



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"):

3014 County Road 2330 Street Address Salem City MO 65560 Zip Code Dent County 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 1 yr (2) Shape round (3) Size (length x width) 24' round

(4) Depth 54" (5) Volume (gallons) 13,000 - 15,000

(6) Type Above ground (please check type) Vinyl liner Other In ground (please check type) Concrete Stainless Gunitite 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 none

(13) Age of pump 1 yr

(14) Age of filter 1 yr 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)

none

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:

none

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:

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)

10/19/25 4:45 PM CDT dotloop verified 10/19/25 5:18 PM CDT dotloop verified

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