



Farm & Home Realty

REALTORS® ASSOCIATION OF NEW MEXICO
SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2017

THIS DISCLOSURE SHOULD BE COMPLETED BY THE SELLER, NOT THE BROKER

Seller states that the information contained in this Disclosure is correct to Seller's ACTUAL KNOWLEDGE as of the date set forth below. Any changes to the information provided in this Disclosure of which seller becomes aware will be disclosed by Seller to Buyer promptly after discovery.

NOTE: If an item is not present at the Property or is not to be included in the sale, mark the "N/A" column. The Purchase Agreement, not this Disclosure form, determines whether an item is included in or excluded from the sale.

Date
1222 Deer Canyon Trl Mountainair NM 87036
Property Address State Zip Code
Slg Real Estate Llc by Steve Gregory Slg Real Estate, LLC by Lisa Gregory
Seller's Name (Print) Seller's Name (Print)

OCCUPANCY: Has the Seller ever occupied the Property? [] Yes [] No If the "Yes", provide the beginning and ending dates of occupancy: Beginning Date Ending Date

Table with 6 columns: A, STRUCTURAL CONDITIONS, YES, NO, DO NOT KNOW, IF "YES", EXPLAIN. Rows 1-7 list conditions like Structural problems, Moisture and/or water problems, History of wood infestation, etc.

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A	STRUCTURAL CONDITIONS – CON'T
8	Were all necessary permits, approvals and inspections obtained for all construction, repairs, and improvements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", explain _____
9	House is built on: <input type="checkbox"/> Slab <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Basement
10	Type of Construction: _____
11	Type of Exterior: <input type="checkbox"/> Artificial / Synthetic Stucco (EIFS) <input type="checkbox"/> Other _____ Any current or past problems: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain _____
12	Type of floor under carpets, linoleum, etc.: <u>tile</u>
13	Any additions or alterations made: <u>No</u>
Additional Comments: _____ _____ _____	

NOTE: If an item is not present at the Property, mark the "N/A" column.

B	ROOF Do any of the following conditions currently exist or is Seller aware of them ever existing:	N/A	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Roof problems			<input checked="" type="checkbox"/>		
2	Roof leak: Past		<input checked="" type="checkbox"/>			<u>Front Bed Room</u>
3	Roof leak: Present			<input checked="" type="checkbox"/>		
4	Damage to roof: Past			<input checked="" type="checkbox"/>		
5	Damage to roof: Present			<input checked="" type="checkbox"/>		
6	Skylight problems			<input checked="" type="checkbox"/>		
7	Gutter or downspout problems			<input checked="" type="checkbox"/>		
8	Is roof under warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", when does warranty expire? _____ If "yes", is warranty transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", has roof work been performed while under current roof warranty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", describe work done: _____					
9	Roof Material: _____ Age <u>9</u> <u>N/A</u> Roof Material: _____ Age <u>9</u> <u>N/A</u>					
Additional Comments: _____ _____ _____						



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C	APPLIANCES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Built-in vacuum system & accessories			X			
2	Clothes dryer: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Vented Outside		X				
3	Type of clothes dryer hook-up available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
4	Clothes washer		X			9	
5	Dishwasher		X			9	
6	Disposal		X			1 1/2	
7	Freezer	X	X				v
8	Gas grill		X			9	
9	Range Hood		X				
10	Microwave oven		X				
11	Oven		X				
12	Type of oven hookup available: <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
13	Range <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane		X			9	
14	Refrigerator		X				
15	Refrigerator Water Line			X			
16	Trash Compactor			X			
Additional Comments: <u>usage approx 3-4 hrs a year</u>							



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D	ELECTRICAL & TELECOMMUNICATIONS	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Security system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Transferable		X			9	
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwired		X				?
3	Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	X					
4	Light fixtures		X				
5	Switches & outlets		X				
6	Aluminum wiring: <input type="checkbox"/> Pig-tailing _____	X					
7	Electrical: <input type="checkbox"/> Amps _____	X					
8	Telecommunications (T-1, fiber, cable, satellite, DSL) <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased						
9	Satellite System or DSS Dish <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased						
10	Inside telephone wiring & blocks/jacks		X				
11	Ceiling fans		X				
12	Garage Door <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Manual If electric, number of garage door remote control(s) _____		X				
13	Intercom/doorbell		X				Doorbell
14	In-wall / Built-in speakers	X					
15	220 volt service	X	X				not 100% sure
16	Landscape lighting		X				

Additional Comments: _____



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E	MECHANICAL	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Cooling: <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Refrigerated Air <input type="checkbox"/> Window Units <input type="checkbox"/> Central Duct Location: _____ Number of Units: _____	X				9 yrs	there is air conditioner
2	Humidifier	X					
3	Air purifier		X				
4	Sauna		X				
5	Steam room/shower		X				
6	Water heater: # of _____ Capacity _____ Fuel Type _____	X					
7	Heating: <input checked="" type="checkbox"/> Central Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Solar <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Other Type of Piping: <input type="checkbox"/> Entran <input type="checkbox"/> Other If "other", type: _____ Number of Units: _____ Type of duct work: _____						
8	Fireplace # <u>2</u> Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Log Lighter <input type="checkbox"/> Electric		X				
9	Stove: Fuel Type: <input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Other	?					
10	Fireplace Insert	X		X			
11	Fuel Tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	?					
12	Entry gate system	X		X			
13	If known, date of last fireplace/wood stove, chimney/flue cleaning: <u>11/12</u>						
14	Are there any rooms without a direct heat source? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain: _____						
Additional Comments: <u>again usage 3-4 times a year</u>							



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F	WATER, SEWER & OTHER UTILITIES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Water filter system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		X			9	
2	Water softener: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		X				
3	Lift station (sewage ejector pump)	X					
4	Drainage, storm sewers, retention ponds			X			
5	Grey water storage/use			X			
6	Sump pump	X					
7	Underground sprinkler system: <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Full Coverage		X				
8	Fire sprinkler system		X				
9	Water Pipes: Type(s): <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Kitec <input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene <input type="checkbox"/> Pex <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____	N/A					
10	Backflow prevention device: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage	N/A					
11	Irrigation pump			X			
12	Well pump		X				
13	Reverse Osmosis: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased Lease Information:		X				
14	Plumbing Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
15	Sewage Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____ If "yes", explain _____						
16	Water Pressure Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
Additional Comments: _____ <div style="text-align: center; font-family: cursive; font-size: 1.2em; color: blue;">3-4 hrs a yr wear</div>							



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G	POOL, SAUNA, HOT TUB, WATER FEATURE	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Pool	X					
2	Pool Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other	X					
3	Pool Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Saltwater <input type="checkbox"/> Bromine <input type="checkbox"/> Other	X					
4	Pool Filter	X					
5	Pool Heater	X					
6	In-Pool Cleaning Equipment	X					
7	Pool Cover: Type: _____	X					
8	Hot Tub	X					
9	Sauna Room	X					
10	Steam Room	X					
11	Water Features Type: _____	X					
12	Is Pool Service Company being used? If "yes", name of company _____						
13	Has Pool been winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Additional Comments: _____ <div style="text-align: center; color: blue; font-size: 1.2em;">No Pool</div>							

H	USE, ZONING & LEGAL ISSUES Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Zoning violations, variances, conditional use restrictions, violations of an enforceable PUD or non-conforming use		X		
2	Liens or judgments against the Property		X		
3	Proposed bonds, assessments, or impact fee's against the Property		X		



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H	USE, ZONING & LEGAL ISSUES – CON'T – Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
4	Notice or threat of condemnation proceedings		X		
5	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		X		
6	Violation of restrictive covenants or owners' association rules or regulations		X		
7	Any building or improvements constructed without approval by the owners' association or the designated approving body, if approval is required		X		
8	Notice of zoning action		X		
9	Other legal action		X		
Additional Comments: _____					

I	ACCESS, PARKING, DRAINAGE & SIGNAGE Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES" EXPLAIN
1	Access problems		X		
2	Roads, driveways, trails or paths through the Property used by others		X		
3	Public highway or county road bordering the Property		X		
4	Proposed or existing transportation project that affects or is expected to affect the Property		X		
5	Encroachments, boundary disputes or unrecorded easements		X		
6	Shared or common areas with adjoining properties		X		
7	Requirements for curb, gravel/paving, landscaping		X		
8	Flooding or drainage problems: Past		X		
9	Flooding or drainage problems: Present		X		
Additional Comments: _____					



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J WATER AND SEWER SUPPLY	
1	Does seller own all water rights to the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", what water rights have been transferred? <input type="checkbox"/> Surface Rights <input type="checkbox"/> Irrigation Rights <input type="checkbox"/> Ditch Rights <input type="checkbox"/> Other Additional details of transfer: _____ _____ If "no", are sales/lease/transfer agreements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable and if not otherwise identified in the agreement(s) attached, contact information for third-party or parties who/which currently hold water rights to the Property: _____ _____
2	Type of water supply: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Private (If Property has well, see Section J(3)below) Name and address of service providers: _____ Fees per month: _____ Transfer Fee: _____ Restrictions and/or regulations _____ Water Supply or Yield Problems _____
3	WELL(S) <input type="checkbox"/> N/A TYPE: <input checked="" type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Other _____ If the Property is served by a Well, Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Shared Well Agreement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Well-Share Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached Well location and address _____ Separate electric meter (private or shared) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is well required to be metered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Restrictions and/or regulations _____ Well Registered with the State Engineers Office <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Additional Well Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Any other water source for any other use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", describe: _____ _____
5	If there is neither a Well, nor a Water Provider for the Property, then describe the source of potable water for the Property: _____ _____ _____ SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.
6	If other than City/Municipal/Community water, is there a requirement to connect to the City/Municipal/Community water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do Not Know If "yes", requirement: _____ _____
SEE RANM FORM 2307 INFORMATION SHEET – WATER RIGHTS AND DOMESTIC WELLS	



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J	WATER AND SEWER SUPPLY - CON'T
7	Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Septic (If Property has an onsite liquid waste system see Section J(8) below) <input type="checkbox"/> Other <input type="checkbox"/> None Any problems: <u>None</u> Names and address of service providers: _____ _____ Is there a written service agreement <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Fee's per month \$ _____ Transfer Fee \$ _____ Restrictions and/or regulations: _____
8	WASTEWATER TREATMENT <input checked="" type="checkbox"/> N/A TYPE: <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced Treatment System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Outdoor Latrine <input type="checkbox"/> Cesspool <input type="checkbox"/> Gray Water Storage <input type="checkbox"/> Liquid Waste Storage Tank Any problems: _____ Name and Address of Service Providers: _____ _____ Date of last service: _____ NMED (EID#) Permit System Certification Number: _____ Requirement to Connect to a sewer system <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", explain _____ _____
9	Any problems with septic or sewer lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
SEE RANM FORM 2308 INFORMATION SHEET – SEPTIC SYSTEMS	
Additional Comments: _____ _____ _____ _____	

K	ENVIRONMENTAL CONDITIONS	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Hazardous materials on the Property, such as radioactive, toxic, or bio-hazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		X		
2	Storage tanks <input type="checkbox"/> Above Ground <input type="checkbox"/> Under Ground		X		
3	Underground transmission lines				<u>house electrical</u>
4	Animals kept in the residence		X		



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K	ENVIRONMENTAL CONDITIONS – CON'T Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
5	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		X		
6	Monitoring wells or test equipment		X		
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property		X		
8	Land on the Property that has been filled in		X		
9	Mine shafts, tunnels or abandoned wells or cisterns		X		
10	Within governmentally designated flood plain or wetland area		X		
11	Dead, diseased or infested trees or shrubs	X			
12	Environmental assessments, studies or reports done involving the physical condition of the Property		X		
13	Noticeable continuous or periodic odors		X		
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		X		
15	Wood infestation, insects, pests, rodents or tree root problems		X		
16	Flooding on any portion of the Property		X		
17	History of mold conditions or treatment for mold.		X		
SEE RANM FORM 2309 – INFORMATION SHEET MOLD					
Additional Comments: _____ _____ _____					

NOTE: If question does not apply to Property, mark the “N/A” column.

L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY	N/A	YES	NO	DO NOT KNOW	COMMENTS
1	Is Property part of an owners' association If “yes”, name of Association		X			
2	Does Property have its own designated parking spot(s)? If “yes”, how many?			X		



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L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY – CON'T	N/A	YES	NO	DO NOT KNOW	COMMENTS
3	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).			X		
4	Is Property in a Public Improvement District (PID)?			X		
SEE RANM FORM 4600 – INFORMATION SHEET HOME OWNERS ASSOCIATION SEE RANM FORM 4500 INFORMATION SHEET PUBLIC IMPROVEMENT DISTRICT						
Additional Comments: _____						

M	OTHER RIGHTS	YES	NO	DO NOT KNOW	COMMENTS
1	Has Seller established solar rights on the Property?		X		
2	With the exception of water rights, already addressed in Section J, does seller own all other rights to the Property (i.e. wind, mineral, solar, etc)?	X			
3	If "no", what rights does seller NOT own? <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Hard-rock minerals (Gold, silver, copper & other metals) <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other _____				
4	If "no", what is the reason that Seller does not own all rights? a. <input type="checkbox"/> United States (US) patent did not convey some/all other rights, and therefore, no owner in the chain of title since the US patent ever owned all mineral rights; OR b. <input type="checkbox"/> Other rights were severed by Seller or a former owner of the Property (other than the United States government) and <input type="checkbox"/> SOLD or <input type="checkbox"/> LEASED to a third-party.				
5	If applicable, all sale/lease and/or transfer agreements within Seller's possession <input type="checkbox"/> Are <input type="checkbox"/> Are Not attached If not otherwise identified in the sales and/or lease agreements attached, identity and provide contact information for third-party or parties who/which currently hold other rights to the Property: _____				
Additional Comments: _____					



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N	OTHER DISCLOSURES - GENERAL	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Any damage to flooring (e.g. carpet stains, cracks in tile, damage to wood floors, etc.) or walls (e.g. holes, stains, etc.)?		X		
2	Is any part of the Property leased to others (written or oral)?		X		
3	Does the seller have any written reports of any building, site, roofing, soils or engineering investigations or studies of the Property?		X		
4	Has the seller submitted any property insurance claims? (whether paid or not)		X		
5	Does the seller have any structural, architectural and engineering plans and/or specifications for any existing improvements?		X		
6	Has Property been used as a methamphetamine laboratory? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
7	Has cannabis been grown on the Property? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
8	Are there any government special improvements approved, but not yet installed, that may become a lien against the Property?		X		
SEE RANM FORM 2306 – INFORMATION SHEET CLANDESTINE DRUG LABORATORY REMEDIATION					
Additional Comments: _____					

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the information contained in this Seller's Property Disclosure.

THE BUYER IS ADVISED TO EXERCISE ALL HIS/HER RIGHTS UNDER AND IN ACCORDANCE WITH THE PURCHASE AGREEMENT TO INVESTIGATE AND INSPECT THE PROPERTY.

This form is **NOT** intended as a substitute for an inspection of the Property.

ADVISORY TO SELLER: Seller has a legal duty to disclose material defects in the Property to Buyer. The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's **ACTUAL KNOWLEDGE**.



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PLEASE NOTE: THIS IS NOT A CONTRACT

SELLER

Seller Slg Real Estate, LLC by Steve Gregory _____ Date _____

Seller Slg Real Estate, LLC by Lisa Gregory _____ Date _____

BUYER

Buyer _____ Date _____

Buyer _____ Date _____