

(LBOR Approved 04.07.2021)

Seller Property Condition Disclosure Statement

The following is a disclosure statement, made by the SELLER, of information concerning the condition of the Property during ownership of the Property, on the date on which it is signed. It is not a warranty of any kind by the SELLER(S) or any Agent representing any principal in this transaction and should not be accepted as a substitute for any inspections or warranties the BUYER may wish to obtain. The information provided in this statement is the representation of the SELLER and not the representation of any Agent. The information contained herein is not intended to be part of any Contract between the SELLER and BUYER.

This disclosure statement concerns the real property situated at:

724 E 715 Rd guest house _____ IN THE CITY OF Lawrence _____,
COUNTY OF Douglas _____, STATE OF KANSAS.

Optional: Seller(s) Name(s) and Marital Status for each Seller, ASP (a single person), AMP (a married person), AMC (a married couple)

SELLER IS IS NOT currently occupying the property. SELLER has owned property since: 2024

SELLER'S INFORMATION

The SELLER discloses the following information with the knowledge that even though this is not a warranty, prospective BUYERS may rely on this information in deciding whether, and on what terms, to purchase the subject real property. SELLER hereby authorizes any Agent(s) representing any principal(s) in this transaction to provide a copy of this statement to any person or entity in connection with any actual or possible sale of the real property.

Indicate the condition of the following items by marking the appropriate box. Check only one box per item. If negotiable, so indicate by writing "NEGOTIABLE" next to the item.

SECTION A – APPLIANCES	Included			N/A - Not Included
	Working	Not Working	Do Not Know if Working	
1. Built-in Vacuum System..... <input type="checkbox"/> Attachments Included <input type="checkbox"/> Pre-Plumbed only <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Clothes Dryer..... <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes Washer.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer – Free Standing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Refrigerator.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Microwave Oven..... <input type="checkbox"/> Built in <input checked="" type="checkbox"/> Free Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Wall Oven..... <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Cook Top..... <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Range/Stove..... <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-in <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Range Ventilation System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Trash Compactor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Exterior Grill – Built in... free standing outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. TV Antenna/Satellite Dish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Other: _____				
17. Other: _____				

Comments/Explanations from Section A:

SELLER initial/Date JRP 01/24/2025

SELLER initial/Date DMP 01/24/2025



BUYER initial/Date _____

BUYER initial/Date _____

SECTION B – ELECTRICAL SYSTEMS

	Working	Included Not Working	Do Not Know if Working	N/A - Not Included
1. Electrical Service Panel..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity: <u>200</u> AMPS (helpful hint – see main breaker panel)				
<input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses				
2. Electrical Wiring Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Unknown				
3. 220 Volt Service (i.e., stove, a/c, dryer)..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cable TV wiring & Jacks: Number of Jacks _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Telephone Wiring & Jacks: Number of Jacks _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ceiling Fans: Number of Ceiling Fans <u>5</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Doorbell..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Electrical Outlets & Switches..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bathroom Vent Fan(s)..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Light Fixtures..... <u>all lights are LED</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Intercom System – Built-in..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Sound System – Built-in..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Speakers – Built-in; <input type="checkbox"/> Wiring – Built-in..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. High Speed Internet Wiring..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> Other <u>see attachment</u>				
Number of Jacks: _____				
14. Security System (<input checked="" type="checkbox"/> Pre-Wired Only)..... <u>see attachment</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Smoke/Fire Alarm..... <u>part of the alarm system</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Smoke/Fire/Heat Detectors: <u>one per room</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sauna (<input type="checkbox"/> Steam <input type="checkbox"/> Dry)..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Garage Door Opener(s): Number of Remotes <u>2</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Keyless Entry..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other: <u>Two wall mounted heated towel racks</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Explanations from Section B: _____

SECTION C – HVAC SYSTEMS

	Working	Included Not Working	Do Not Know if Working	N/A - Not Included
1. Furnace..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Forced Air Gas <input type="checkbox"/> Forced Air Electric <input type="checkbox"/> Forced Air Propane				
<input type="checkbox"/> Radiant <input type="checkbox"/> Gravity Flow <input type="checkbox"/> Specify Other _____				
Age <u>9</u> ; <input checked="" type="checkbox"/> Zoned Number of Units <u>2</u>				
Humidifier..... <u>?</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heat Pump..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Age _____; <input type="checkbox"/> Zoned Number of Units _____				
3. Air Conditioning..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Central Air; Age <u>9</u> ; <input checked="" type="checkbox"/> Zoned; No. of Units <u>2</u>				
<input type="checkbox"/> Electric <input type="checkbox"/> Other (comment)				
4. Propane Tank (<input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned)..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased From <u>See Main House Disclosure</u>				
5. Air Purifier (Electronic Air Filter)..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Solar Heating (Panels & Plumbing)..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Whole House Fan..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Attic Ventilation System (attic only)..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Fireplace..... <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Masonry <input type="checkbox"/> Insert <input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Direct Vent				
Gas Fireplace Logs..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas Fireplace Starter..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Free Standing Heating Stove..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fuel Source: <input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Corn <input type="checkbox"/> Other (comment)				
11. Other: _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Explanations from Section C: _____

SELLER initial/Date JRP 01/24/2025

SELLER initial/Date DMP 01/24/2025



BUYER initial/Date _____

BUYER initial/Date _____

SECTION D – WATER SYSTEMS

	Working	Included Not Working	Do Not Know if Working	N/A - Not Included
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- 1. Water Supply..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Connected to Treated Water System: City Rural
 Well Cistern Other: _____
 Rural Water District #5 _____ Phone # 785-748-0708
- 2. Sewage System..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Property is connected to: City Sanitary Sewer System
 Septic System Lagoon Other: _____
- 3. Plumbing
 Water/Supply Lines..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Sewer/Waste Lines..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Plumbing Fixtures & Faucets..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Grinder Pit / Lift Station..... Working Included Not Working Do Not Know if Working N/A - Not Included
- 4. Jetted Tub..... Working Included Not Working Do Not Know if Working N/A - Not Included
- 5. Hot Tub..... Working Included Not Working Do Not Know if Working N/A - Not Included
- 6. Sump Pump..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Discharges to _____
 Number of Sump Pumps _____
- 7. Swimming Pool..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Above Ground In Ground
- 8. Underground Sprinkler System..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Installed: Professionally Homeowner Unknown
- 9. Water Heater..... Working Included Not Working Do Not Know if Working N/A - Not Included
 Natural Gas Propane Electric Other
 Number of Water Heaters 1 _____ ; Age 9 _____ ; Gals 50 _____
- 10. Water Purifier..... Working Included Not Working Do Not Know if Working N/A - Not Included
- 11. Water Softener (Leased Owned)..... Working Included Not Working Do Not Know if Working N/A - Not Included
- 12. Other: Two bidets Working Included Not Working Do Not Know if Working N/A - Not Included

Comments/Explanations from Section D: Water softener is a Flech

SECTION E – STRUCTURAL CONDITIONS

- | | Yes | No | Unknown |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Age of Roof 9 years _____
<input checked="" type="checkbox"/> Composition <input type="checkbox"/> 3-D Composition <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> |
| 2. Has the roof ever leaked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there present damage to the roof? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you aware of any adverse conditions regarding the exterior siding of the structure(s)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a history of infestation of termites, carpenter ants, fleas, rodents, etc?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the property been treated for infestation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Unrepaired damage from previous infestation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the property currently under warranty or other coverage by a licensed pest control company? see attachment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any of the windows ever leaked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there any windows that have broken thermo-pane seals? (moisture between panes) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there any damage to the chimney which requires repair? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Has there ever been leakage/seepage in the basement/crawlspace? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any structural problems with the improvements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Have any corrections been made to stabilize the foundation or retaining walls? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you experienced any moving or settling of the following?
a. Foundations..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
b. Floors..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
c. Walls..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
d. Driveways..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
e. Sidewalks..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
f. Patios..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
g. Retaining Walls..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
h. Other..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | |

SELLER initial/Date JRP 01/24/2025

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BUYER initial/Date _____

BUYER initial/Date _____

Section E – Continued

Table with 3 columns: Yes, No, Unknown. Rows 16-19 regarding property damage, leaks, mold, and insurance claims.

If yes, please comment and include any/all reports: Previous owner had a leak from a broken humidifier valve on south Attic furnace. Damage was repaired and HVAC vent was added for heating of furnace closet in Feb 2021-no issues since

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SECTION F – HAZARDOUS CONDITIONS: Are you (SELLER), to the best of your knowledge, aware of any of the following substances, materials, or products on the real property which may be an environmental hazard?

Table with 3 columns: Yes, No, Unknown. Rows 1-9 regarding Radon, Mold, Lead-Based Paint, Contaminated soil or water, Toxic Materials, Asbestos, Landfill or buried materials, Underground fuel or chemical storage tanks, and Other.

If yes, please comment and include any/all reports:

SECTION G – TITLE DISCLOSURES: Are you (SELLER), to the best of your knowledge, aware of any of the following which could affect the real property? FOR INFORMATION CONCERNING SPECIAL ASSESSMENTS, CONTACT BOTH THE CITY CLERK AT 832-3201, AND THE COUNTY TREASURER AT 832-5178.

For online tax info visit: http://www.douglas-county.com/online_services/valuestaxes/disclaimer.asp. For Pending/Certified Special Assessment info visit: http://www.lawrenceks.org/specialassessment/

Table with 3 columns: Yes, No, Unknown. Rows 1-11 regarding covenants, surveys, lot-line disputes, encroachments, zoning violations, non-conforming uses, set back requirements, easements, road expansions, HOA notices, and special assessments.

Total balance of remaining special taxes: \$

Certified Special Taxes: please itemize below:

Special Assessment 1 Description: Amount \$ Pay Off Year:
Special Assessment 2 Description: Amount \$ Pay Off Year:
Special Assessment 3 Description: Amount \$ Pay Off Year:
Special Assessment 4 Description: Amount \$ Pay Off Year:

Pending (estimated) Special Taxes or Benefit Districts: \$ (principal only); Type of Assessment

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BUYER initial/Date

BUYER initial/Date

Section G – Continued

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
12. Features, such as walls, fences and driveways which are shared in common with adjoining landowners who use or have a responsibility to maintain the feature.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Any lawsuits against the SELLER threatening, or affecting, this real property.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Any Home Owners Association (HOA) which has authority over the real property..... Association contact person: _____ Phone _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Are Home Owner's Association (HOA) dues/fees assessed against the property..... Dues: \$ _____ per _____; Transfer/Initiation Fee: \$ _____ *Please explain in Comments/Explanation below what is covered /included by the HOA dues and fees.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas Co-owned in individual interest with others).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Any problems related to any common area.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please comment and include any/all reports: _____

SECTION H – OTHER DISCLOSURES: FOR QUESTIONS CONCERNING ZONING OF ANY ADJACENT PROPERTY, CONTACT THE LAWRENCE/DOUGLAS COUNTY PLANNING DEPARTMENT AT 832-3150, OR THE LOCAL CITY/COUNTY ZONING DEPARTMENT IF THIS PROPERTY IS LOCATED OUTSIDE OF DOUGLAS COUNTY. Lawrence/Douglas County Planning info at: <http://www.lawrenceks.org/pds/>

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
1. Current zoning is <u>Agricultural and Homestead</u>			
2. Is any portion of the property in a flood plain.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, is flood insurance required.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, is there a certificate of elevation.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the real property in a Wetlands area.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there any flooding, drainage, or grading problems.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Any room additions, structural modifications, or other alterations without: Necessary permits.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Licensed contractors.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are any trees or shrubs diseased or dead.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is there located on the real property any of the following, active or inactive: a. Septic System.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lagoon.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Well.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Cistern.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is this a rental property.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you aware of any environmental conditions or incidents on, at, or over the real property that could possibly lead to a lawsuit or liability under any law, rule, ordinance, or other legal theory.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please comment and include any/all reports: Guest house is periodically rented as a short term rental on Airbnb.
 Vacation rental license from Douglas county for property has been granted and is valid through 2/15/2029

SECTION I – MAINTENANCE: Insert the most recent year in which the following occurred.

	<u>Date</u>	<u>Unknown</u>		<u>Date</u>	<u>Unknown</u>
1. Serviced Air Conditioner.....	<u>June 24</u>	<input type="checkbox"/>	4. Serviced/Cleaned Septic System.....	<u>N/A</u>	<input type="checkbox"/>
2. Serviced Furnace.....	<u>Nov '24</u>	<input type="checkbox"/>	5. Serviced/Cleaned Main Plumbing Waste Lines..	<u>N/A</u>	<input type="checkbox"/>
3. Cleaned/Serviced Fireplace Chimney/Woodstove flue... Nov 24'	<input type="checkbox"/>	<input type="checkbox"/>	6. Checked Sprinkler System Back-Flow Valve....	<u>N/A</u>	<input type="checkbox"/>
			7. Sprinkler System Winterized.....	<u>Nov '24</u>	<input type="checkbox"/>
Other Routine/Recurring Maintenance:			HVAC system is serviced by Advantage Heating and Cooling twice/yr		<input type="checkbox"/>

Comments/Explanations from Section I: Chimney and fireplace inspected annually by Swims and Sweeps

SELLER initial/Date JRP 01/24/2025
 SELLER initial/Date DMP 01/24/2025



BUYER initial/Date _____
 BUYER initial/Date _____

SECTION J – PERSONAL PROPERTY: ANY PERSONAL PROPERTY INCLUDED IN THE SALE OF THIS PROPERTY SHOULD BE ITEMIZED IN THE SALES CONTRACT AS NEGOTIATED BETWEEN SELLER AND BUYER.

1. ITEMS THAT REMAIN WITH PROPERTY:

The guest house is being offered fully furnished, with all items in the guest house staying with the property.

2. ITEMS RESERVED BY SELLER:

SECTION K – ADDITIONAL INFORMATION:

1. ANY OTHER FACTS OR INFORMATION RELATING TO THIS PROPERTY THAT WOULD BE OF INTEREST TO A BUYER:

See Attachment

2. ARE YOU AWARE OF ANY ADDITIONAL DEFECTS PRIOR TO YOUR OWNERSHIP?

No, this house was designed by the previous seller and custom built by Mark Engleman Builders. The architect was Janet Smalter.

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 further agrees to notify BUYER of any additional items which may become known to the SELLER prior to recording of the Deed. 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.

I have not occupied this property in the past _____ years of my ownership. Therefore, there are conditions of this property with which I am not familiar, however I have completed this disclosure as fully as possible.

John Robert Perkins

Print SELLER NAME and Title (if Applicable)

John Robert Perkins

SELLER'S Signature Date

Dena Marie Perkins

Print SELLER NAME and Title (if Applicable)

Dena Marie Perkins

SELLER'S Signature Date

SELLER initial/Date JRP 01/24/2025

SELLER initial/Date DMP 01/24/2025



BUYER initial/Date _____

BUYER initial/Date _____

BUYER'S RECEIPT OF DISCLOSURE STATEMENT

BUYER acknowledges that this disclosure does not constitute a warranty. The BUYER is urged to carefully inspect the property and to have the property inspected by a qualified inspector. The BUYER understands that there are areas of the property of which the SELLER has no knowledge, and this disclosure statement does not encompass those areas. The BUYER also acknowledges that he has read and received a signed copy of this statement from the SELLER or SELLER'S Agent. The BUYER acknowledges any personal property not included in the sales contract remains the property of the SELLER.

BUYER'S RIGHT TO PROFESSIONAL COUNSEL: BUYER acknowledges and agrees that the purchase of real property encompasses many professional disciplines, and while Broker possesses considerable general knowledge, Broker is not expert in matters of law, tax, financing, surveying, structural conditions, hazardous material, engineering, etc. BUYER acknowledges that BUYER has been advised by Broker to seek professional expert assistance and advice in those and other areas of professional expertise. In the event that Broker provides to BUYER names or sources for such advice and assistance, BUYER acknowledges and agrees that Broker does not warrant or guarantee such services and/or products.

BUYER herein understands that outside legal and tax counsel is recommended. Comprehensive mechanical, structural and other inspections are recommended. If, at BUYER'S option and choice, BUYER decides not to conduct inspections or obtain tax and legal counsel before closing, then BUYER accepts the Property in its present condition and will make no claim against SELLER, Brokers, or agents, based upon the lack of tax or legal counsel or based on any known or unknown past, current, or future condition of the above property and/or its improvements including but not limited to latent or patent defects, repairs, or replacements.

BUYER is advised that school boundaries are subject to change.

BUYER is advised that Kansas law requires persons who are convicted of certain sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. BUYER is advised that information regarding those registrants may be available through the Kansas Bureau of Investigation (home page address: <http://www.kansas.gov/kbi/> or by contacting the local sheriff's office.

BUYER is advised that fungal contaminants (molds, etc.) may exist in the Property of which the Seller is unaware. These contaminants generally grow in places where there is excessive moisture, such as where leakage may have occurred in roofs, pipes, walls, plant pots, or where there has been flooding. A professional home inspection may not disclose fungal contaminants. BUYER may wish to obtain an inspection specifically for fungal contaminants to more fully determine the condition of the Property and its environmental status. Companies may be found in the Yellow Pages under "Environmental and Ecological Consultants," or "Environmental and Ecological Equipment and Services." Additional information about mold/fungal contaminants may be found at the following Internet Web Site: <http://www.cdc.gov/mold/faqs.htm>.

RADON: Every buyer of residential real property is notified that the property may present exposure to dangerous concentrations of indoor radon gas that may place occupants at risk of developing radon-induced lung cancer. Radon, a class-A human carcinogen, is the leading cause of lung cancer in non-smokers and the second leading cause overall. Kansas law requires sellers to disclose any information known to the seller that shows elevated concentrations of radon gas in residential real property. The Kansas Department of Health and Environment recommends all homebuyers have an indoor radon test performed prior to purchasing or taking occupancy of residential real property. All testing for radon should be conducted by a radon measurement technician. Elevated radon concentrations can be easily reduced by a radon mitigation technician. For additional information go to <http://www.kansasradonprogram.org>. BUYER acknowledges that SELLER does not warrant code compliance.

Print BUYER NAME and Title (if Applicable)

BUYER Signature Date

Print BUYER NAME and Title (if Applicable)

BUYER Signature Date

SELLER initial/Date JRP 01/24/2025

SELLER initial/Date DMP 01/24/2025



BUYER initial/Date _____

BUYER initial/Date _____

Additional Comments for Guest House Disclosure:

(for all other property details please see Main House Disclosure Attachment)

Section A - Appliances

- Matching Bosch refrigerator, 5-burner gas range, and dishwasher
- Free-standing microwave sits within a built-in nook
- Exterior grill is free-standing Char-Broil with direct connection to the house

Section B - Electrical Systems

- Automatic lights along stairs to the basement (dusk to dawn)
- Flood lights on North side (toward pool)
- Custom fixtures throughout
- WiFi: service is provided by Starlink.
- Exterior security cameras - see main house disclosure for details

Section C - Heating and Cooling Systems

- Heating and Cooling zones: #1 bedrooms, (2) bathrooms and laundry room (control in master bedroom), #2 front area including kitchen, living room, mudroom, front ½ bath (control in living room)
- All fans have remotes
- Wood-stove fireplace has a switch knob to regulate heat output once it reaches a certain temperature (blower)

Section D - Water Systems

- Bidets in master and hallway bathrooms
- Hall bath feature extra-large soaking tub
- Large utility sink located in laundry room
- Ceramic Kohler farm sink in the kitchen with garbage disposal
- Reverse osmosis system installed with dedicated faucet by the sink
- Master shower features the possibility of (2) shower heads - tile recently remodeled by previous owner
- Luxury water features throughout

Section F - Hazardous Conditions

- Radon is not a concern due to the guest house being on a slab
- Main House has radon mitigation system installed

Section K - Additional Information

- All interior and exterior doors are solid wood and ADA accessible
- Marble floors throughout living room, kitchen, and hall
- Tile floors in bedrooms, bathrooms and laundry room
- Large walk-in kitchen pantry
- Custom solid wood cabinetry throughout
- Professional landscaping along exterior of the home originally put in by Low Maintenance Landscaping INC
- Mature apple trees in the backyard - 200+ pounds of apples in fall 2024

- 2 skylight domes installed in the roof over master and hallway bathrooms, but do not have the internal tubes
- House binder with home information (paint codes, appliance information, etc) available in main house laundry room pantry
- 2 car garage has water faucet, extra storage space, and door to the backyard
- Kitchen and master have double-door walkout access to the backyard sidewalk
- Storm doors installed on door from living room to driveway and from garage to backyard
- Main area windows have been treated with UV protection window film