



**United Country Timberline Inc**  
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**SPD19 Seller's Property Disclosure (Residential)**  
**Adoption Date: August 5, 2025**  
**Mandatory Use Date: January 1, 2026**

**THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.**

**SELLER'S PROPERTY DISCLOSURE  
(RESIDENTIAL)**

**THIS SELLER'S PROPERTY DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.**

Seller states that the information contained in this Seller's Property Disclosure ("SPD") is correct to **Seller's CURRENT ACTUAL KNOWLEDGE** as of the date signed by Seller. If the Contract to Buy and Sell (Contract) requires Seller to complete this SPD, this form must be fully completed to **Seller's CURRENT ACTUAL KNOWLEDGE** as of the date of the Seller's Property Disclosure Deadline in the Contract. **Any changes to the disclosures herein must be disclosed by Seller to Buyer promptly after discovery. In the event Seller discovers a new adverse material fact after completing this SPD, Seller must disclose in writing any such new adverse material fact to Buyer. Seller's failure to disclose a known adverse material fact** affecting the Property or occupant **may result in legal liability.** If Seller has knowledge of an adverse material fact affecting the Property or occupants, it must be disclosed whether there is a specific item on this SPD or not. If the Property is part of a Common Interest Community, this SPD is limited to the Property or unit itself, except as stated in Section P.

Broker is authorized to deliver a copy of this SPD to prospective buyers.

Seller and Buyer understand that this SPD is not a warranty or guarantee of any kind by the Seller or by any Broker or Agent representing the Seller. Property inspection services may be purchased and are advisable. This SPD is **not** intended as a substitute for an inspection of the Property. **Buyers are encouraged to obtain their own professional inspection(s).**

**SELLER:** Your answers are NOT limited to only the space provided in this SPD. Attach additional pages, reports, receipts, or any other documents you believe necessary for the information you provide to be complete.

Date SPD completed by Seller: **5/23/2026**

Property:

**405 Moondance WAY, Bellvue, CO 80512**

Seller: **Kristian Lehr Stauffer**

Year Built: **2023**

Year Seller Acquired Property: **2019**

Seller  is  is not currently occupying the Property.

If Seller is not currently occupying the property, date Seller last occupied the Property:

During any period when Seller has not occupied the Property, the Property was  vacant  occupied by someone other than Seller.

**I. IMPROVEMENTS**

NOTE: The Contract, not this SPD, determines whether an item is included or excluded in the sale. If there is an inconsistency between this SPD and the Contract, the Contract controls.

A.	<b>BUILDING CONDITIONS</b> (all aspects of the Property to include decks and patios) If you know of any of the following problems <b>EVER EXISTING</b> , check the "Yes" column:	Yes	Comments
1	Structural problems with improvements	<input type="checkbox"/>	
2	Structural supports or reinforcements added	<input type="checkbox"/>	
3	Moisture and/or water, including but not limited to, leakage/seepage in the basement/crawlspace	<input type="checkbox"/>	
4	Damage due to termites, other insects, birds, animals, or rodents	<input type="checkbox"/>	
5	Damage due to hail, wind, fire, flood, or other casualty	<input type="checkbox"/>	
6	Any settling, movement, cracking, heaving or breakage of the following:	<input type="checkbox"/>	
	a. Foundations	<input type="checkbox"/>	
	b. Floors	<input checked="" type="checkbox"/>	there are a few cracks by the front door.. house as concrete flooring

	c. Interior Walls	<input type="checkbox"/>	
	d. Exterior Walls	<input type="checkbox"/>	
	e. Driveways	<input type="checkbox"/>	
	f. Sidewalks	<input type="checkbox"/>	
	g. Patios	<input type="checkbox"/>	
	h. Retaining Walls	<input type="checkbox"/>	
	i. Other:	<input type="checkbox"/>	
7	Window leaks	<input type="checkbox"/>	
8	Exterior Artificial Stucco (EIFS)	<input type="checkbox"/>	
9	Subfloors	<input type="checkbox"/>	
10		<input type="checkbox"/>	

<b>B.</b>	<b>ROOF – General Information</b> Do you know of the following on the Property: If yes, provide the requested information in Comments	<b>Yes</b>	<b>Comments</b>
1	Indicate age of roof in Comments	<input type="checkbox"/>	three years old 2023
2	Indicate roof material in Comments	<input type="checkbox"/>	shingles
3	Roof is under warranty	<input type="checkbox"/>	
	a. Date of warranty expiration	<input type="checkbox"/>	
	b. Warranty is transferable	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
4	Roof work done while under current roof warranty	<input type="checkbox"/>	
	a. Date work completed	<input type="checkbox"/>	April of 2023
5		<input type="checkbox"/>	
	<b>ROOF – If you know of any of the following problems <b>EVER EXISTING</b>, check the "Yes" column:</b>	<b>Yes</b>	<b>Comments</b>
6	Roof leak	<input type="checkbox"/>	
7	Damage to roof	<input type="checkbox"/>	
8	Damage to skylight	<input type="checkbox"/>	
9	Damage to gutter or downspout	<input type="checkbox"/>	
10	Other roof problems, issues or concerns	<input type="checkbox"/>	
11		<input type="checkbox"/>	

<b>C.</b>	<b>APPLIANCES (if included in the sale)</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:	<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>
1	Built-in vacuum system & accessories	<input type="checkbox"/>		
2	Clothes dryer	<input type="checkbox"/>		<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric
3	Clothes washer	<input type="checkbox"/>		
4	Dishwasher	<input type="checkbox"/>		
5	Disposal	<input type="checkbox"/>		
6	Freezer	<input type="checkbox"/>		
7	Gas grill	<input type="checkbox"/>		
8	Range ventilation system	<input type="checkbox"/>		
9	Microwave oven	<input type="checkbox"/>		<input type="checkbox"/> Free standing <input checked="" type="checkbox"/> Built in

10	Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Single <input type="checkbox"/> Double
11	Range/Stove	<input type="checkbox"/>	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-In
12	Refrigerator	<input type="checkbox"/>	
13	T.V. antenna:	<input type="checkbox"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
14	Satellite system or DSS dish:	<input type="checkbox"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
15	Trash compactor	<input type="checkbox"/>	
16		<input type="checkbox"/>	

<b>D. ELECTRICAL &amp; TELECOMMUNICATIONS – General Information</b>				
Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Age, if known	Comments
1	220 Volt service	<input type="checkbox"/>		april 2023
2	Electrical Service: Amps	<input type="checkbox"/>		
3	Landscape lighting	<input type="checkbox"/>		
4	Electric provider – provide name in Comments	<input type="checkbox"/>		poudre Valley REA
5	Cable/TV provider – provide name in Comments	<input type="checkbox"/>		i use Starlink
6	Internet provider – provide name in Comments	<input type="checkbox"/>		
7	Solar panels	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
	a. Output	<input type="checkbox"/>		
8	Wind generators	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
9	Security system	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
10	Doorbell	<input type="checkbox"/>		<input checked="" type="checkbox"/> Wired <input type="checkbox"/> Wireless <input type="checkbox"/> Smart
11	Smoke/fire detector(s)	<input type="checkbox"/>		<input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwire
12	Carbon monoxide alarm(s)	<input type="checkbox"/>		<input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwire
13	Internet wiring	<input type="checkbox"/>		<input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> Satellite <input type="checkbox"/> Fiber <input type="checkbox"/> Other:
14	Built in sound system	<input type="checkbox"/>		<input type="checkbox"/> Speakers - Built In <input checked="" type="checkbox"/> Wiring - Built In <input type="checkbox"/> Speakers - Wireless
15		<input type="checkbox"/>		
<b>ELECTRICAL &amp; TELECOMMUNICATIONS</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:		Yes	Age, if known	Comments
16	Security system	<input type="checkbox"/>		
17	Smoke/fire detector(s)	<input type="checkbox"/>		
18	Carbon monoxide alarm	<input type="checkbox"/>		
19	Light fixtures	<input type="checkbox"/>		
20	Switches & outlets	<input type="checkbox"/>		
21	Internet wiring	<input type="checkbox"/>		
22	Inside telephone wiring & blocks/jacks	<input type="checkbox"/>		
23	Cable TV wiring & jacks	<input type="checkbox"/>		
24	Ceiling fans	<input type="checkbox"/>		

25	Bathroom vent fan(s)	<input type="checkbox"/>		
26	Garage door opener & remote control # of remote/openers:	<input type="checkbox"/>		
27	Garage door keyless entry	<input type="checkbox"/>		
28	Built in intercom system	<input type="checkbox"/>		
29	Doorbell	<input type="checkbox"/>		
30	Built in sound system	<input type="checkbox"/>		
31		<input type="checkbox"/>		
<b>ELECTRICAL &amp; TELECOMMUNICATIONS</b> If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column:		<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>
32	Electrical Service	<input type="checkbox"/>		
33	Aluminum wiring at the outlets (110)	<input type="checkbox"/>		
34	Solar panels	<input type="checkbox"/>		
35	Wind generators	<input type="checkbox"/>		
36	Electric wiring or panel	<input type="checkbox"/>		
37		<input type="checkbox"/>		

<b>E.</b>	<b>MECHANICAL</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:	<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>
1	Overhead doors (including garage doors)	<input type="checkbox"/>		
2	Entry gate system	<input type="checkbox"/>		
3	Elevator	<input type="checkbox"/>		
4	Sump pump(s): # of	<input type="checkbox"/>		
5	Recycle pump	<input type="checkbox"/>		
6		<input type="checkbox"/>		

<b>F.</b>	<b>VENTILATION, AIR &amp; HEAT – General Information</b> Do you know of the following on the Property: If yes, provide the requested information in Comments	<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>
1	Furnace	<input type="checkbox"/>		
	a. Furnace Type	<input type="checkbox"/>		<input 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"/> Other (specify):
	b. Number of Units	<input type="checkbox"/>		
	c. Zoned	<input checked="" type="checkbox"/>		Location of zone 1: <a href="#">main floor</a> Location of zone 2: <a href="#">Primary bedroom</a> Location of zone 3: <a href="#">basement</a>
2	Heating system (other than furnace)	<input type="checkbox"/>		
	a. Type/Fuel	<input type="checkbox"/>		
3	Fireplace	<input checked="" type="checkbox"/>		
	a. Type	<input type="checkbox"/>		<input type="checkbox"/> Masonry <input type="checkbox"/> Insert <input type="checkbox"/> Wood Burning <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (specify):
	b. Fireplace starter	<input type="checkbox"/>		<input type="checkbox"/> Switch <input type="checkbox"/> Remote
4	Free Standing Heating Stove	<input type="checkbox"/>		
	a. Fuel Source	<input type="checkbox"/>		<input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Corn <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify):

5	Date fireplace/wood stove, chimney/flue last cleaned:	<input type="checkbox"/>	<input checked="" type="checkbox"/> Do not know
6	Fuel tanks If leased, provide the name and contact information of entity leased from in Comments	<input type="checkbox"/>	<input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased saburban propain
7	Radiant heating system:	<input type="checkbox"/>	<input checked="" type="checkbox"/> Interior <input type="checkbox"/> Exterior
	a. Interior Type	<input type="checkbox"/>	
	b. Exterior Type	<input type="checkbox"/>	
8	Air Conditioning	<input type="checkbox"/>	
	a. Type	<input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Central Air <input type="checkbox"/> Other (specify): minisplit in primary
	b. Number of Units	<input type="checkbox"/>	
	c. Zoned	<input type="checkbox"/>	Location of zone 1: Location of zone 2: Location of zone 3:

<b>VENTILATION, AIR &amp; HEAT</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:		Yes	Age, if known	Comments
9	Furnace	<input type="checkbox"/>		
10	Heating System (other than Furnace)	<input type="checkbox"/>		
11	Heat Pump	<input type="checkbox"/>		
12	Evaporative cooler	<input type="checkbox"/>		
13	Window air conditioning units	<input type="checkbox"/>		
14	Central air conditioning	<input type="checkbox"/>		
15	Attic ventilation system (attic only)	<input type="checkbox"/>		
16	Whole house fan	<input type="checkbox"/>		
17	Vent fans	<input type="checkbox"/>		
18	Humidifier	<input type="checkbox"/>		
19	Air purifier	<input type="checkbox"/>		
20	Fireplace	<input type="checkbox"/>		
21	Fireplace insert	<input type="checkbox"/>		
22	Fireplace starter	<input type="checkbox"/>		
23	Heating Stove	<input type="checkbox"/>		
24	Fuel tanks	<input type="checkbox"/>		
25		<input type="checkbox"/>		

<b>G. WATER – General Information:</b> Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Age, if known	Comments
1	Water heater	<input checked="" type="checkbox"/>	3 yr	
	a. Number of Water Heaters	<input type="checkbox"/>		one water heater
	b. Fuel Type	<input type="checkbox"/>		propane
	c. Capacity	<input type="checkbox"/>		
2	Water filter system	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
3	Water softener	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:

4	Indicate location of master water shutoff in Comments	<input type="checkbox"/>		in the basement back bed room
5	Type of well:	<input type="checkbox"/>		
	a. Exempt well (outside designated groundwater basin)	<input type="checkbox"/>		<input type="checkbox"/> Household use only inside a single-family dwelling (typically less than 35 acres; no outdoor uses) Permit no: <input type="checkbox"/> Domestic use (typically 35+ acres; indoor household use in up to 3 dwellings on the parcel, outdoor watering of personal livestock, irrigation of up to 1 acre) Permit no: <input type="checkbox"/> Livestock (on farm/range/pasture) Permit no: <input type="checkbox"/> Other (please explain): _____ Permit #: _____
	b. Small capacity well (inside designated groundwater basin)	<input type="checkbox"/>		<input type="checkbox"/> Domestic use (indoor household use in up to 3 dwellings on the parcel; watering of personal livestock, limited irrigation area, no more than 1 acre-foot per year) Permit no: <input type="checkbox"/> Other (please explain): _____ Permit #: _____
6	Well metered	<input type="checkbox"/>		
7	Well Pump	<input type="checkbox"/>		
	a. Brand name pump number	<input type="checkbox"/>		
	b. Date installed	<input type="checkbox"/>		
	c. Date of last inspection	<input type="checkbox"/>		
	d. Date of last service	<input type="checkbox"/>		
	e. Depth	<input type="checkbox"/>		
	f. GPM and date last measured	<input type="checkbox"/>		
8	Galvanized pipe	<input type="checkbox"/>		
9	Polybutylene pipe	<input type="checkbox"/>		
10	Cistern water storage	<input type="checkbox"/>		
	a. Number of gallons	<input type="checkbox"/>		
11	Supplemental water purchased in past 2 years	<input type="checkbox"/>		
	a. Name and contact information of entity from which supplemental water was purchased	<input type="checkbox"/>		
12		<input type="checkbox"/>		
	<b>WATER</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:	<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>
13	Water heater(s)	<input type="checkbox"/>		
14	Water filter system	<input type="checkbox"/>		
15	Water softener	<input type="checkbox"/>		
16	Water system pump	<input type="checkbox"/>		
17	Sauna	<input type="checkbox"/>		
18	Hot tub or spa	<input type="checkbox"/>		
19	Steam room/shower	<input type="checkbox"/>		
20	Underground sprinkler system	<input type="checkbox"/>		
21	Fire sprinkler system	<input type="checkbox"/>		
22	Backflow prevention device	<input type="checkbox"/>		
23	Irrigation pump	<input type="checkbox"/>		
24		<input type="checkbox"/>		
	<b>WATER</b> If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column:	<b>Yes</b>	<b>Age, if known</b>	<b>Comments</b>

25	Leaks, backups, or similar problems with any portion of the water or plumbing systems (including lines and water pressure) or damage therefrom	<input type="checkbox"/>	
26	Well	<input checked="" type="checkbox"/>	after the 2020 fire power was cut off till new house rebuild
27	Pool	<input type="checkbox"/>	
28	Irrigation system	<input type="checkbox"/>	
29	Water has been tested for potability	<input checked="" type="checkbox"/>	water tested high in copper that's why water softener was added
	a. Indicate result of test in comments and provide the most recent records and reports pertaining to such testing	<input type="checkbox"/>	
30		<input type="checkbox"/>	

**H. SOURCE OF WATER & WATER SUPPLY**  
Provide the following information regarding the Property:

1 Type of water supply:  Public  Community  Well  Shared Well  Other  None  
If the Property is served by a Well, a copy of the Well Permit  Is  Is Not provided. Well Permit #: \_\_\_\_\_  
Drilling Records  Are  Are Not provided. Shared Well Agreement  Yes  No.

The Water Provider for the Property can be contacted at:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Web Site: \_\_\_\_\_ Phone No.: \_\_\_\_\_

There is neither a Well nor a Water Provider for the Property. The source of potable water for the Property is [describe source]: \_\_\_\_\_

**SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. YOU MAY WISH TO CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.**

<b>I. SEWER/SEPTIC – General Information:</b> Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Comments
1	Public sanitary sewer service	<input type="checkbox"/>	
	a. Name and contact information of public sanitary sewer service provider	<input type="checkbox"/>	
	b. Date the sewer line was last scoped	<input type="checkbox"/>	
2	Community sanitary sewer service	<input type="checkbox"/>	
	a. Name and contact information of community sanitary sewer service provider:	<input type="checkbox"/>	
	b. Date the sewer line was last scoped	<input type="checkbox"/>	
3	Septic System	<input checked="" type="checkbox"/>	
	a. Type	<input type="checkbox"/> Tank <input type="checkbox"/> Leach <input checked="" type="checkbox"/> Lagoon <input type="checkbox"/>	
	b. Date of issuance of latest Individual Use Permit	<input type="checkbox"/>	
	c. Date of latest inspection	<input type="checkbox"/>	
	d. Date of latest pumping	<input checked="" type="checkbox"/>	2024
	e. System is under a maintenance agreement (pumped/inspected on a regular basis)	<input type="checkbox"/>	<input type="checkbox"/> Maintenance agreement is mandated. Name and contact information of entity that mandates the maintenance agreement:  <input type="checkbox"/> Maintenance agreement is not mandated
4	Other sanitary sewer service	<input type="checkbox"/>	Type: _____
5	Gray water storage/use	<input type="checkbox"/>	
6		<input type="checkbox"/>	
<b>SEWER/SEPTIC</b> If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column:		Yes	Comments
7	Leaks, backups, or similar problems with any portion of the sewage systems or damage therefrom	<input type="checkbox"/>	
8	Lift station (sewage ejector pump)	<input type="checkbox"/>	
9		<input type="checkbox"/>	

<b>J. FLOODING AND DRAINAGE</b> If you know of any problems <b>EVER EXISTING</b> with the following on the Property, check the "Yes" column:		Yes	Comments
1	Flooding	<input checked="" type="checkbox"/>	heard of flooding prior to my move in 2019
2	Drainage	<input type="checkbox"/>	
3	Grading	<input type="checkbox"/>	
4	Water intrusion in the basement, crawl space, or other parts of Property	<input type="checkbox"/>	
5	Repairs made to control water intrusion in the basement, crawl space, or other parts of the Property	<input type="checkbox"/>	
6		<input type="checkbox"/>	
<b>DRAINAGE AND RETENTION PONDS – Other Information</b> Do you know of the following on the Property:		Yes	Comments
7	Drainage or retention ponds, dams, storm water detention basins, or other similar facilities	<input type="checkbox"/>	
8		<input type="checkbox"/>	

<b>K. OTHER DISCLOSURES – IMPROVEMENTS</b> If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:		Yes	Comments
1	Included fixtures and equipment	<input type="checkbox"/>	
2	Stains on carpet	<input type="checkbox"/>	
3	Floors	<input type="checkbox"/>	
4		<input type="checkbox"/>	

## II. GENERAL

<b>L. USE, ZONING &amp; LEGAL ISSUES</b> If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:		Yes	Comments
1	Zoning violation, variance, conditional use, violation of an enforceable PUD, or non-conforming use	<input type="checkbox"/>	
2	Notice or threat of condemnation proceedings	<input type="checkbox"/>	
3	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved	<input type="checkbox"/>	
4	Notice of zoning action related to the Property	<input type="checkbox"/>	
5	Building code, city, or county violations	<input checked="" type="checkbox"/>	the barn was never permitted by prior own the loafing shed was never permitted by prior owner Barn is permit ready due to current own resolving the issues
6	Violation of restrictive covenants or owners' association rules or regulations	<input type="checkbox"/>	
7	Any building or improvements constructed within the past one year before this Date without approval by the owner's association or its designated approving body	<input type="checkbox"/>	
8	Any additions or alterations made with a Building Permit	<input type="checkbox"/>	
9	Any additions or non-aesthetic alterations made without a Building Permit	<input type="checkbox"/>	
10	Other legal action	<input type="checkbox"/>	
11	Any part of the Property leased to others (written or oral)	<input type="checkbox"/>	
12	Used for short-term rentals in the past year	<input type="checkbox"/>	
13	Grandfathered conditions or uses	<input type="checkbox"/>	
14		<input type="checkbox"/>	

<b>M. ACCESS &amp; PARKING</b> If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:		Yes	Comments

1	Any access problems, issues or concerns	<input type="checkbox"/>	
2	Roads, trails, paths, or driveways through the Property used by others	<input type="checkbox"/>	
3	Public highway or county road bordering the Property	<input type="checkbox"/>	
4	Any proposed or existing transportation project that affects or is expected to affect the Property	<input type="checkbox"/>	
5	Encroachments, boundary disputes, or unrecorded easements	<input type="checkbox"/>	
6	Shared or common areas with adjoining properties, including but not limited to, walls, fences and driveways	<input type="checkbox"/>	
7	Requirements for curb, gravel/paving, or landscaping	<input type="checkbox"/>	
8	Any limitations on parking or access due to size, number of vehicles, or type of vehicles in the past year	<input type="checkbox"/>	
9		<input type="checkbox"/>	

<b>N. ENVIRONMENTAL CONDITIONS</b>			
If you know of any of the following <b>EVER EXISTING</b> on any part of the Property, check the "Yes" column:		Yes	Comments
1	Hazardous materials on the Property, such as radioactive, toxic or biohazardous materials, asbestos, pesticides, herbicides, wastewater sludge methane, mill tailings, solvents, or petroleum products	<input type="checkbox"/>	
2	Underground storage tanks	<input type="checkbox"/>	
3	Aboveground storage tanks	<input type="checkbox"/>	
4	Underground transmission lines	<input type="checkbox"/>	
5	Property used as, situated on, or adjoining a dump, landfill or municipal solid waste landfill	<input type="checkbox"/>	
6	Monitoring wells or test equipment	<input type="checkbox"/>	
7	Sliding, settling, upheaval, movement or instability of earth, or expansive soils on the Property	<input type="checkbox"/>	
8	Mine shafts, tunnels, or abandoned wells on the Property	<input type="checkbox"/>	
9	Within a governmentally designated geological hazard or sensitive area	<input type="checkbox"/>	
10	Within a governmentally designated floodplain or wetland area	<input type="checkbox"/>	
11	Dead, diseased, or infested trees or shrubs	<input checked="" type="checkbox"/>	there are a lot of dead trees on the property
12	Environmental assessments, studies, or reports done involving the physical condition of the Property	<input type="checkbox"/>	
13	Used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells	<input type="checkbox"/>	
14	Smoking inside improvements (including garages, unfinished space, or detached buildings) on Property	<input type="checkbox"/>	
15	Animals kept in the residence	<input checked="" type="checkbox"/>	three dogs have lived inside the house
16	Other environmental problems, issues or concerns	<input type="checkbox"/>	
17	Odors	<input type="checkbox"/>	
18		<input type="checkbox"/>	

<b>O. RADON</b>			
If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:		Yes	Comments
1	Radon test(s) conducted on the Property. Provide copies of the most recent records and reports pertaining to radon concentrations within the Property.	<input type="checkbox"/>	
2	Radon concentrations detected or mitigation or remediation performed. Provide a full description.	<input type="checkbox"/>	
3	Radon mitigation system installed on Property. Provide all information known by Seller about the radon mitigation system.	<input checked="" type="checkbox"/>	owner had a radon system installed
4		<input type="checkbox"/>	

<b>P. COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY</b>			
If you know of any of the following <b>NOW EXISTING</b> , check the "Yes" column:		Yes	Comments

1	Property is part of an owners' association	<input type="checkbox"/>	
2	Special assessments or increases in regular assessments approved by owners' association but not yet implemented	<input type="checkbox"/>	
3	Problems or defects in the common elements or limited common elements of the Association Property	<input type="checkbox"/>	
<b>COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY</b> If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:		<b>Yes</b>	<b>Comments</b>
4	Has the Association made demand or commenced a lawsuit against a builder or contractor alleging defective construction of improvements of the Association Property (common area or property owned or controlled by the Association but outside the Seller's Property or unit)	<input type="checkbox"/>	
5		<input type="checkbox"/>	
<b>COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY – Other Information:</b> Name of the Owner's Association(s) governing the Property:			<b>Contact Information</b>
6	Owners' Association #1	<input type="checkbox"/>	
7	Owners' Association #2	<input type="checkbox"/>	
8	Owners' Association #3	<input type="checkbox"/>	
9	Owners' Association #4	<input type="checkbox"/>	

<b>Q. METROPOLITAN DISTRICT</b> If you know of any of the following <b>NOW EXISTING</b> , check the "Yes" column:	<b>Yes</b>	<b>Comments</b>
1	Property is located within the boundaries of a Metropolitan District that was organized on or after January 1, 2000	<input type="checkbox"/>
<b>METROPOLITAN DISTRICT – Information:</b>		<b>Comments</b>
2	Name of Metropolitan District #1	<input type="checkbox"/>
3	Official website of the Metropolitan District #1	<input type="checkbox"/>
4	Name of Metropolitan District #2	<input type="checkbox"/>
5	Official website of Metropolitan District #2	<input type="checkbox"/>

<b>R. GENERAL DISCLOSURES</b> If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:	<b>Yes</b>	<b>Comments</b>	
1	Written reports of any building, site, roofing, soils, water, sewer, mold, or engineering investigations or studies of the Property. Provide copies of all such reports in possession of Seller.	<input type="checkbox"/>	
2	Any property insurance claim submitted (whether paid or not)	<input type="checkbox"/>	
3	Structural, architectural, and engineering plans and/or specifications for any existing improvements. Provide copies of all such reports in possession of Seller.	<input type="checkbox"/>	
4	Property was previously used as a methamphetamine laboratory and not remediated to state standards	<input type="checkbox"/>	
5	Government special improvements approved, but not yet installed, that may become a lien against the Property	<input type="checkbox"/>	
6	Any litigation alleging negligent construction or defective building products	<input type="checkbox"/>	
7	Any award or payment of money in lieu of repairs for defective building products or poor construction	<input type="checkbox"/>	
8	Any release signed regarding defective products or poor construction that would limit a future owner from making a claim	<input type="checkbox"/>	
9	Pending: (1) litigation or (2) other dispute resolution proceeding regarding the Property	<input type="checkbox"/>	
10	Property is subject to Deed Restrictions, other recorded document restrictions, or Affordable Housing Restrictions	<input type="checkbox"/>	
11	Property is located in a historic district	<input type="checkbox"/>	
12		<input type="checkbox"/>	
<b>GENERAL – Other Information:</b>		<b>Yes</b>	
13	U.S. Postal Service delivery available	<input checked="" type="checkbox"/>	<input type="checkbox"/> Property <input type="checkbox"/> Post Office <input checked="" type="checkbox"/> Cluster Mailbox - Location and No.: personal mailbox at end of the road  <input checked="" type="checkbox"/> Other (specify): for fed ex, UPS and amazon there is a lock box behind the mail boxes

**OTHER KNOWN ADVERSE MATERIAL FACTS:** For purposes of this section, adverse material facts would include any non-observable or observable physical conditions existing on the Property. Describe any other known adverse material facts in or on the Property (attach additional pages as necessary):

The information contained in this SPD has been furnished by Seller(s), who certifies it was answered truthfully, based on **Seller's CURRENT ACTUAL KNOWLEDGE**.

*Kristian Lehr Stauffer*

Date Completed: 5/23/2026

Seller: Kristian Lehr Stauffer

Seller: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**ADVISORY TO BUYER:**

1. Even though Seller has answered the above questions to Seller's current actual knowledge, Buyer should thoroughly inspect the Property and obtain expert assistance to accurately and fully evaluate the Property to confirm the status of the following matters are satisfactory to Buyer:

- a. the physical condition of the Property;
- b. the presence of mold or other biological hazards;
- c. the presence of rodents, insects, and vermin including termites;
- d. the legal use of the Property, including zoning and legal access to the Property;
- e. the availability and source of water, sewer, and utilities;
- f. the environmental and geological condition of the Property;
- g. the presence of noxious weeds; and
- h. any other matters that may affect Buyer's use and ownership of the Property that are important to Buyer as Buyer

decides whether to purchase the Property.

2. Seller states that the information is correct to "Seller's current actual knowledge" as of the date of this form. The term "current actual knowledge" is intended to limit Seller's disclosure only to facts actually known by the Seller and does not include "constructive knowledge" or "common knowledge" or what Seller "should have known" about the Property. The Seller has no duty to investigate or inspect the Property or inclusions when this SPD is filled in and signed.

3. Valuable information may be obtained from various local/state/federal agencies, and other experts may assist Buyer by performing more specific evaluations and inspections of the Property.

4. Boundaries, location and ownership of fences, driveways, hedges, and similar features of the Property may become the subjects of a dispute between a property owner and a neighbor. A survey may be used to determine the likelihood of such problems.

5. Seller does not warrant that the Property or inclusions are fit for Buyer's intended purposes or use of the Property. Disclosure of the condition of an item is not to be construed as a warranty of its continued operability or as a representation or warranty that such item is fit for Buyer's intended purposes.

BUYER(S) ACKNOWLEDGE RECEIPT OF THIS SPD. BUYER(S) SIGNATURE DOES NOT CONSTITUTE APPROVAL OF ANY DISCLOSED CONDITION AS REPRESENTED HEREIN BY SELLER.

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

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**SPD19 SELLER'S PROPERTY DISCLOSURE (RESIDENTIAL)**