

6 Please explain any "Yes" answers you gave in this section:

RADIOACTIVE OR HAZARDOUS MATERIALS		YES	NO	UNK
7	Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Please explain any "Yes" answers you gave in this section:			

ADDITIONAL DISCLOSURES

Lead-Based Paint		YES	NO	UNK
9	Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Are you aware if it has ever been covered or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Are you aware if the property has been tested for lead?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Please explain any "Yes" answers you gave in this section including test date, type of test and results:			

Radon		YES	NO	UNK
13	Are you aware if the property has been tested for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Are you aware if the property has ever been mitigated for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Please explain any "Yes" answers you gave in this section:			

Mold		YES	NO	UNK
16	Are you aware of the presence of any mold on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are you aware of anything with mold on the property that has ever been covered or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Are you aware if the property has ever been tested for the presence of mold?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Please explain any "Yes" answers you gave in this section: <i>mold in The Basement</i>			

Asbestos Materials		YES	NO	UNK
20	Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Are you aware of any asbestos material that has been encapsulated or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	Are you aware if the property has been tested for the presence of asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Please explain any "Yes" answers you gave in this section:			

Other Environmental Concerns		YES	NO	UNK
24	Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Please explain any "Yes" answers you gave in this section:			

SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)

26	Development Name	
27	Contact Name	Phone #
28	Type of Property (check all that apply) <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op	
29	Mandatory Assessment #1	\$ _____ per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other
30	Mandatory Assessment #2	\$ _____ per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other
31	Mandatory Assessment(s) include:	

entrance sign/structure
 street maintenance
 common ground
 snow removal specific to dwelling
 snow removal common area
 landscaping of common area
 landscaping specific to dwelling
 reception facility
 clubhouse
 pool
 tennis court
 exercise area
 water
 sewer
 trash removal
 doorman
 cooling
 heating
 security
 elevator
 some insurance
 real estate taxes
 other common facility _____
 assigned parking space(s): how many _____ identified as _____
 other specific item(s): _____
 Dwelling exterior maintenance covered by Assessment: _____

	YES	NO	UNK
32 Are you aware of any existing or proposed special assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Are you aware of any special taxes and/or district improvement assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Are you aware of any condition or claim which may cause an increase in assessment or fees?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 Are you aware of any material defects in any common or other shared elements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Are you aware of any existing indentures/restrictive covenants?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Are you aware of any violation of the indentures/restrictions by yourself or by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Is there a recorded shared driveway/street/road maintenance agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 Is there a driveway/street/road that is not maintained by city or county? If so, please explain in description.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40 Please explain any "Yes" answers you gave in this section:			

UTILITIES

Services	Current Provider	Phone #			Avg Monthly Cost
			<input checked="" type="checkbox"/> Owned	<input type="checkbox"/> Leased	
41 Propane			<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNK
42 Gas					
43 Electric	UE Missouri				UNK
44 Water	Deep well				UNK
45 Sewer	Septic				UNK
46 Trash					UNK
47 Recycle					UNK
48 Internet					UNK
49 Phone					UNK

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

Type of Heating Equipment:								
50 Zone 1: Age	UNK	Brand	<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Geo-Thermal	<input type="checkbox"/> Other
51 Zone 2: Age		Brand	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Geo-Thermal	<input type="checkbox"/> Other
Fuel Source of Heating Equipment:								
52 Zone 1:		<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Other	
53 Zone 2:		<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Other	
Type of Air Conditioner:								
54 Zone 1: Age	UNK	Brand	<input checked="" type="checkbox"/> Central Electric	<input type="checkbox"/> Central Gas	<input type="checkbox"/> Window/Wall (# of Units:)	<input type="checkbox"/> Other		
55 Zone 2: Age		Brand	<input type="checkbox"/> Central Electric	<input type="checkbox"/> Central Gas	<input type="checkbox"/> Window/Wall (# of Units:)	<input type="checkbox"/> Other		
56	Are you aware of any problems or issues with any part of the HVAC system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
57	Do you have any existing maintenance agreements in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
58	Are any areas of the home not covered by central heating /cooling?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
59	With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:							
	UNK							

60 Please explain any "Yes" or "Other" answers you gave in this section:
Electric wire was cut.

FIREPLACE(S)

	YES	NO	UNK
61 Location 1: Room: <u>NA</u> Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62 Location 2: Room: <u>NA</u> Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63 Location 3: Room: <u>NA</u> Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
64 Are you aware of any problems or repairs needed with any item in this section?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

65 Please explain any "Yes" or "No" answers you gave in this section:
no fireplaces

PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

66 Plumbing System: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other: <u>UNK</u>
67 Water Heater 1: Age: <u>UNK</u> Location: <u>Down stairs</u> Tank Size: <u>UNK</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other
68 Water Heater 2: Age: _____ Location: _____ Tank Size: _____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other

		YES	NO	UNK
69	Does the property have an ice-maker supply line?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
70	Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
71	Are you aware of any problems or repairs needed in the plumbing system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
72	Does property have a Swimming Pool/Spa/Hot Tub? (If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73	Please explain any "Yes" or "Other" answers you gave in this section: <i>a couple water lines cut</i>			
WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
74	What is the source of your drinking water? <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other _____			
75	If well, when was the water last tested? <u>UNK</u> Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.			
76	Do you have a water softener? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, is it <input checked="" type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.			
		YES	NO	UNK
77	Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Please explain any "Yes" answers you gave in this section and water softener lease information if applicable: <i>Hard water</i>			
SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
79	What is the type of sewerage system to which the house is connected? <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other _____ If Other, please explain:			
80	If septic/aerator, when was system last serviced? <u>UNK</u>			
		YES	NO	UNK
81	Is there a sewerage lift system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82	Is there a sewerage grinder system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83	Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84	Please explain any "Yes" answers you gave in this section:			
ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)				
Type of Service Panel(s):				
85	Panel 1: Amps <u>UNK</u> Brand _____ <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
86	Panel 2: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
87	Panel 3: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
Type of Wiring:				
88	Panel 1: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Other _____			
89	Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other _____			
90	Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other _____			
		YES	NO	UNK
91	Are you aware of any problems or repairs needed in the electrical system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92	Are you aware of any of the panels in services in the property being subject to recall or otherwise out of date?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
93	Please explain any "Yes" answers you gave in this section: <i>a few electric line were cut</i>			
CONSTRUCTION				
94	The property was originally constructed in: <u>1992</u> . Seller has occupied property from _____ to _____.			
95	List all significant additions, modifications, renovations, & alterations to the property during your ownership below:			
		YES	NO	UNK
96	Were required permits obtained for the work described above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97	Please explain any "No" answers you gave in this section:			

FOUNDATION

98	Type of Foundation: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	YES	NO	UNK
99	Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100	Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102	Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
104	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105	Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:			

BASEMENT AND CRAWL SPACE (Complete only if applicable)

		YES	NO	UNK
106	Is the home equipped with a sump pit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
107	Is the home equipped with a sump pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
108	Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
109	Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
111	Please explain any "Yes" answers you gave in this section:			

ROOF, GUTTERS AND DOWNSPOUTS

		YES	NO	UNK
112	What is the approximate age of the roof? _____ Is it documented? If yes, please provide documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
113	Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
114	Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
115	Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
116	Are you aware of any problems with the roof, gutters or downspouts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
118	Please explain any "Yes" answers you gave in this section and attach any documentation: <i>needs shingles</i>			

PESTS/TERMITES/WOOD DESTROYING INSECTS

		YES	NO	UNK
119	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
120	Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
121	Are you aware of any control reports for the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
122	Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
123	Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
124	Please explain any "Yes" answers you gave in this section:			

SOIL AND DRAINAGE

		YES	NO	UNK
125	Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
126	Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
127	Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
128	Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
129	Please explain any "Yes" answers you gave in this section:			

SURVEY AND ZONING

YES NO UNK

130 Do you have a survey of the property? If yes, please attach. YES NO UNK

131 Does the survey include all existing improvements on the property? YES NO UNK

132 Are you aware of any shared or common features with adjoining properties? YES NO UNK

133 Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property? YES NO UNK

134 Is any portion of the property located within the 100-year flood hazard area (flood plain)? YES NO UNK

135 Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property? YES NO UNK

136 Please explain any "Yes" answers you gave in this section:

INSURANCE

YES NO UNK

137 Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.) YES NO UNK

138 If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed.

APPLIANCES/EQUIPMENT

(Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable)

139	Range/Stove	<input type="checkbox"/> N/A	Age <u>unk</u>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric
140	Oven	<input type="checkbox"/> N/A	Age <u>unk</u>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric
141	Cooktop	<input checked="" type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
142	Outdoor Grill	<input checked="" type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric
143	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric
144	Built in Microwave	<input checked="" type="checkbox"/> N/A	Age _____		
145	Built in Refrigerator	<input checked="" type="checkbox"/> N/A	Age _____		
146	Dishwasher	<input type="checkbox"/> N/A	Age <u>unk</u>		
147	Garbage Disposal	<input checked="" type="checkbox"/> N/A	Age _____		
148	Trash Compactor	<input checked="" type="checkbox"/> N/A	Age _____		
149	Electric Pet Fence	<input checked="" type="checkbox"/> N/A	# of collars _____		
150	Gas Powered Exterior Lights	<input checked="" type="checkbox"/> N/A	# of lights _____		
151	Security System/Cameras	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased

YES NO UNK

152 Are you aware of any items in this section in need of repair or replacement? YES NO UNK

153 Please explain any "Yes" answers you gave in this section:

MISCELLANEOUS

YES NO UNK

154 Has the property been continuously occupied during the last twelve months? YES NO UNK

155 Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority? YES NO UNK

156 Is the property located in an area that requires any specific disclosure(s) from the city or county? YES NO UNK

157 Is the property designated as a historical home or located in a historic district? YES NO UNK

158 Is property tax abated? If yes, attach documentation from taxing authority. YES NO UNK

159 Are you aware of any pets having been kept in or on the property? Explain below. YES NO UNK

160 Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense? YES NO UNK

161 Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass? Explain below. YES NO UNK

162 Are you aware if carpet has been laid over a damaged wood floor? Explain below. YES NO UNK

163 Are you aware of any existing or threatened legal action affecting the property? Explain below. YES NO UNK

164 Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property? Explain below. YES NO UNK

165 Please explain any "Yes" answers you gave in this section:

