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 a Seller's Disclosure (e.g., DSC-8000 or DSC-8010).

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

17150 Hwy 17 (**Street Address**) Crocker (**City**) **MO** 65452 (**Zip Code**) Pulaski (**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 No idea (2) Shape No idea (3) Size (*length x width*) No idea
(4) Depth No idea (5) Volume (gallons) No idea
(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 None Heating source _____
(13) Age of pump _____
(14) Age of filter _____ 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** REF 6-3-2026 (***date***)

Last Revised 12/01/25