



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

2523 E Highway 32 Salem MO 65560 Dent
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

- (1) Age 2023 (2) Shape Round (3) Size (length x width) 30Ft round
- (4) Depth 4ft (5) Volume (gallons)
- (6) Type Above ground (please check type) Vinyl liner Other
 In ground (please check type) Concrete Stainless Gunite Fiberglass Vinyl liner
 Other
- (7) Pool Builder
- (8) Type of chemical sanitizer Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater
 Other
- (9) Cover Yes No If "Yes", is it Automatic Manual
- (10) Pool service provider Last serviced (date)
- (11) Last opened by Last closed by
- (12) Age of heater Heating source
- (13) Age of pump 2022
- (14) Age of filter 2022 Type of filter Sand DE Other
- (15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above?
Please explain if "Yes" and attach additional pages if needed: No

HOT TUB: (Indicate if any information is approximate)

- (1) Age (2) Volume (gallons) (3) Manufacturer
- (4) Construction (e.g., fiberglass, plastic, cement)
- (5) Type of chemical sanitizer? Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater
 Other
- (6) Spa service provider Last serviced (date)
- (7) Age of heater Heat source
- (8) Age of pump (9) Age of filter (10) Number of jets
- (11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above? Yes No
Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS

(date)

SELLER'S INITIALS

(date)

04/29/25 04/29/25
9:39 AM EDT 8:33 AM CDT 04/29/2025
dotloop verified dotloop verified

Approved by legal counsel for use exclusively by current members of Missouri REALTORS®, Columbia, Missouri. No warranty is made or implied as to the legal validity or adequacy of this Rider, or that it complies in every respect with the law or that its use is appropriate for all situations. Local law, customs and practice, and differing circumstances in each transaction, may each dictate that amendments to this Rider be made.
Last Revised 12/31/18 ©2018 Missouri REALTORS®