



# SELLER'S PROPERTY DISCLOSURE STATEMENT

(To be completed by Seller)

Sunflower Association of REALTORS®, Inc.



Property Address: 509 Oak, Cottonwood Falls, KS 66845

Date: 6/4/24

Approximate age of property: 1930

Date Purchased: \_\_\_\_\_

Real estate transactions generally run smoother if all pertinent information pertaining to the property is disclosed prior to the actual contract date. Please be as complete and accurate as possible. The form is not a warranty or guarantee of any kind by Seller or any Broker(s) involved in the transaction, and is not a substitute for Buyer having the property carefully examined for potential problems or defects by qualified professionals. Attach additional sheets if space is insufficient for all applicable comments. Seller acknowledges and understands that the Broker(s) and potential Buyer of the property will rely upon the accuracy of facts and opinions set forth in this statement.

1. APPLIANCES <i>Please note that personal property items listed on this form are not included unless specified in the contract.)</i>	Working	Not Working	None/Not Included
a. Built-in vacuum system			✓
b. Clothes dryer	✓		
c. Clothes washer	✓		
d. Dishwasher	✓		
e. Disposal	✓		
f. Free-standing freezer			✓
g. Gas grill			✓
h. Built-in microwave	✓		
i. Built-in oven			✓
j. Kitchen cook top/range	✓		
k. Kitchen refrigerator	✓		
l. Room air conditioner # of units _____			✓
m. Trash compactor			✓
n. TV antenna/dish	✓		
o. Vent hood	✓		
p. Other			

Comments/explanations:  
\_\_\_\_\_  
\_\_\_\_\_

2. ELECTRICAL SYSTEM	Working	Not Working	None/Not Included
a. Air purifier			✓
b. Ceiling fan(s) # of units <u>4</u>	✓		
c. Doorbell	✓		
d. Garage door opener(s) # of units <u>1</u>	✓		
e. Inside telephone wiring			✓
f. Intercom/sound system			✓
g. Light fixtures	✓		
h. Security system, includes (check all that apply): <input type="checkbox"/> Smoke alarm <input type="checkbox"/> AV (security cameras) <input type="checkbox"/> Fire alarm <input type="checkbox"/> Carbon monoxide detection <input type="checkbox"/> Own <input type="checkbox"/> Lease Monitored by:			✓
i. Detectors (check all that apply) <input type="checkbox"/> Smoke alarm <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Propane			✓
j. Switches & outlets	✓		
k. Bathroom vent fan(s)	✓		

l. Who is your electric service provider? Evergy  
m. Other:  
n. Who is your internet provider? Idea Tech

Comments/explanations:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Seller's initials  Seller's initials

3. HEATING & COOLING SYSTEMS	Working	Not Working	None/Not Included
a. Attic fan			✓
b. Central air conditioning	✓		
c. Electronic air cleaner			✓
d. Heat pump			✓
e. Heating system type(s) (check all that apply): <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other	✓		
f. Humidifier			✓
g. Propane tank # of gallons _____ <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			✓
h. Fireplace - wood # of units _____			✓
i. Fireplace - gas # of units _____			✓
j. Fireplace - gas starter # of units _____			✓
k. Wood burning stove			✓
l. Other			

Comments/explanations:  
\_\_\_\_\_  
\_\_\_\_\_

4. PLUMBING / CLEAN WATER SYSTEMS	Working	Not Working	None/Not Included
a. Plumbing pipes	✓		
b. Plumbing fixtures	✓		
c. Water heater type(s) (check all that apply): # of units <u>1</u> <input checked="" type="checkbox"/> Gas # of gallons _____ <input type="checkbox"/> Electric # of gallons _____ <input type="checkbox"/> Propane # of gallons _____ <input type="checkbox"/> Other # of gallons _____	✓		
d. Water purifier			✓
e. Water softener <input type="checkbox"/> Own <input type="checkbox"/> Lease If leased, company name:			✓
f. Jet tub			✓
g. Hot tub			✓
h. Pool			✓
i. Pool equipment			✓
j. Sauna			✓
k. Underground sprinkler			✓
l. Sump pump			✓

Check all that apply below:  
m.  Septic  Lagoon  
n.  Well  Cistern

o. Other  
Comments/explanations:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Buyer's initials \_\_\_\_\_ Buyer's initials

Property Address: 509 Oak, Cottonwood Falls, KS 66845

Date: 10/4/24

5. ROOF / EXTERIOR WALLS / INSULATION			
	Yes	No	Do Not Know
a. Approximate age of roof surface <u>5 yrs</u> Roof surface type: <u>Shingles</u>			
b. Are you aware of any leaks in roof during your ownership? If yes, explain below.		✓	
c. Has roof been replaced and/or repaired during your ownership? If yes, explain below.		✓	
d. Do you know of any problems with roof and/or rain gutters? If yes, explain below.		✓	
e. Does the structure include an Exterior Insulated Finish System (EIFS)?		✓	
f. Are you aware of any past and/or present moisture problems? If yes, explain below.		✓	
g. Location of insulation (check all that apply): <input checked="" type="checkbox"/> Ceiling <input type="checkbox"/> Attic <input checked="" type="checkbox"/> Walls <input type="checkbox"/> Floors			

COMMENTS:

6. STRUCTURAL / FOUNDATION / WALLS			
	Yes	No	Do Not Know
a. Are you aware of any past and/or present movement, shifting, deterioration, or other problems with wall or foundation? If yes, explain below.	✓		
b. Are you aware of any past and/or present cracks and/or flaws in the walls and/or foundation? If yes, explain below.			✓
c. Are you aware of any past and/or present water and/or dampness in basement and/or crawl space? If yes, explain below.		✓	
d. Are you aware of any past and/or present problems with driveways, walkways, patios, and/or retaining walls? If yes, explain below.	✓		
e. Are you aware of any repairs and/or attempts to control any of the above? If yes, explain below.		✓	
f. Check all that are applicable: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab			

COMMENTS:

Living Room / Living Room Slants (Floor)

Sidewalks uneven

7. WATER / DRAINAGE / SEWAGE			
	Yes	No	Do Not Know
a. Property connected to (check all that apply): <input checked="" type="checkbox"/> City water <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Rural water If Rural Water: District # _____ Phone: _____	✓		
b. If on well water: To your knowledge, has water ever been tested during your ownership? If yes, did results show any contamination? If yes, explain below.			
c. To your knowledge, have any neighbors ever complained that subject property causes them drainage problems. If yes, explain below.		✓	
d. Is the property located in a federally designated high-risk flood or wetlands area, or are you aware of a proposed change? For more information, visit FEMA's Flood Map Service Center at <a href="https://msc.fema.gov">https://msc.fema.gov</a> .		✓	
e. Property is connected to (check all that apply): <input checked="" type="checkbox"/> City sewer system <input type="checkbox"/> County sewer system <input type="checkbox"/> Septic system <input type="checkbox"/> Private lagoon <input type="checkbox"/> Holding tank If septic system, when was it last serviced and/or cleaned? _____ Has a riser been installed? _____ <b>If the property is within the city limits and on a septic system, it MAY be required, at time of sale, to be connected to the city sewer system.</b>			
f. Are you aware of any past and/or present problems relating to the sewer system, septic tank, private lagoon, and/or holding tank? If yes, explain below.		✓	
g. Are you aware of any available or pending sewer or water connection? If yes, explain below.		✓	

COMMENTS:

\_\_\_\_\_  
Seller's initials                      Seller's initials                      Buyer's initials                      Buyer's initials

Property Address: 509 Oak, Cottonwood Falls, KS 66845

Date: 6/4/24

8. BOUNDARIES / LAND / RESTRICTIONS / COVENANTS			
	Yes	No	Do Not Know
a. Do you have a copy of a (check all that apply)? <input type="checkbox"/> Pln survey <input type="checkbox"/> Mortgage title inspection		<input checked="" type="checkbox"/>	
b. Are the property survey pins visible or marked?			<input checked="" type="checkbox"/>
c. Are there any encroachment and/or boundary disputes? If yes, explain below.		<input checked="" type="checkbox"/>	
d. Is there fencing on the property? If yes, does the fencing belong to the property?	<input checked="" type="checkbox"/>		
e. Are there property features shared in common with adjoining landowners, such as walls, fences, roads, and/or driveways? If yes, who has responsibility for the maintenance?	<input checked="" type="checkbox"/>		
f. Do you know of any sliding, settling, earth movement, upheaval, and/or earth stability problems that have occurred on the property? If yes, explain below.		<input checked="" type="checkbox"/>	
g. Is the property subject to declarations, restrictions, or covenants?			<input checked="" type="checkbox"/>
h. Is the property subject to historic preservation/demolition restrictions?			<input checked="" type="checkbox"/>
i. Are there any zoning, building, and/or restrictive covenant violations? If yes, explain below.			<input checked="" type="checkbox"/>
j. Is the property subject to rules or regulations of a homeowners association? If yes, what are the dues? Amount _____ per _____ Contact information: _____		<input checked="" type="checkbox"/>	
k. Are you aware of any conditions that may result in an increase in association assessments? If yes, explain below.		<input checked="" type="checkbox"/>	
l. Are you aware of any pending action(s) by any governmental or quasi-governmental agencies affecting the property (i.e., street widening, zoning changes, annexation, school district changes, etc.)? If yes, explain below.		<input checked="" type="checkbox"/>	
m. Are you aware of any special assessments on this property? (See attached document required by KSA 12-601.)		<input checked="" type="checkbox"/>	
n. Are you aware of any pending bonds or assessments that apply to this property? If yes, explain below.		<input checked="" type="checkbox"/>	
o. Is the property in the city limits?	<input checked="" type="checkbox"/>		
COMMENTS: <u>I maintain fences.</u>			

9. ENVIRONMENTAL DISCLOSURES			
	Yes	No	Do Not Know
a. Are you aware of the following hazardous or questionable environmental conditions on the property (check all that apply)? <input type="checkbox"/> Lead paint <input type="checkbox"/> Asbestos/urea formaldehyde foam insulation or products <input type="checkbox"/> Underground storage tanks <input type="checkbox"/> Gas, oil, and/or water wells <input type="checkbox"/> Methane gas <input type="checkbox"/> Radon gas <input type="checkbox"/> Radioactive material <input type="checkbox"/> Landfill <input type="checkbox"/> Mineshaft <input type="checkbox"/> Expansive soil <input type="checkbox"/> Toxic materials <input type="checkbox"/> Discoloration of soil or vegetation <input type="checkbox"/> Oil sheers in wet areas		<input checked="" type="checkbox"/>	
b. Are you aware of any noxious weeds or plants (i.e., poison ivy, poison oak, thistles, etc.)?		<input checked="" type="checkbox"/>	
c. Are you aware of any other condition that you deem to be a hazardous and/or questionable environmental condition? If yes, please identify and explain below.		<input checked="" type="checkbox"/>	
<b>Mold and mildew occur in practically all residential properties and certain types can cause health problems to certain people.</b>			
d. Has mold and/or mildew created any problems for occupants of the structure during your ownership?		<input checked="" type="checkbox"/>	
e. Have you had inspections for mold or mildew?		<input checked="" type="checkbox"/>	
f. Have you received any reports pertaining to mold and/or mildew on or within the structure?		<input checked="" type="checkbox"/>	
COMMENTS:			

10. OTHER DISCLOSURES			
	Yes	No	Do Not Know
a. Are you aware of any additions and/or alterations on the property without a building permit? If yes, explain below.		<input checked="" type="checkbox"/>	
b. Is the present use a non-conforming use? If yes, explain below.		<input checked="" type="checkbox"/>	
c. Do any bedrooms have non-conforming fire egress window(s)? If yes, explain below.		<input checked="" type="checkbox"/>	
d. Have you kept pets in the dwelling?	<input checked="" type="checkbox"/>		
e. Have you ever smoked on the premises during your ownership? If yes, explain below.		<input checked="" type="checkbox"/>	
f. When were the following last cleaned? Fireplace _____ Wood stove _____ Chimney _____ Flue _____			
g. Location of attic access: <u>closet</u>			
h. Location of crawlspace access: <u>Below Deck</u>			
i. Location of septic and/or sewer clean-out: <u>South side of house</u>			
COMMENTS:			

 Seller's initials \_\_\_\_\_
  Seller's initials \_\_\_\_\_
  Buyer's initials \_\_\_\_\_
  Buyer's initials \_\_\_\_\_

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Date: 6/4/24

11. DAMAGE DISCLOSURES	Yes	No	Do Not Know
a. Are there any trees and/or shrubs diseased or dead?		✓	
b. Do you have any knowledge of termites, other wood destroying insects, and/or dry rot on or affecting the property?		✓	
c. Are you aware of any damage to the property caused by termites, other wood destroying insects, and/or dry rot?		✓	
d. Have you had termite and/or pest control reports and/or treatments for the property? If yes, name of company:		✓	
e. Is property currently under contract by a licensed pest control company for termites and/or other wood destroying insects? If yes, name of company:		✓	
f. Are you aware of any past and/or present damage due to wind, fire, flood, rodents, and/or pets? If yes, were repairs made? If yes, name of company: _____ Date: _____		✓	
g. Name of insurance carrier: <u>State Farm</u>			
h. Have you had insurance claims during your ownership? If yes, were repairs made? Explain below.		✓	
i. Are you presently or have you ever been involved in any litigation or received benefit from any class action suit regarding materials and/or workmanship for this property? If yes, explain below.		✓	
j. Are you aware of any other facts, conditions, and/or circumstances that may affect the value, beneficial use, and/or desirability of this property? If yes, explain below.		✓	

**COMMENTS:**

\_\_\_\_\_

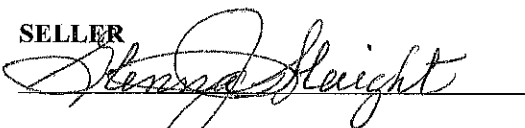
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- Check One:**
- Seller certifies that the information herein is true and correct to the best of Seller's knowledge as of the date signed by Seller. Seller agrees to notify Buyer of any additional items that may become known to the Seller before closing. Seller further agrees to hold the Real Estate Broker(s) harmless from any liability incurred as a result of any third-party reliance on the disclosure contained herein and acknowledges receipt of a copy of this statement.
  - Seller (or Seller's representative) has not occupied or personally managed this property in the past \_\_\_\_\_ years and may not be familiar with all conditions represented in this form. Seller, therefore, may be unable to make representation as to all conditions.

**SELLER**  


6/4/24  
 Date

**SELLER**  
 \_\_\_\_\_  
 Date

Buyer is urged to carefully inspect the property and, if desired, have the property inspected by a qualified inspector. Buyer understands that there are areas of the property of which Seller has no knowledge and that this disclosure statement does not encompass those areas. Buyer acknowledges that neither the Seller nor any Broker(s) or Agent(s) involved in this transaction is an expert at detecting or repairing physical defects in the property. Buyer also acknowledges that he has read and received a signed copy of this statement from Seller or Seller's Agent.

Seller does not intend this Disclosure Statement to be a warranty or guarantee of any kind. Buyer agrees to purchase the property in its present condition only, without warranties or guarantees of any kind by Seller or any Broker(s) concerning the condition or value of the property. There are no representations concerning the condition or value of the property made by Seller or Broker(s) on which I am relying except as may be fully set forth in writing and signed by them.

**BUYER**  
 \_\_\_\_\_

**BUYER**  
 \_\_\_\_\_

Date

Date