



PROPERTY ADDRESS: 114 OXFORD PLACE LOUISVILLE, KY 40207

**2. HOUSE SYSTEMS**

Whether or not they have been corrected, state whether there have been problems affecting:		N/A	YES	NO	UN-KNOWN
a. Plumbing	TOILET LEAKING/BAD FRESH VALVE - REPLACED, NO DAMAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrical system		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Appliances	TOP RACK OF DISH WASHER DYSFUNCTIONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ceiling and attic fans		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Security system		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Sump pump		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Chimneys, fireplaces, inserts		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Pool, hot tub, sauna		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Sprinkler system		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Heating system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Cooling/air conditioning system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Water heater	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve these problems:

**3. BUILDING STRUCTURE**

		N/A	YES	NO	UN-KNOWN
a. Whether or not they have been corrected, state whether there have been problems affecting:					
1)	The foundation or slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	The structure or exterior veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	The floors and walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	The doors and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. 1) Has the basement ever leaked?					
2) If so, when did the basement last leak?					
3)	Have you ever had any repairs done to the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) If you have had basement leaks repaired, when was the repair done?					
5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)					
Explain:					
c.	Have you experienced, or are you aware of, any water or drainage problems in the crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Are you aware of any damage to wood due to moisture or rot?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?					
f.	Are you aware of any damage due to wood infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1) Has the house or any other improvement been treated for wood infestation?					
2) If yes, by whom?					
3) Is there a warranty?					

Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:

**4. ROOF**

		N/A	YES	NO	UN-KNOWN
a.	How old is the roof covering? Age of the roof if known:				<input checked="" type="checkbox"/>
b.	Has the roof leaked at any time since you have owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Has the roof leaked at any time before you owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. When was the last time the roof leaked?					
e.	Have you ever had any repairs done to the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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f. Have you ever had the roof replaced?      
 If so, when?  
 g. If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)  
 Explain:  
 h. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering? If so, when?      
 Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:

**5. LAND / DRAINAGE** N/A YES NO UN-KNOWN

a. Whether or not they have been corrected, state whether there have been problems affecting:  
 1) Soil stability      
 2) Drainage, flooding, or grading      
 3) Erosion      
 4) Outbuildings or unattached structures      
 b. Is the house located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages?      
 If so, what is the flood zone?  
 c. Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?      
 Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:

**6. BOUNDARIES** N/A YES NO UN-KNOWN

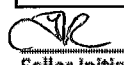

a. Have you ever had a staked or pinned survey of the property performed?      
 b. Are you in possession of a copy of any survey of the property?      
 c. Are the boundaries marked in any way?      
 Explain: FENCE, LANDSCAPING  
 d. Do you know the boundaries?      
 Explain:  
 e. Are there any encroachments or unrecorded easements relating to the property?      
 Explain:

**7. WATER** N/A YES NO UN-KNOWN

a. Source of water supply: CITY  
 b. Are you aware of below normal water supply or water pressure?      
 c. Has your water ever been tested? If so, attach the results or explain.      
 Explain:

**8. SEWER SYSTEM** N/A YES NO UN-KNOWN

a. Property is serviced by:  
 1. Category I: Public Municipal Treatment Facility      
 2. Category II: Private Treatment Facility      
 3. Category III: Subdivision Package Plant      
 4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)      
 5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal      
 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system      
 7. Category VII: No Treatment/Unknown      
 Name of Servicer:  
 b. For properties with Category IV, V, or VI systems  
 Date of last inspection (sewer):  
 Date of last inspection (septic): Date last cleaned (septic):  
 c. Are you aware of any problems with the sewer system?

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 Seller Initials Date/Time Buyer Initials Date/Time  
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 Seller Initials Date/Time KREC Form 402 12/2022 Buyer Initials Date/Time

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Please explain any deficiencies noted in this Section:

**9. CONSTRUCTION / REMODELING** N/A YES NO UN-KNOWN

a. Have there been any additions, structural modifications, or other alterations made?

b. If so, were all necessary permits and government approvals obtained?

Explain:

**10. HOMEOWNERS ASSOCIATION (HOA)** N/A YES NO UN-KNOWN

a. 1) Is the property subject to any restrictions, rules, or regulations of a Homeowners Association?

2) If yes, what is the annual or monthly assessment?

3) HOA Name:

HOA Primary Contact Name:

HOA Primary Contact Phone No. and email address:

b. Is the property a condominium?

If yes, you must also complete KREC Form 404, the Condominium Seller's Certificate

c. Are you aware of any condition or legal action that may result in an increase in dues, taxes or assessments?

d. Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.?

e. Are there any pet or rental restrictions?

Explain:

**11. HAZARDOUS CONDITIONS** N/A YES NO UN-KNOWN

a. Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property?

b. Are you aware of any other environmental hazards? (e.g., carbon monoxide, hazardous waste, water contamination, asbestos, the use of urea formaldehyde, etc.)

**LEAD BASED PAINT DISCLOSURE REQUIREMENT**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint, which may cause certain health risks.

c. Was this house built before 1978?

d. Are you aware of the existence of lead-based paint in or on this house?

**RADON DISCLOSURE REQUIREMENT**

Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks, including lung cancer. The Kentucky Department for Public Health recommends radon testing. For more information, visit [chfs.ky.gov](http://chfs.ky.gov) and search "radon."

e. 1) Are you aware of any testing for radon gas?

2) If yes, what were the results?

f. 1) Is there a radon mitigation system installed?

2) If yes, is it functioning properly?

**METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT**

A property owner who chooses NOT to decontaminate a property used in the production of methamphetamine MUST make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010.

g. 1) Is the property currently contaminated by the production of methamphetamine?

2) If no, has the property been professionally decontaminated from methamphetamine contamination?

Explain:

**12. MISCELLANEOUS** N/A YES NO UN-KNOWN

a. Are you aware of any existing or threatened legal action affecting this property?

b. Are there any assessments other than property assessments that apply to this property (e.g. sewer assessments)?

  
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c. Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Are there any transferable warranties?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Explain:**

e. Has this house ever been damaged by fire or other disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of the existence of mold or other fungi on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Has this house ever had pets living in it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:** 2 SMALL CATS FOR 1 YEAR

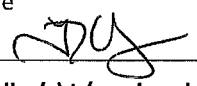
h. Is this house in a historic district or listed on any registry of historic places?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<b>13. ADDITIONAL INFORMATION</b>	<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>UN-KNOWN</b>
Do you know anything else about the property that that should be disclosed to the Buyer?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details in the space provided, below. Attach additional sheets, as necessary.

**14. SELLER(S) CERTIFICATION (CHOOSE ONE)**

As Seller(s) I / we hereby certify that the information disclosed above is complete and accurate to the best of my / our knowledge and belief. I / we agree to immediately notify Buyer in writing of any changes that become known to me / us prior to closing.

Seller Signature 	Date <u>5/9/2026</u>	Seller Signature <u>Daniya Begu</u>	Date <u>05-09-26</u>
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As Seller(s) I / we hereby certify that my / our Real Estate Agent, \_\_\_\_\_ (print name) has completed this form with information provided by me / us at my / our direction and request. I / we further agree to hold the above-named agent harmless for any representations that appear on this form, in accordance with KRS 324.360(9).

Seller Signature	Date	Seller Signature	Date
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As Seller(s) I / we refuse to complete this form and acknowledge that the Real Estate Agent will so inform the Buyer.

Seller Signature	Date	Seller Signature	Date
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The Seller(s) refuse(s) to complete this form or to acknowledge such refusal.

Principal Broker / Real Estate Agent Print Name	Principal Broker / Real Estate Agent Signature	Date
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**The Buyer(s) hereby certifies they have received a copy of this Seller's Disclosure of Property form.**

Buyer Signature	Date	Buyer Signature	Date
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