dotloop signature verification: dtlp.us/3iEj-m5zx-z7Fv

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**"):

1202 E 16th (**Street Address**) Lamar (**City**) **MO** 64759 (**Zip Code**) Barton (**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 35yrs (2) Shape Rectangle (3) Size (*length x width*) 18x30

(4) Depth 9' (5) Volume (gallons) 25,000

(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 Not sure

(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 none Last serviced 08/20/2025 (*date*)

(11) Last opened by Owner

Last closed by Owner

(12) Age of heater Heating source

(13) Age of pump 2 years

(14) Age of filter 20 yrs 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)* Replaced pumps, drop in salt water chlorinator, repaired sand filter,

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 5 yrs (2) Volume (gallons) 650 (3) Manufacturer unknown

(4) Construction (*e.g., fiberglass, plastic, cement)* Fiberglass

(5) Type of chemical sanitizer? ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater ☑ Other Bromine

(6) Spa service provider Owner Last serviced 10/21/2026 (date)

(7) Age of heater 5 years Heat source Electric

(8) Age of pump 5 years (9) Age of filter 6 months (10) Number of jets 25~

(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)*

no repairs required

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:

no

BUYER'S INITIALS _____ _____ _____(*date*)

SELLER'S INITIALS DR 11/10/26 4:33 PM PST dotloop verified _____ 11/10/2026(*date*)

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Last Revised 12/01/25

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