



SELLER'S PROPERTY DISCLOSURE STATEMENT

(To be completed by Seller)

Sunflower Association of REALTORS®, Inc.



Property Address: 401 Cedar St, Overbrook, KS 66524

Date: Aug. 11, 2024

Approximate age of property: 1900/ 124 years

Date Purchased: May 1988

Real estate transactions generally run smoother if all pertinent information pertaining to the property is disclosed prior to the actual contract date. Please be as complete and accurate as possible. **The form is not a warranty or guarantee of any kind by Seller or any Broker(s) involved in the transaction, and is not a substitute for Buyer having the property carefully examined for potential problems or defects by qualified professionals.** Attach additional sheets if space is insufficient for all applicable comments. Seller acknowledges and understands that the Broker(s) and potential Buyer of the property will rely upon the accuracy of facts and opinions set forth in this statement.

1. APPLIANCES <i>Please note that personal property items listed on this form are not included unless specified in the contract.</i>	Working	Not Working	None/Not Included
a. Built-in vacuum system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Clothes dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clothes washer <i>new</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Free-standing freezer <i>haven't decided</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Gas grill <i># it stops or goes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Built-in microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Built-in oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Kitchen cook top/range <i>front left burner broken - hot spot not working</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Kitchen refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Room air conditioner # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n. TV antenna/dish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o. Vent hood	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p. Other <i>microwave</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations:

2. ELECTRICAL SYSTEM	Working	Not Working	None/Not Included
a. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Ceiling fan(s) # of units <i>12</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doorbell <i>works occasionally</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Garage door opener(s) # of units <i>1 working 1 not working</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inside telephone wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercom/sound system <i>radio works not sure about intercom</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Security system, includes (check all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Smoke alarm <input type="checkbox"/> AV (security cameras)			
<input type="checkbox"/> Fire alarm <input type="checkbox"/> Carbon monoxide detection			
<input type="checkbox"/> Own <input type="checkbox"/> Lease Monitored by:			
i. Detectors (check all that apply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Smoke alarm <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane			
j. Switches & outlets <i>dining room switch broke out but it works</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Bathroom vent fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

l. Who is your electric service provider? Three

m. Other:

n. Who is your internet provider? Brightspeed

Comments/explanations:

PLW Seller's initials

3. HEATING & COOLING SYSTEMS	Working	Not Working	None/Not Included
a. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electronic air cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Heat pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heating system type(s) (check all that apply):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other			
f. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Propane tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
# of gallons			
<input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			
h. Fireplace - wood # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Fireplace - gas # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Fireplace - gas starter # of units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Wood burning stove <i>hasn't been used in 20 years</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other <i>Fireplace - coal</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations: *I've never used the coal fireplace*

4. PLUMBING / CLEAN WATER SYSTEMS	Working	Not Working	None/Not Included
a. Plumbing pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Plumbing fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water heater type(s) (check all that apply):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# of units <i>1</i>			
<input checked="" type="checkbox"/> Gas # of gallons <i>71 New in 2023</i>			
<input type="checkbox"/> Electric # of gallons			
<input type="checkbox"/> Propane # of gallons			
<input type="checkbox"/> Other # of gallons			

d. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			

f. Jet tub <i>2 not sure if the smaller one works big one works</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Hot tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Pool equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Underground sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Sump pump <i>3 sump pumps</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check all that apply below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. <input type="checkbox"/> Septic <input type="checkbox"/> Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n. <input checked="" type="checkbox"/> Well <input type="checkbox"/> Cistern <i>city water</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other <i>City water</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/explanations:

PLW Buyer's initials

5. ROOF / EXTERIOR WALLS / INSULATION			
	Yes	No	Do Not Know
a. Approximate age of roof surface ^{original added 8 yrs} _{add on about 19-20 yrs} Roof surface type: <u>composition shingle</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any leaks in roof during your ownership? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has roof been replaced and/or repaired during your ownership? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you know of any problems with roof and/or rain gutters? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the structure include an Exterior Insulated Finish System (EIFS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Are you aware of any past and/or present moisture problems? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Location of insulation (check all that apply): <input type="checkbox"/> Ceiling <input type="checkbox"/> Attic <input type="checkbox"/> Walls <input type="checkbox"/> Floors			

COMMENTS:

c. Nine layers of roofing was taken off the original house. 2 rafters were replaced a couple of years after we moved in. The original house was re-roofed about 8 years ago. The addition has been re-roofed once about 20 years ago.

d. The gutters on the original house work fine. On the addition I've had some problems. They clog up pretty fast. Looking at the back of the house, left hand side the corner needs work. It needs to be lowered.

e. Water between an exterior & interior wall. From a cracked gutter. Has been taken care of.

6. STRUCTURAL / FOUNDATION / WALLS			
	Yes	No	Do Not Know
a. Are you aware of any past and/or present movement, shifting, deterioration, or other problems with wall or foundation? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are you aware of any repairs and/or attempts to control any of the above? If yes, explain below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Check all that are applicable: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab			

COMMENTS:

a. roofers bracked an underground drainage pipe for one of the sump pumps. The addition is about an inch lower on one side. An above the ground pipe was installed to drain away the water.

b. The wall between the master bedroom & the adjoining bedroom has had cracks on both sides. It is an old wall consisting of latts & plaster. Cracks have been fixed.

c. Have had water in the basement. Now have 3 sump pumps and Drainfile. During a heavy rain I still get a little bit of moisture.

7. WATER / DRAINAGE / SEWAGE			
	Yes	No	Do Not Know
a. Property connected to (check all that apply): <input checked="" type="checkbox"/> City water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Rural water If Rural Water: District # _____ Phone: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If on well water: To your knowledge, has water ever been tested during your ownership? If yes, did results show any contamination? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change? For more information, visit FEMA's Flood Map Service Center at https://msc.fema.gov .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Property is connected to (check all that apply): <input checked="" type="checkbox"/> City sewer system <input type="checkbox"/> County sewer system <input type="checkbox"/> Septic system <input type="checkbox"/> Private lagoon <input type="checkbox"/> Holding tank If septic system, when was it last serviced and/or cleaned? _____ Has a riser been installed? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the property is within the city limits and on a septic system, it MAY be required, at time of sale, to be connected to the city sewer system.			
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Are you aware of any available or pending sewer or water connection? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Seller's initials
 Seller's initials
 Buyer's initials
 Buyer's initials

8. BOUNDARIES / LAND / RESTRICTIONS / COVENANTS				Yes	No	Do Not Know
a. Do you have a copy of a (check all that apply)?	<input type="checkbox"/> Pin survey	<input type="checkbox"/> Mortgage title inspection		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Are the property survey pins visible or marked?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are there any encroachment and/or boundary disputes? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is there fencing on the property?	The chain link fence does not follow the property line.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the fencing belong to the property?	The wooden fence does			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there property features shared in common with adjoining landowners, such as walls (fences), roads, and/or driveways?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who has responsibility for the maintenance?	Both of us					
f. Do you know of any sliding, settling, earth movement, upheaval, and/or earth stability problems that have occurred on the property? If yes, explain below.	Sidewalks & driveway are not even			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the property subject to declarations, restrictions, or covenants?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Is the property subject to historic preservation/demolition restrictions?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Are there any zoning, building, and/or restrictive covenant violations? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Is the property subject to rules or regulations of a homeowners association?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, what are the dues? Amount _____ per _____ Contact information: _____						
k. Are you aware of any conditions that may result in an increase in association assessments? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Are you aware of any pending action(s) by any governmental or quasi-governmental agencies affecting the property (i.e., street widening, zoning changes, annexation, school district changes, etc.)? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Are you aware of any special assessments on this property? (See attached document required by KSA 12-601.)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Are you aware of any pending bonds or assessments that apply to this property? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o. Is the property in the city limits?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. ENVIRONMENTAL DISCLOSURES				Yes	No	Do Not Know
a. Are you aware of the following hazardous or questionable environmental conditions on the property (check all that apply)?						<input checked="" type="checkbox"/>
<input type="checkbox"/> Lead paint	<input type="checkbox"/> Asbestos/urea formaldehyde foam insulation or products	<input checked="" type="checkbox"/> Underground storage tanks	<input type="checkbox"/> Gas, oil, and/or water wells			
<input type="checkbox"/> Methane gas	<input type="checkbox"/> Radon gas	<input type="checkbox"/> Radioactive material	<input type="checkbox"/> Landfill	<input type="checkbox"/> Mineshaft	<input type="checkbox"/> Expansive soil	<input type="checkbox"/> Toxic materials
<input type="checkbox"/> Discoloration of soil or vegetation	<input type="checkbox"/> Oil sheers in wet areas					
b. Are you aware of any noxious weeds or plants (i.e., poison ivy, poison oak, thistles, etc.)?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are you aware of any other condition that you deem to be a hazardous and/or questionable environmental condition? If yes, please identify and explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mold and mildew occur in practically all residential properties and certain types can cause health problems to certain people.						
d. Has mold and/or mildew created any problems for occupants of the structure during your ownership?	Roofers cracked a seam on a gutter which let water run between the walls. Both walls have been dryed out and replaced.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you had inspections for mold or mildew?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Have you received any reports pertaining to mold and/or mildew on or within the structure?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:
 Cistern is under the deck. Original lighting was either oil or gas and the tank is under the garage floor.

10. OTHER DISCLOSURES				Yes	No	Do Not Know
a. Are you aware of any additions and/or alterations on the property without a building permit? If yes, explain below.				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the present use a non-conforming use? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Do any bedrooms have non-conforming fire egress window(s)? If yes, explain below.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Have you kept pets in the dwelling?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever smoked on the premises during your ownership? If yes, explain below.	husband was a smoker, He died in 1993			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When were the following last cleaned?	Fireplace	Wood stove	Chimney	Flue		
g. Location of attic access:	on second floor					
h. Location of crawlspace access:	at the bottom of the basement steps					
i. Location of septic and/or sewer clean-out:	at the bottom of the basement steps					

COMMENTS:

Seller's initials
 Seller's initials
 Buyer's initials
 Buyer's initials

11. DAMAGE DISCLOSURES	Yes	No	Do Not Know
a. Are there any trees and/or shrubs diseased or dead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do you have any knowledge of termites, other wood destroying insects, and/or dry rot on or affecting the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are you aware of any damage to the property caused by termites, other wood destroying insects, and/or dry rot?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Have you had termite and/or pest control reports and/or treatments for the property? If yes, name of company: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Is property currently under contract by a licensed pest control company for termites and/or other wood destroying insects? If yes, name of company: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any past and/or present damage due to wind, fire, flood, rodents, and/or pets? If yes, were repairs made? If yes, name of company: _____ Date: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Name of insurance carrier: <u>USAA</u>			
h. Have you had insurance claims during your ownership? If yes, were repairs made? Explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Are you presently or have you ever been involved in any litigation or received benefit from any class action suit regarding materials and/or workmanship for this property? If yes, explain below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Are you aware of any other facts, conditions, and/or circumstances that may affect the value, beneficial use, and/or desirability of this property? If yes, explain below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: same
 The original part of the house still has knob and tube wiring. ~~about~~ Some of the light fixtures and outlets are on knob & tube. All the other wiring has been up graded.

- Check One:
- Seller certifies that the information herein is true and correct to the best of Seller's knowledge as of the date signed by Seller. Seller agrees to notify Buyer of any additional items that may become known to the Seller before closing. Seller further agrees to hold the Real Estate Broker(s) harmless from any liability incurred as a result of any third-party reliance on the disclosure contained herein and acknowledges receipt of a copy of this statement.
 - Seller (or Seller's representative) has not occupied or personally managed this property in the past _____ years and may not be familiar with all conditions represented in this form. Seller, therefore, may be unable to make representation as to all conditions.

SELLER

Peggy A. Waldman
 Date: Aug 11, 2024

SELLER

 Date: _____

Buyer is urged to carefully inspect the property and, if desired, have the property inspected by a qualified inspector. Buyer understands that there are areas of the property of which Seller has no knowledge and that this disclosure statement does not encompass those areas. Buyer acknowledges that neither the Seller nor any Broker(s) or Agent(s) involved in this transaction is an expert at detecting or repairing physical defects in the property. Buyer also acknowledges that he has read and received a signed copy of this statement from Seller or Seller's Agent.

Seller does not intend this Disclosure Statement to be a warranty or guarantee of any kind. Buyer agrees to purchase the property in its present condition only, without warranties or guarantees of any kind by Seller or any Broker(s) concerning the condition or value of the property. There are no representations concerning the condition or value of the property made by Seller or Broker(s) on which I am relying except as may be fully set forth in writing and signed by them.

BUYER

 Date: _____

BUYER

 Date: _____