



NEBRASKA REAL ESTATE COMMISSION SELLER PROPERTY CONDITION DISCLOSURE STATEMENT Residential Real Property

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. §76-2,120).

How long has the seller owned the property? 23 year(s)
 Is seller currently occupying the property? YES NO If yes, how long has the seller occupied the property? _____ year(s) If no, has the seller ever occupied the property? YES NO If yes, when? From 1999 (year) to 2020 (year)

This disclosure statement concerns the real property located at 2118 Clay St.
 in the city of Ashland, County of Squandera, State of Nebraska and legally described as:

This statement is a disclosure of the condition of the real property known by the seller on the date on which this statement is signed. This statement is **NOT** a warranty of any kind by the seller or any agent representing a principal in the transaction, and *should NOT be accepted as a substitute for any inspection or warranty that the purchaser may wish to obtain.* Even though the information provided in this statement is NOT a warranty, the purchaser may rely on the information contained herein in deciding whether and on what terms to purchase the real property. Any agent representing a principal in the transaction may provide a copy of this statement to any other person in connection with any actual or possible sale of the real property. The information provided in this statement is the representation of the seller and NOT the representation of any agent, and is NOT intended to be part of any contract between the seller and purchaser.

Seller please note: you are required to complete this disclosure statement IN FULL. If any particular item or matter does not apply and there is no provision or space for indicating, insert "N/A" in the appropriate box. If age of items is unknown, write "UNK" on the blank provided. If the property has more than one item as listed below please put the numbered in the appropriate box. For example – if the home has three room air conditioners, one working, one not working, and one not included, put a "1" in each of the "Working", "Not Working", and "None/Not Included" boxes for that item, and a "3" on the line provided next to the item description to indicate total number of item. You may also provide additional explanation of any item in the comments section in PART III.

SELLER STATES THAT, TO THE BEST OF THE SELLER'S KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I – If there is more than one of any item in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section in PART III of this disclosure statement, or number separately as provided in the instructions above. If an item in this Part is not on the property, or will not be included in the sale, check only the "None/Not included" column for that item.

| Section A - Appliances | Working | Not Working | Do Not Know If Working | None / Not Included |
|---|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Refrigerator | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clothes Dryer | <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. Garbage Disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Freezer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Oven | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Range | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Cooktop | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Microwave oven | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Built-in vacuum system and equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Range ventilation systems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Gas grill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Room air conditioner (_____ number) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. TV antenna / Satellite dish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Trash compactor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Section B - Electrical Systems | Working | Not Working | Do Not Know If Working | None / Not Included |
|--|---|--------------------------|--------------------------|-------------------------------------|
| 1. Electrical service panel capacity AMP Capacity (if known) _____ <input type="checkbox"/> fuse <input type="checkbox"/> circuit breakers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ceiling fan(s) (<u>2</u> number) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Garage door opener(s) (_____ number) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Garage door remote(s) (_____ number) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Garage door keypad(s) (_____ number) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Telephone wiring and jacks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Cable TV wiring and jacks | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Intercom or sound system wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Built-in speakers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Smoke detectors (<u>4</u> number) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Fire alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Carbon Monoxide Alarm (<u>2</u> number) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Room ventilation/exhaust fan (_____ number) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. 220 volt service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Security System <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Central station monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have you experienced any problems with the electrical system or its components? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | If YES, explain the condition in the comments section in PART III of this disclosure statement. | | | |

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| Section C - Heating and Cooling Systems | Working | Not Working | Do Not Know If Working | None / Not Included |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Air purifier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Attic fan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Whole house fan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Central air conditioning 20 25 year installed (if known) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Heating system year installed (if known) <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other (specify 2025) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fireplace / Fireplace Insert | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Gas log (fireplace) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Gas starter (fireplace) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Heat pump year installed (if known) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Humidifier | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Propane Tank year installed (if known) <input type="checkbox"/> Rent <input type="checkbox"/> Own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Wood-burning stove year installed (if known) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Section D - Water Systems | Working | Not Working | Do Not Know If Working | None / Not Included |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1. Hot tub / whirlpool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Plumbing (water supply) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Swimming pool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. a. Underground sprinkler system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Back-flow prevention system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Water heater year installed (if known) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Water purifier year installed (if known) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Water softener <input type="checkbox"/> Rent <input type="checkbox"/> Own | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Well system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Section E - Sewer Systems | Working | Not Working | Do Not Know If Working | None / Not Included |
| 1. Plumbing (water drainage) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sump pump (discharges to _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Septic System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART II - In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in PART III of this disclosure statement.

Section A. Structural Conditions - If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the comment section in PART III of this disclosure statement.

| Section A - Structural Conditions | YES | NO | Do Not Know |
|--|--------------------------|-------------------------------------|-------------------------------------|
| 1. Age of roof (if known) 24 year(s) | N / A | N / A | <input type="checkbox"/> |
| 2. Does the roof leak? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the roof leaked? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there presently damage to the roof? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been water intrusion in the basement or crawl space? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are there any structural problems with the structures on the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there presently damage to the chimney? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there any windows which presently leak, or do any insulated windows have any broken seals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Section A - Structural Conditions | YES | NO | Do Not Know |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 10. Year property was built _____ (if known) | N / A | N / A | <input checked="" type="checkbox"/> |
| 11. Has the property experienced any moving or settling of the following: | ----- | ----- | ----- |
| - Foundation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| - Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| - Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| - Sidewalk | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| - Patio | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| - Driveway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| - Retaining wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Any room additions or structural changes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section B. Environmental Conditions - Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

| Section B - Environmental Conditions | YES | NO | Do Not Know |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Landfill or buried materials | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Lead-based paint | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Radon gas | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Toxic materials | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Section B - Environmental Conditions | YES | NO | Do Not Know |
|--|--------------------------|-------------------------------------|-------------------------------------|
| 7. Underground fuel, chemical or other type of storage tank? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law (N.A.C. Title 25, Ch. 10), on the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Section C. Title Conditions - Do any of the following conditions exist with regard to the real property?

| Section C - Title Conditions | YES | NO | Do Not Know |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1. Any features, such as walls, fences and driveways which are shared? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Any easements, other than normal utility easements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Any encroachments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Any lot-line disputes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been notified, or are you aware of, any work planned or to be performed by a utility or municipality close to the real property including, but not limited to sidewalks, streets, sewers, water, power, or gas lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Any planned road or street expansions, improvements, or widening adjacent to the real property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Any condominium, homeowners', or other type of association which has any authority over the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Any private transfer fee obligation upon sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Section C - Title Conditions | YES | NO | Do Not Know |
|---|--------------------------|-------------------------------------|--------------------------|
| 10. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there a common wall or walls? b. Is there a party wall agreement? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Any lawsuits regarding this property during the ownership of the seller? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Any notices from any governmental or quasi-governmental agency affecting the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Any deed restrictions or other restrictions of record affecting the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Any unsatisfied judgments against the seller? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Any dispute regarding a right of access to the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Any other title conditions which might affect the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section D. Other Conditions - Do any of the following conditions exist with regard to the real property?

| Section D - Other Conditions | YES | NO | Do Not Know |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. a. Are the dwelling(s) and the improvements connected to a public water system? b. Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. a. Are the dwelling(s) and the improvements connected to a private, community (non-public), or Sanitary Improvement District (SID) water system? b. Is the system operational? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. If the dwelling(s) and the improvements are connected to a private, community (non-public) or SID water system is there adequate water supply for regular household use (i.e. showers, laundry, etc.)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. a. Are the dwelling(s) and the improvements connected to a public sewer system? b. Is the system operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a. Are the dwelling(s) and the improvements connected to a community (non-public) or SID sewer system? b. Is the system operational? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. a. Are the dwelling(s) and the improvements connected to a septic system? b. Is the system operational? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Has the main sewer line from the house ever backed up or exhibited slow drainage? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Section D - Other Conditions | YES | NO | Do Not Know |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 8. a. Is the real property in a flood plain? b. Is the real property in a floodway? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Is trash removal service provided to the real property? If so, are the trash services <input type="checkbox"/> public <input checked="" type="checkbox"/> private | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have the structures been mitigated for radon? If yes, when? ___/___/___ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the property connected to a natural gas system? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has a pet lived on the property? Type(s) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Are there any diseased or dead trees, or shrubs on the real property? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Are there any flooding, drainage, or grading problems in connection to the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. a. Have you made any insurance or manufacturer claims with regard to the real property? b. Were all repairs related to the above claims completed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you aware of any problem with the exterior wall-covering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section E. Cleaning / Servicing Conditions - Have you ever performed or had performed the following? (State most recent year performed)

| Section E - Cleaning / Servicing Conditions | YEAR | YES | NO | Do Not Know | None / Not Included |
|---|------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1. Servicing of air conditioner | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Cleaning of fireplace, including chimney | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Servicing of furnace | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Professional inspection of furnace A/C (HVAC) System | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Servicing of septic system | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| Section E - Cleaning / Servicing Conditions | YEAR | YES | NO | Do Not Know | None / Not Included |
|--|------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 6. Cleaning of wood-burning stove, including chimney | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Treatment for wood-destroying insects or rodents | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Tested well water | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Serviced / treated well water | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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