, Cooktop, Microwave oven, Built-In vacuum system and equipment, Range ventilation systems, Gas grill, Room air conditioner, TV antenna / Satellite dish, Trash compactor.

Table with 5 columns: Section B - Electrical Systems, Working, Not Working, Do Not Know If Working, None / Not Included. Rows include Electrical service panel capacity, Ceiling fan(s), Garage door opener(s), Garage door remote(s), Garage door keypad(s), Telephone wiring and jacks, Cable TV wiring and jacks, Intercom or sound system wiring, Built-In speakers, Smoke detectors, Fire alarm, Carbon Monoxide Alarm, Room ventilation/exhaust fan, 220 volt service, Security System, and a question about electrical system problems.

Seller's Initials / Property Address 72 INDIAN CREEK RD WHITNEY, NE 69367 Buyer's Initials /



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

Section D - Water Systems	Working	Not Working	Do Not Know If Working	None / Not Included
1. Hot tub / whirlpool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing (water supply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. a. Underground sprinkler system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back-flow prevention system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Water heater <u>2024</u> year installed (if known)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Water purifier <u>2021</u> year installed (if known)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water softener <input type="checkbox"/> Rent <input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Well system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section E - Sewer Systems	Working	Not Working	Do Not Know If Working	None / Not Included
1. Plumbing (water drainage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sump pump (discharges to _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Septic System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) _____ year(s)	N / A	N / A	<input type="checkbox"/>
2. Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the roof leaked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there presently damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has there been water intrusion in the basement or crawl space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any structural problems with the structures on the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is there presently damage to the chimney?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Are there any windows which presently leak, or do any insulated windows have any broken seals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section A - Structural Conditions	YES	NO	Do Not Know
10. Year property was built <u>2008</u> (if known)	N / A	N / A	<input type="checkbox"/>
11. Has the property experienced any moving or settling of the following:	-----	-----	-----
- Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Sidewalk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Patio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Retaining wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Any room additions or structural changes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Contaminated soil or water (including drinking water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Landfill or buried materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Lead-based paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Radon gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Toxic materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section B - Environmental Conditions	YES	NO	Do Not Know
7. Underground fuel, chemical or other type of storage tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Seller's Initials _____ / _____ **Property Address** 72 INDIAN CREEK RD WHITNEY, NE 69367 **Buyer's Initials** _____ / _____

Section C. Title Conditions - Do any of the following conditions exist with regard to the real property?

Table with 4 columns: Section C - Title Conditions, YES, NO, Do Not Know. Rows 1-9 detailing various property conditions.

Table with 4 columns: Section C - Title Conditions, YES, NO, Do Not Know. Rows 10-18 detailing various property conditions.

Section D. Other Conditions - Do any of the following conditions exist with regard to the real property?

Table with 4 columns: Section D - Other Conditions, YES, NO, Do Not Know. Rows 1-7 detailing water and sewer system conditions.

Table with 4 columns: Section D - Other Conditions, YES, NO, Do Not Know. Rows 8-16 detailing flood plain, trash removal, radon, gas system, pet, trees, and exterior wall conditions.

Section E. Cleaning / Servicing Conditions - Have you ever performed or had performed the following? (State most recent year performed)

Table with 6 columns: Section E - Cleaning / Servicing Conditions, YEAR, YES, NO, Do Not know, None / Not Included. Rows 1-5 detailing air conditioner, fireplace, furnace, and septic system servicing.

Table with 6 columns: Section E - Cleaning / Servicing Conditions, YEAR, YES, NO, Do Not know, None / Not Included. Rows 6-9 detailing chimney cleaning, insect treatment, well water testing, and well water servicing.

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