Seller's Property Disclosure

(To be completed by Seller)

This report supersedes any list appearing in the MLS

DM

Property Address: E. S. IM

Seller: David Miller & Irma Miller **Date of Purchase:** 2021

Message to the Seller: This statement is a disclosure of the condition of the above described Property known by the SELLER on the date that it is signed. It is not a warranty of any kind by the SELLER(S) or any real estate licensees involved in this transaction, and should not be accepted as a substitute for any inspections or warranties the BUYER(S) may wish to obtain. If you know something important about the Property that is not addressed on the Seller's Property Disclosure, add that information to the form. Prospective Buyers may rely on the information you provide.

Instructions: (1) Complete this form yourself. (2) Answer all questions truthfully and as fully as possible. (3) Attach all available supporting documentation. (4) Use explanation lines as necessary. (5) If you do not have the personal knowledge to answer a question, use the comment lines to explain.

By signing below you acknowledge that the failure to disclose known material information about the Property may result in liability.

Message to the Buyer: Although Seller's Property Disclosure is designed to assist the SELLER in disclosing all known material (important) facts about the Property, there are likely facts about the Property that the SELLER does not know. Therefore, it is important that you take an active role in obtaining the information about the Property.

Instructions: (1) Review this form and any attachments carefully. (2) Verify all important information. (3) Ask about any incomplete or inadequate responses. (4) Inquire about any concerns not addressed on the Seller's Property Disclosure. (5) Obtain professional inspections of the Property. (6) Investigate the surrounding area.

THE FOLLOWING ARE REPRESENTATIONS OF THE SELLER(S) AND ARE NOT INDEPENDENTLY VERIFIED BY THE BROKER(S) OR AGENTS(S).

PART I

APPLIANCES

None	Does Not Transfer	TRANSFERS TO BUYER: Working	Not Working	Don't Know	Smart Device	Indicate the condition of the following items by marking the appropriate boxes.
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Disposal
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Dishwasher
[ ]	[X]	[ ]	[ ]	[ ]	[ ]	Oven
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Range (Circle One) Gas Electric
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Microwave
						Built in (Circle One) YES NO
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Range Hood
						Vented Outside (Circle One) YES NO
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Kitchen Refrigerator
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Clothes Washer
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Clothes Dryer
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Trash Compactor
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Central Vacuum
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Exterior Attached Gas Grill
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Other:_____
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Other:_____
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Other:_____
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Other:_____

Comments:

ELECTRICAL

None	Does Not Transfer	TRANSFERS TO BUYER: Working	Not Working	Don't Know	Smart Device	Indicate the condition of the following items by marking the appropriate boxes.
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Smoke/Fire Detectors
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Light Fixtures
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Switches/Outlets
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Ceiling Fan(s)
[X]	[ ]	[ ]	[ ]	[ ]		Bathroom Vent Fan(s)
[X]	[ ]	[ ]	[ ]	[ ]		Telephone Wiring/Blocks/Jacks
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Door Bell
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Intercom
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Garage Door Opener
						# of Remotes:____ Keypad Entry: (Circle One) YES NO
[X]	[ ]	[ ]	[ ]	[ ]		Aluminum Wiring
[X]	[ ]	[ ]	[ ]	[ ]		Copper Wiring
[X]	[ ]	[ ]	[ ]	[ ]		220 Volt
					[ ]	_____ Service Panel Total Amps
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Solar Equipment - (Circle One) Own Rent/Lease
						_____ Company
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Wind - (Circle One) Own Rent/Lease
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Hydroelectric - (Circle One) Own Rent/Lease
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Security System - (Circle One) Own Rent/Lease
						_____ Company
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Audio/Video Surveillance System

X

X IM

WATER/SEWAGE SYSTEMS (See Part II Also)

None	Does Not Transfer	TRANSFERS TO BUYER: Working	Not Working	Don't Know	Smart Device	Indicate the condition of the following items by marking the appropriate boxes.
[X]	[ ]	[ ]	[ ]	[ ]		Sewage Systems
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Sump Pump
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Backup Sump Pump/Battery
[ ]	[ ]	[X]	[ ]	[ ]		Plumbing – water
				[ ]		Type
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Water Heater (Circle One) Elect Gas
				[ ]		Size & Age
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Instant Hot Water
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Water Softener
						(Circle One) Own Rent/Lease
						Company
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Water Purifier/Reverse Osmosis
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Underground Sprinkler System
				[ ]		Backflow Device (Circle One) YES NO
				[ ]		Date Last Tested or Inspected
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Pool Equipment
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Hot Tub/Spa

Comments:

MEDIA

None	Does Not Transfer	TRANSFERS TO BUYER: Working	Not Working	Don't Know	Smart Device	Indicate the condition of the following items by marking the appropriate boxes.
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Satellite Dish
[X]	[ ]	[ ]	[ ]	[ ]		_____# of Rcvrs/Remotes
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Attached Antennaes
[X]	[ ]	[ ]	[ ]	[ ]		Cable TV Wiring/Jacks
[X]	[ ]	[ ]	[ ]	[ ]		Attached Television Mount(s)
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Projector(s)
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Projector Screen(s)
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Surround Sound Speakers
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Wired for Surround Sound

Comments:

HEATING & COOLING SYSTEMS

None	Does Not Transfer	TRANSFERS TO BUYER: Working	Not Working	Don't Know	Smart Device	Indicate the condition of the following items by marking the appropriate boxes.
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Cooling System
				[ ]		Type
				[ ]		Age
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Heating System
				[ ]		Type
				[ ]		Age
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Window/Wall Air Conditioning Units
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Electronic Air Filter
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Humidifier
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Fireplace
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Fireplace Insert
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Wood burning Stove
				[ ]		Chimney/Flue - Date Last Cleaned
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Gas Log Lighter
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Whole House Attic Fan
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Solar Equipment - (Circle One) Own Rent/Lease
						Company
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Geothermal
[X]	[ ]	[ ]	[ ]	[ ]	[ ]	Propane Tank - (Circle One) Own Rent/Lease
						Company

Comments:

SMART DEVICES

Any additional smart technology devices not covered in this form to transfer with the property, and any additional comments. Please list below:

Any Additional Comments For Part I.

PART II

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
Attach all relevant documentation for further explanation, including any and all repair reports.

YES	NO	DON'T KNOW	SECTION 1 — STRUCTURAL FOUNDATION/WALLS
[X]	[ ]	[ ]	Are any exterior walls covered with Exterior Insulation & Finish System (synthetic stucco)?
			If YES, are you aware of any adverse conditions?_____
			_____
			Indicate all that apply: [ ] Basement [ ] Crawl Space [ ] Slab
[ ]	[X]		Are there any structural engineer's report(s) available?
			If YES, Date of Report:_____ Copy Attached? (Mark One): [ ] YES [ ] NO
			To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)
[ ]	[X]	[ ]	Movement, shifting, deterioration or other problems with walls or foundation?
[ ]	[X]	[ ]	Cracks or flaws in the walls, floors or foundation?
[ ]	[X]	[ ]	Problems with decks or other structural additions?
[ ]	[X]	[ ]	Problems with driveways, walkways, patios, retaining walls, party walls?
[ ]	[X]	[ ]	Problems with operation of windows or doors, or broken seals?
[ ]	[X]	[ ]	Any corrective actions to items in this section? (Example - Piering, bracing, etc.)
[ ]	[X]	[ ]	Are there any transferable warranties? Date:_____ (If YES, explain below and attach copy.)
[X]	[ ]	[ ]	Is there insulation in the walls?
[ ]	[X]	[ ]	Is there insulation in the floors? YES in Sunroom

Additional Comments:

YES	NO	DON'T KNOW	SECTION 2 — ROOF/INSULATION
		[ ]	Age: 4 Yrs Type: metal
[ ]	[X]	[ ]	To your knowledge, are there any [ ] **PAST** [ ] **PRESENT** roof leaks? (Mark One)
			If any, identify details below.
[ ]	[X]		During your ownership, has the roof ever been [ ] **REPLACED?** [ ] **REPAIRED?** (Mark One)
			If YES, Date:_____ (Identify details below.)
[ ]	[X]	[ ]	Are there any transferable warranties? Date:_____ (If YES, explain below and attach copy.)
[ ]	[X]	[ ]	Do you know of any problems with chimneys or chases? (If YES, explain below.)
[ ]	[X]	[ ]	Do you know of any problems with roof, roof structure or rain gutters? (If YES, explain below.)
[X]	[ ]	[ ]	Is there insulation in the ceiling/attic?

Additional Comments:

YES	NO	DON'T KNOW	SECTION 3 — MOLD/MILDEW

According to the EPA, molds are part of the natural environment. Molds reproduce by means of tiny spores that are invisible to the naked eye, and float through outdoor and indoor air. Mold may begin growing indoors when mold spores land on surfaces that are wet. Inhaling or touching mold spores may cause allergic reactions in sensitive individuals.

To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)

[ ]	[X]	[ ]	Presence of any mold/mildew in the property?
[ ]	[X]	[ ]	Any problems created by mold or mildew for occupants of the structure during your ownership?
[ ]	[X]		Have you had any inspections for mold or mildew? If YES, Date:_____ (If YES, explain below.)
[ ]	[X]		Have you received any reports pertaining to mold or mildew on or within the structure? (If YES, attach.)
[ ]	[X]		Has the property had any professional mold remediation during your ownership? If YES, Date:_____

Additional Comments:

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

SECTION 4
WATER/SEWAGE SYSTEMS

YES	NO	DON'T KNOW	
[ ]	[X]		Is the property connected to City Water?
[X]	[ ]		Is the property connected to Rural Water? If YES, Transfer Fee:_____ District: RW #3 Osage County
[ ]	[ ]		Is the property connected to any private water systems? (Mark all that apply.)
			[ ] **Drinking Well** [ ] **Irrigation Well** [ ] **Geo-Thermal Well**
[X]	[ ]	[ ]	Working? Type:_____ Location:_____ Depth:_____
[ ]	[X]	[ ]	Working? Type:_____ Location:_____ Depth:_____
[ ]	[X]	[ ]	Working? Type:_____ Location:_____ Depth:_____
[ ]	[X]	[ ]	Has the water in any wells shown test results of contamination? (If YES, explain below.)
[ ]	[X]		Is the property connected to a public sewer system? If shared lagoon/septic system, explain below.
[ ]	[X]		Is the property connected to a septic system? Date Last Pumped:_____
			Tank Size:_____ Location:_____
			# feet laterals:_____ # Feet infiltrators:_____ Location:_____
[ ]	[X]		Is the property connected to a lagoon system? Location:_____
[ ]	[X]		Is the property connected to some other type of waste disposal system? (If YES, explain below.)
[ ]	[X]	[ ]	Has the main waste disposal line ever been snaked or scoped?
[ ]	[X]	[ ]	To your knowledge, is there any problem relating to the waste disposal system?

Additional Comments:

SECTION 5
WATER INTRUSION/LEAKS

To your knowledge, indicate any past or present: (Use Comment Lines for further explanations)

YES	NO	DON'T KNOW	
[ ]	[X]	[ ]	Any water leakage in or around the fireplace or chimney?
[ ]	[X]	[ ]	Any water leakage around (If YES, mark all that apply.) [ ] WINDOWS [ ] SKYLIGHTS [ ] DOORS?
[ ]	[X]	[ ]	Any leaks occurring in any plumbing, water supply lines, drains, sewer lines, etc.?
[ ]	[X]	[ ]	Any leaks caused by appliances?
[ ]	[X]	[ ]	Any leaks from any condensation drain lines, humidifier, dehumidifier, etc.?
[ ]	[X]	[ ]	Any water leakage into (If YES, mark all that apply.) [ ] **BASEMENT** [ ] **CRAWL SPACE**
[ ]	[X]	[ ]	Any accumulation of water within the basement/crawl space?
[ ]	[X]	[ ]	Sump Pump(s) Location(s):_____
[X]	[ ]	[ ]	Drain Tiles (If YES, mark all that apply.) [ ] **INTERIOR** [ ] **EXTERIOR**

Additional Comments:

SECTION 6
PEST, WOOD INFESTATION & DRY ROT

YES	NO	DON'T KNOW	
[ ]	[X]	[ ]	Do you have any knowledge of the following items on/affecting the property? (Mark all that apply.)
			[ ] **WOOD DESTROYING INSECTS** [ ] **DRY ROT** [ ] **OTHER WOOD INFESTATION**
[ ]	[X]	[ ]	Any knowledge of any damage to the property caused by the following items? (Mark all that apply.)
			[ ] **WOOD DESTROYING INSECTS** [ ] **DRY ROT** [ ] **OTHER WOOD INFESTATION**
[ ]	[X]		Have there been any repairs of such damage? (If YES, explain below.)
[ ]	[X]		Is the property currently under a termite warranty or other coverage by a licensed pest control company?
			Company:_____ Warranty Expiration Date:_____
[ ]	[X]		Any **wood destroying insects** control reports in the last 5 years? (If YES, explain below.)
[ ]	[X]		Any professional **wood destroying insects** control treatments in the last 5 years? (If YES, explain below.)
[ ]	[X]		Any **pest** control reports in the last 5 years? (If YES, explain below.)
[ ]	[X]		Any professional **pest** control treatments in the last 5 years? (If YES, explain below.)

Additional Comments:

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.

Attach all relevant documentation for further explanation, including any and all repair reports.

YES	NO	DON'T KNOW	SECTION 7 ENVIRONMENTAL CONDITIONS
[ ]	[X]	[ ]	Is the property located in a subdivision with a master drainage plan?
[ ]	[X]	[ ]	If YES, is the property in compliance?
[ ]	[X]	[ ]	Has the property ever had any drainage problems during your ownership? (If YES, explain below.)
[ ]	[X]	[ ]	Are there any producing or non-producing gas/oil wells on the property or adjacent property?
[X]	[ ]	[ ]	Do mineral rights convey to buyer? If NO, please define:_____
			Groundwater contamination has been detected in several areas in the State of Kansas.
[ ]	[X]	[ ]	Are you aware of groundwater contamination or other environmental concerns?
[ ]	[X]	[ ]	Any reports or records pertaining to groundwater contamination or other environmental concerns?
[ ]	[X]	[ ]	Are there any diseased or dead trees and shrubs?
			To your knowledge, are any of the following substances, materials, products on the real property? (YES or NO Only.)
[ ]	[X]	[ ]	Asbestos
[ ]	[X]	[ ]	Contaminated soil or water (including drinking water)
[ ]	[X]	[ ]	Landfill or buried materials
[ ]	[X]	[ ]	Lead-based paint (If YES, attach disclosure.)
[ ]	[X]	[ ]	Radon gas in house or well Has a mitigation system been installed? (Mark One) [ ] YES [ ] NO
[ ]	[X]	[ ]	Methane Gas
[ ]	[X]	[ ]	Oil sheers in wet areas
[ ]	[X]	[ ]	Radioactive material
[ ]	[X]	[ ]	Toxic material disposal (solvents, chemicals, etc.)
[ ]	[X]	[ ]	Underground fuel or chemical storage tanks
[ ]	[X]	[ ]	EMFs (Electro Magnetic Fields)
[ ]	[X]	[ ]	Urea formaldehyde foam insulation (UFFI)
[ ]	[ ]	[ ]	Other:_____
[ ]	[X]	[ ]	Are you aware if any portion of the property has ever been used for the manufacture of, or storage of, chemicals or equipment used in manufacturing methamphetamine, ecstasy, LSD or any other illegal substances?
[ ]	[X]	[ ]	To your knowledge, are any of the above conditions present **near** your property?

Comments:

YES	NO	DON'T KNOW	SECTION 8 BOUNDARIES/LAND
[ ]	[X]	[ ]	Have you had a survey of the property? (If YES, attach copy if available.)
[X]	[ ]	[ ]	Are the boundaries of your property marked in any way?
[X]	[ ]	[ ]	Is there any fencing on the boundaries of the property?
[X]	[ ]	[ ]	Does fencing belong to the property? If YES, which sides?_____
[ ]	[X]	[ ]	Are there any features of the property shared in common with adjoining landowners, such as, walls, fences, roads, driveways? (If YES, explain below.)
[ ]	[X]	[ ]	Is the property owner responsible for maintenance of any such shared feature(s)?
[ ]	[X]	[ ]	To your knowledge, are there any boundary disputes, encroachments, or unrecorded easements?
[ ]	[X]	[ ]	To your knowledge, is any portion of the property located in a federally designated flood plain?
[ ]	[X]	[ ]	Do you currently, or have you ever, paid flood insurance for the property?
[ ]	[X]	[ ]	To your knowledge, is any portion of the property located in a designated wetlands area?
[ ]	[X]	[ ]	Do you know of any of the following items that have occurred on the property or in the immediate area?

(Mark all that apply.)

[ ] **EXPANSIVE SOIL**
[ ] **FILL DIRT**
[ ] **SLIDING**
[ ] **SETTLING**
[ ] **EARTH MOVEMENT**
[ ] **UPHEAVAL**
[ ] **EARTH STABILITY PROBLEMS**

Comments:

Answer each question with one answer to the best of your knowledge. Specify relevant details in Additional Comment lines.
Attach all relevant documentation for further explanation, including any and all repair reports.

YES	NO	DON'T KNOW	SECTION 9 SPECIAL ASSESSMENTS AND HOMEOWNER'S ASSOCIATION

The law requires that the Seller disclose the existence of special assessments against a property.

[ ] [X] [ ] Any current/pending bonds, assessments, or special taxes that apply to property?

[ ] [X] [ ] The property may be subject to special assessments or is located in an improvement district? (Refer to relevant tax disclosure - Mark One).

[ ] Owner [ ] County [ ] Public Record [ ] Other:_____

[ ] [X] [ ] Is the property subject to rules or regulations of an active Homeowner's Association?

[ ] Annual Dues?_____ Initiation Fee?_____

[ ] Homeowner's Association contact information:_____

[ ] [X] [ ] Is the property subject to a right of first refusal?

[ ] [X] [ ] Is the property subject to covenants, conditions, and restrictions of a Homeowner's Association or subdivision restrictions?

[ ] [X] [ ] Any violations of such covenants and restrictions?

Comments:

YES	NO	DON'T KNOW	SECTION 10 MISCELLANEOUS

[ ] [X] [ ] Have any improvements or repairs (including, but not limited to, HVAC, plumbing, electrical, structural additions) been made to the property **without obtaining required permits?**

[ ] [X] [ ] Are any local, state, or federal agencies requiring repairs, alterations, or corrections of any existing conditions?

[ ] [X] [ ] Is the present use of the property a non-conforming use?

[ ] [X] [ ] Have there been any insurance claims during the seller's ownership?

[ ] [ ] [ ] Were repairs made? If so, explain:_____

[ ] [X] [ ] Is there any unrepaired damage due to hail, storm, wind, fire or flood?

[ ] [X] [ ] Are there any stains, tears, burns, holes, etc., in the property that are not readily visible?

[ ] [X] [ ] Does a pet(s) reside or has a pet(s) ever resided in or on the property?

[ ] [X] [ ] Is there any damage due to pets, interior/exterior, including, but not limited to, odors, stains, etc.?

[ ] [X] [ ] Do all window and door treatments remain? If NO, please list: _____

_____

[X] [ ] [ ] Does any other personal property remain? If YES, please list: Red 14 x 20 building

_____

[ ] [X] [ ] Does the property contain any of the following? (Mark all that apply.)

[ ] [ ] [ ] [ ] Swimming Pool [ ] Spa [ ] Hot Tub [ ] Sauna [ ] Water Feature

[ ] [ ] [ ] If YES, are either of the following heated? [ ] Swimming Pool [ ] Spa If yes, type of heat?_____

[ ] [X] [ ] Are you aware of any past or present problems relating to the swimming pool, spa, hot tub, sauna or water feature?

Explain: _____

[ ] [X] [ ] Is the property in a historic, holistic, conservation or special review district, that requires any alterations or improvements to the Property, be approved by a board or commission?

[X] [ ] [ ] What is the location and type of mailbox? (Mark all that apply.)

[ ] [ ] [ ] [X] On Property [ ] Cluster Box [ ] Post Office Box [ ] Other

[ ] [X] [ ] Are there any other facts, conditions, or circumstances, on or off site, which could affect the value, beneficial use, or desirability of the property?

[ ] [X] [ ] Are there any transferable warranties on the property or any of its components?

Comments:

Any Additional Comments For Part II:

SELLER'S ACKNOWLEDGEMENT

Seller acknowledges that: the information contained in this disclosure is accurate, true and complete to the best of Seller's knowledge, information and belief; Seller has provided all the information contained in this Seller's Property Disclosure; and that the Broker/Realtor® has not prepared, nor assisted in the preparation of this Disclosure. Seller hereby indemnifies, holds harmless and releases all Brokers/Realtors® involved in the sale of the property from all liability, claims, loss, cost, or damage in connection with the information contained in this Disclosure. Seller hereby authorizes the listing broker to provide copies of this Disclosure to other real estate brokers and agents and prospective buyers of the property.

Seller is occupant: [X] YES [ ] NO

Seller certifies that the information herein is true and correct to the best of the Seller's knowledge as of the date signed by Seller.

SELLER: David E. Miller 11-19-26 **SELLER:** Irma S. Miller 11-19-'26

Date Date

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

1. I have personally inspected the property. I have been advised to have the property examined by professional inspectors. Subject to any inspections, I agree to purchase the property in its present condition without representations or guarantees of any kind by the Seller or any REALTORS® concerning the condition or value of the property, except as given above or as stated in my contract with the Seller.

2. I acknowledge that neither Seller nor any REALTORS® involved in this transaction is an expert at detecting or repairing physical defects in the property.

3. I acknowledge that I have been informed that Kansas Law requires persons who are convicted of certain sexually violent crimes after April 14, 1994, to register with the sheriff of the county in which they reside. I have been advised that if I desire information regarding those registrants, I may find information on the home page of the Kansas Bureau of Investigation (KBI) at http://www.kansas.gov/kbi/ or by contacting the local sheriff's office.

4. I acknowledge that McConnell Air Force Base is located within Sedgwick County and is an operational military Air Force base that is open 24 hours a day and activity at that base may generate noise. The volume, pitch, amount and frequency of noise may be affected by future changes in McConnell Air Force Base activity. I have been informed that if I desire information regarding potential for noise caused by the aircraft operations associated with McConnell Air Force Base and its operations, I may find information by contacting the Metropolitan Area Planning Department.

BUYER:_____ **BUYER:**_____

Date Date

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