

SELLER DISCLOSURE OF PROPERTY CONDITION

The information in this form is based upon the undersigned's observation and knowledge about the property during the period beginning on the date of his or her purchase of it on:

1998 11/1/98 and ending on 2/19/18
(date of purchase) (date of this form)

PROPERTY ADDRESS: 439 Pierce - Danaburg Ky

This form applies to sales and purchases of residential real estate. This form is not required for:

1. Residential purchases of new homes if a warranty is offered;
2. Sales of real estate at auction; or
3. A court supervised foreclosure.

PURPOSE OF STATEMENT: Completion of this form shall satisfy the requirements of KRS 324.360 which mandates the seller's disclosure of information about the property he is about to sell. This disclosure is based solely on the seller's observation and knowledge of the property's condition and the improvements thereon. This statement shall not be a warranty by the seller or seller's agent and shall not be intended as a substitute for an inspection or warranty the purchaser may wish to obtain. This is a statement of the conditions and information concerning the property known by the seller. Unless otherwise advised, the seller does not possess any expertise in construction, architectural, engineering, or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owning the property, the seller possesses no greater knowledge than that which could be obtained upon a careful inspection of the property by the potential buyer. Unless otherwise advised, the seller has not conducted any inspection of generally-inaccessible areas such as the foundation or roof. It is not a warranty of any kind by the seller or by any agent representing any seller in this transaction. It is not a substitute for any inspections. Purchaser is encouraged to obtain his or her own professional inspections.

INSTRUCTIONS TO THE SELLER: (1) Complete all numbered items. (2) Report all known conditions affecting the property. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the licensee to complete this form on your behalf in accordance with KRS 324.360(9). (5) If some items do not apply to your property, write "not applicable." (6) If you do not know the answer to a question, write "unknown."

SELLER'S DISCLOSURE: As seller, I/we disclose the following information regarding the property. This information is true and accurate to the best of my/our knowledge as of the date signed. Seller authorizes the agent to provide a copy of this statement to a person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following are not the representations of the agent.

Please answer all questions. If the answer is yes, please explain. If additional space is needed, use the reverse side or make attachments.

	YES	NO	UNKNOWN
1. HOUSE SYSTEMS			
Any past or current problems affecting:			
(a) Plumbing <u>Shut off valve Froze</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Electrical system <u>3 plugs Dont work</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Appliances <u>Ice Maker Brake</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Floors and walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Doors and windows <u>Hail Damage</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) Ceiling and attic fans <u>Living Room Fan</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Security system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Chimneys, fireplaces, inserts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) Pool, hot tubs, sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) Sprinkler system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(l) Heating.....age <u>1998</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(m) Cooling/air conditioning.....age <u>1998</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: _____			
2. FOUNDATION/STRUCTURE/BASEMENT			
(a) Any defects or problems, current or past, to the foundation or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Any defects or problems, current or past, to the structure or exterior veneer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: <u>Hail Damage</u>			
(c) Has the basement leaked at anytime since you have owned or lived in the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) When was the last time the basement leaked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Have you ever had any repairs done to the basement?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) If you have had repairs done to the basement relative to leaking, when was the repair performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: _____			
(g) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials (Buyer) _____ Date/Time _____

Initials (Seller) NA Date/Time 2-19-18 12:25 PM

Property Address 439 Fremont Drive Baywood

YES NO UNKNOWN

- (h) Have you experienced, or are you aware of, any water or drainage problems with
Regard to the crawl space?..... YES NO UNKNOWN
- 3. **ROOF**
 - (a) Age of the roof?..... YES NO UNKNOWN
 - (b) 1. Has the roof leaked at any time since you have owned or lived in the property? YES NO UNKNOWN
 - 2. When was the last time the roof leaked?.....
 - (c) 1. Have you ever had any repairs done to the roof?..... YES NO UNKNOWN
 - 2. If you have ever had the roof repaired, when was the repair performed? 2013
 - (d) 1. Have you ever had the roof replaced?..... YES NO UNKNOWN
 - 2. If you have had the roof replaced, when was the replacement performed? 2015
 - (e) If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) HAS HALL Damage Now
 - (f) 1. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof?..... YES NO UNKNOWN
 - 2. If you have ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof, when was the repair performed?.....
- 4. **LAND/DRAINAGE**
 - (a) Any soil stability problems?..... YES NO UNKNOWN
 - (b) Has the property ever had a drainage, flooding, or grading problem?..... YES NO UNKNOWN
 - (c) Is the property in a flood plain zone?..... YES NO UNKNOWN
 - (d) Is there a retention/detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?..... YES NO UNKNOWN
 - Explain: HAS creek + Spring
- 5. **BOUNDARIES**
 - (a) Have you ever had a staked or pinned survey of the property?..... YES NO UNKNOWN
 - (b) Do you know the boundaries?..... YES NO UNKNOWN
 - (c) Are the boundaries marked in any way?..... YES NO UNKNOWN
 - (d) Are there any encroachments or unrecorded easements relating to the property of which you are aware?..... YES NO UNKNOWN
 - Explain:.....
- 6. **WATER**
 - (a) 1. Source of water supply City & Spring
 - 2. Are you aware of below normal water supply or water pressure?..... YES NO UNKNOWN
 - (b) Is there a water purification system or softener remaining with the house?..... YES NO UNKNOWN
 - (c) Has your water ever been tested? If yes, give results..... YES NO UNKNOWN
 - Explain:.....
- 7. **SEWER SYSTEM**
 - (a) Property is serviced by:
 - 1. Category I. Public Municipal Treatment Facility;..... YES NO UNKNOWN
 - 2. Category II. Private Treatment Facility;..... YES NO UNKNOWN
 - 3. Category III. Subdivision Package Plant;..... YES NO UNKNOWN
 - 4. Category IV. Single Home Aerobic Treatment System (AKA: "Home Package Plant")..... YES NO UNKNOWN
 - 5. Category V. Septic Tank with drain field, lagoon, wetland, or other onsite dispersal; YES NO UNKNOWN
 - 6. Category VI. Septic Tank with dispersal to an offsite, multi-property cluster treatment system;..... YES NO UNKNOWN
 - 7. Category VII. No Treatment/Unknown..... YES NO UNKNOWN
 - (b) For properties with Category IV, V, or VI systems:
 - Date of last inspection (sewer): NO
 - Date of last inspection (septic): NO Date last cleaned (septic): NO
 - (c) Are you aware of any problems with the sewer system?..... YES NO UNKNOWN
 - Explain:.....
- 8. **CONSTRUCTION/REMODELING**
 - (a) Have there been any additions, structural modifications, or other alterations made?..... YES NO UNKNOWN
 - (b) Were all necessary permits and government approvals obtained?..... YES NO UNKNOWN
 - Explain:.....
- 9. **HOMEOWNER'S ASSOCIATION**
 - (a) 1. Is the property subject to rules or regulations of a homeowner's association?..... YES NO UNKNOWN
 - 2. If yes, what is the yearly assessment? \$.....

Initials (Buyer) _____ Date/Time _____

Initials (Seller) AK Date/Time 2-19-18 12:25 PM

Property Address 439 River Dr. Ashland

- | | YES | NO | UNKNOWN |
|--|-------------------------------------|-------------------------------------|---------|
| (b) Are you aware of any condition which may result in an increase in taxes or assessments?..... | | <input checked="" type="checkbox"/> | |
| (c) Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.?..... | <input checked="" type="checkbox"/> | | |
| Explain: <u>fence</u> | | | |
| 10. MISCELLANEOUS | | | |
| (a) Was this house built before 1978? | | <input checked="" type="checkbox"/> | |
| (b) Are you aware of any use of ureaformaldehyde, asbestos materials, or lead based paint in or on this home?..... | | <input checked="" type="checkbox"/> | |
| (c) 1. Are you aware of any testing for radon gas?..... | | <input checked="" type="checkbox"/> | |
| 2. Results, if tested _____ | | | |
| (d) Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns or abandoned wells on the property?..... | <input checked="" type="checkbox"/> | | |
| Explain: <u>septic tank</u> | | | |
| (e) Are you aware of any present or past wood infestation (i.e. termites, bores, carpenter ants, fungi, etc.)?..... | | <input checked="" type="checkbox"/> | |
| (f) Are you aware of any damage due to wood infestation?..... | | <input checked="" type="checkbox"/> | |
| (g) 1. Have the house or other improvements ever been treated for wood infestation?..... | | <input checked="" type="checkbox"/> | |
| 2. If yes, when, by whom, and any warranties? | | | |
| (h) Are you aware of any existing or threatened legal action affecting this property?..... | | <input checked="" type="checkbox"/> | |
| (i) Are there any assessments other than property assessments that apply to this property (i.e. sewer assessments)?..... | | <input checked="" type="checkbox"/> | |
| (j) Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?..... | | <input checked="" type="checkbox"/> | |
| (k) Are you aware of any other conditions which are defective with regard to this property?..... | | <input checked="" type="checkbox"/> | |
| (l) Are there any environmental hazards known to seller?..... | | <input checked="" type="checkbox"/> | |
| (m) Are there any warranties to be passed on?..... | | <input checked="" type="checkbox"/> | |
| (n) Has this house ever been damaged by fire or other disaster (i.e., tornado, hail, etc.)?..... | | | |
| If yes, please explain: <u>HAIL</u> | <input checked="" type="checkbox"/> | | |
| (o) Are you aware of the existence of mold or other fungi in the property?..... | | <input checked="" type="checkbox"/> | |
| (p) Has this house ever had pets living in it? | <input checked="" type="checkbox"/> | | |
| If yes, Explain <u>Dog + CAT</u> | | | |
| (q) Is the property in a historic district?..... | | <input checked="" type="checkbox"/> | |

SPACE FOR ADDITIONAL INFORMATION

The seller has owned this property since 1998 (date) and makes these representations only since that date. Seller agrees to immediately notify Buyer of any changes which may become known to seller prior to closing.

Seller Paul S. Wilshire Date 2-19-18

THE LICENSEE NAMED HERE () HAS BEEN REQUESTED BY THE OWNER TO COMPLETE THIS FORM AND HAS DONE SO. I HEREBY AGREE TO HOLD HARMLESS THE NAMED LICENSEE FOR ANY REPRESENTATION THAT APPEAR ON THIS FORM IN ACCORDANCE WITH KRS 324.360(9).

Seller: _____ Date _____
THE SELLER REFUSES TO COMPLETE THIS FORM AND ACKNOWLEDGES THAT THE AGENT SHALL SO INFORM THE BUYER.

Seller: _____ Date _____
Date: _____ Date: _____

THE SELLER HAS REFUSED TO COMPLETE THIS FORM AND HAS REFUSED TO ACKNOWLEDGE HIS FAILURE TO COMPLETE THE FORM

Broker/Agent: _____ Date: _____
THE BUYER ACKNOWLEDGES RECEIPT OF THIS FORM.

Buyer _____ Date _____ Buyer _____ Date _____

THE SELLER MAY DISCLOSE ADDITIONAL INFORMATION NOT REQUESTED OF THIS FORM AND MAY RESPOND TO ADDITIONAL INQUIRIES OF THE BUYER.

Initials (Buyer) _____ Date/Time _____

Initials (Seller) AW Date/Time 2-19-18 12:25 PM