

Kansas Association of REALTORS®
SELLER'S PROPERTY DISCLOSURE STATEMENT
(To Be Completed by Seller)

Property Address: _____ Date _____
 SELLER IS IS NOT currently occupying the property or HAS NEVER occupied the property.

Approximate age of property _____ Date purchased _____

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH IT IS SIGNED. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER(S) OR ANY REAL ESTATE LICENSEE IN THIS TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY REAL ESTATE LICENSEE.

THE INFORMATION CONTAINED HEREIN IS INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE SELLER AND THE PURCHASER.

SELLER'S INFORMATION

The Seller discloses the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on this information in deciding whether, and on what terms, to purchase the subject real property. Seller hereby authorizes any real estate licensee in this transaction to provide a copy of this statement to any person or entity in connection with any actual or possible sale of the real property.

PART I - Indicate the condition of the following items by marking the appropriate box. Check only one box.

	None/ NOT INCLUDED	INCLUDED WORKING	NOT WORKING		None/ NOT INCLUDED	INCLUDED WORKING	NOT WORKING
Section A - Appliances:							
1. Built-in vacuum system & equipment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Microwave oven.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes dryer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Oven.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Range.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Refrigerator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. TV antenna/satellite dish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Trash compactor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Range ventilation system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B - Electrical Systems:							
1. Electric service panel..... (Capacity _____ AMPS) <input type="checkbox"/> Fuse <input type="checkbox"/> Circuit breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sauna..... (<input type="checkbox"/> Steam <input type="checkbox"/> Dry, If included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Smoke/fire alarm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remotes..... No. remotes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Vent fan(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring/jacks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. 220 Volt service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cable TV wiring/jacks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Security system..... <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Central station - monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				12. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				13. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C - Heating and Cooling Systems:							
1. Air purifier.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Propane tank <input type="checkbox"/> Leased <input type="checkbox"/> Own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fireplace/fireplace insert..... <input type="checkbox"/> Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central A/C.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Factory built <input type="checkbox"/> Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Room air conditioner(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Gas starter (fireplace).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating system..... <input type="checkbox"/> Gas <input type="checkbox"/> Forced air gas <input type="checkbox"/> Elec <input type="checkbox"/> Boiler (<input type="checkbox"/> Hot water <input type="checkbox"/> Steam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Gas logs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heat pump.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Woodburning stove.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Solar house heating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				16. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section D - Water Systems:							
1. Hot tub/whirlpool.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Well system..... <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Sewer (specify)..... <input type="checkbox"/> Lift <input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sump pump..... Discharges to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Lagoon.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Swimming pool.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Septic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underground sprinkler..... <input type="checkbox"/> Back Flow Preventer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. E.T. Bed (Evapotranspiration Bed).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Water heater.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Water purifier.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Water softener <input type="checkbox"/> Rent <input type="checkbox"/> Own.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Buyer's Initials

_____ Date _____

_____ Date _____

Seller's Initials

_____ Date _____

_____ Date _____

PART II - Answer the questions TO THE BEST OF YOUR (SELLER'S) KNOWLEDGE.

	YES	NO		YES	NO
Section A. - Structural Conditions:					
1. Age of roof (if known) _____ years			8. (Continued) Has there been an inspection to determine whether the structure has excessive moisture accumulation and/or related damage?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the roof leak?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, attach the results of the inspection.		
3. Is there present damage to the roof?	<input type="checkbox"/>	<input type="checkbox"/>	9. Is there any damage to the chimney?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any insurance claims?	<input type="checkbox"/>	<input type="checkbox"/>	10. Is there any exposed wiring presently in any structures on the property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were all repairs made?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are there any windows or doors which leak or have broken thermopane seals?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there ever been leakage/seepage in the basement or crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever experienced any moving or settling of the following:		
If yes, explain _____			Foundations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has there been any damage to the real property or any of the improvements due to the following occurrences, including, but not limited to, wind, fire, flood?	<input type="checkbox"/>	<input type="checkbox"/>	Floors?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____			Walls?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any structural problems with the property?	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____			Patios?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is any exterior wall covering of the structure covered with Exterior Insulation and Finishing Systems (EIFS) or Synthetic stucco?	<input type="checkbox"/>	<input type="checkbox"/>	Driveways?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you aware of any adverse conditions?.....	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain _____			Other _____		

Section B - Hazardous Conditions: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following substances, materials, or products on or near the real property which may be an environmental hazard?					
	YES	NO		YES	NO
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	7. Toxic materials.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Contaminated soil or water (including drinking water).....	<input type="checkbox"/>	<input type="checkbox"/>	8. Underground fuel or chemical storage tanks.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Expansive soil	<input type="checkbox"/>	<input type="checkbox"/>	9. EMF's (Electric Magnetic Fields).....	<input type="checkbox"/>	<input type="checkbox"/>
4. Landfill or buried materials.....	<input type="checkbox"/>	<input type="checkbox"/>	10. Gas or oil wells in area	<input type="checkbox"/>	<input type="checkbox"/>
5. Lead-based paint	<input type="checkbox"/>	<input type="checkbox"/>	11. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
(See attached lead disclosure form)			12. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Radon gas in house or well.....	<input type="checkbox"/>	<input type="checkbox"/>	13. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>

Section C - Title Disclosures: Are you (Seller), TO THE BEST OF YOUR KNOWLEDGE, aware of any of the following which could affect the real property?					
	YES	NO		YES	NO
1. Features, such as walls, fences, driveways, which are shared in common w/adjoining landowners who use or have responsibility for maintenance of the feature	<input type="checkbox"/>	<input type="checkbox"/>	9. Any condominium, regime or other deed restrictions or obligations, or any Homeowner's Association which has authority over the real property.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a boundary survey been performed?.....	<input type="checkbox"/>	<input type="checkbox"/>	10. Any "common area" (facilities such as pools, tennis courts, walkways, or other areas co-owned in individual interest with others)	<input type="checkbox"/>	<input type="checkbox"/>
Date _____			11. Any lawsuits against Seller threatening or affecting, this real property	<input type="checkbox"/>	<input type="checkbox"/>
3. Any mortgage survey or ILC	<input type="checkbox"/>	<input type="checkbox"/>	12. Any notices from any governmental or quasi-governmental agency affecting this real property.....	<input type="checkbox"/>	<input type="checkbox"/>
(Improvement Location Certificate)			13. Any planned road or street expansions, improvements or widenings adjacent to the property.....	<input type="checkbox"/>	<input type="checkbox"/>
Date _____			14. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
4. Easements, other than normal utility easements	<input type="checkbox"/>	<input type="checkbox"/>	15. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
5. Any encroachments.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
6. Any zoning violations, non-conforming uses, or violations of setback requirements.....	<input type="checkbox"/>	<input type="checkbox"/>	17. Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>
7. Any lot-line disputes or other unusual claims against the real property	<input type="checkbox"/>	<input type="checkbox"/>			
8. Any pending or levied assessments on the real estate, including but not limited to those for sidewalks, streets, sewers, water and gas lines.....	<input type="checkbox"/>	<input type="checkbox"/>			

Section D - Other Disclosures: For property and improvements thereon:					
	YES	NO		YES	NO
1. Is the property connected to a public water system? <input type="checkbox"/> Rural <input type="checkbox"/> City	<input type="checkbox"/>	<input type="checkbox"/>	6. Are there any trees or shrubs diseased or dead?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the property connected to a public sewer system? <input type="checkbox"/> County <input type="checkbox"/> City	<input type="checkbox"/>	<input type="checkbox"/>	Scheduled to be removed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the system operational?.....	<input type="checkbox"/>	<input type="checkbox"/>	7. Are there any flooding, drainage, or grading problems?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the property connected to a private/community water system?	<input type="checkbox"/>	<input type="checkbox"/>	8. Is the property in a flood plain?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the property connected to a private/community sewer system?.....	<input type="checkbox"/>	<input type="checkbox"/>	9. Trash Service <input type="checkbox"/> Public <input type="checkbox"/> Private.....	<input type="checkbox"/>	<input type="checkbox"/>
Is the system operational?.....	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you own the fencing on your property?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the property connected to a septic system?.....	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you aware of any structural additions, changes or repairs made to the property without obtaining all necessary permits?.....	<input type="checkbox"/>	<input type="checkbox"/>
Is the system operational?.....	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever owned a pet in this property?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	Has there been any damage due to urine, odor, stain or other?.....	<input type="checkbox"/>	<input type="checkbox"/>

Section E - Insert the most recent year in which the following occurred

1. Serviced air conditioner _____	6. Tested well water _____
2. Cleaned fireplace, including chimney _____	7. Serviced well water _____
3. Serviced furnace _____	8. Do you have a home warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Serviced septic system _____	Is it transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Cleaned woodburning stove, including chimney _____	Company name(s) _____

Buyer's Initials

Date _____

Date _____

Seller's Initials

Date _____

Date _____

PART II - (Continued)

Section F - Infestations:

	YES	NO		YES	NO
1. Do you have any knowledge of any damage to the property caused by termites, wood infestation, or dry rot?	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you had any termite/pest control treatments for the property?	<input type="checkbox"/>	<input type="checkbox"/>
Is property currently under warranty?	<input type="checkbox"/>	<input type="checkbox"/>	If so, name the company & year treated. _____		
If so, name company below: _____			3. Has the ground been pre-treated for termites?	<input type="checkbox"/>	<input type="checkbox"/>

PART III - Miscellaneous.

	YES	NO
1. Are you aware of any other facts, conditions or circumstances, on or off-site, which can affect the value, beneficial use, or desirability of property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____ _____ _____		

PART IV - Additional comments and/or explanations. (Use additional pages, if necessary.) Reference comments on items responded to earlier by Part 1 or 2, Section letter and number. (Seller to attach any available property condition or inspection reports.)

If separate pages used, initial here _____

The information contained in this Disclosure has been furnished by the Seller, who certifies to the truth thereof to the best of Seller's belief and knowledge, as of the date signed by the Seller. (Any substantive changes will be disclosed by the Seller to the Purchaser prior to closing).

Seller _____ Date _____

Seller _____ Date _____

BUYER'S ACKNOWLEDGEMENT AND AGREEMENT

- I acknowledge that I have read and received a signed copy of the Seller's Property Disclosure Statement from the Seller, the Seller's agent, or transaction broker.
- I have carefully inspected the property. Subject to any inspections allowed under my contract with Seller, I agree to purchase the property in its present condition only, without warranties or guarantees of any kind by Seller or any real estate licensee concerning the condition or value of the property.
- I agree to verify any of the above information that is important to me by an independent investigation of my own. I have been advised to have the property examined by professional inspectors.
- I acknowledge that neither Seller nor any real estate licensee involved in this transaction is an expert at detecting or repairing physical defects in the property. I state that no important representations concerning the condition of the property are being relied upon by me except as disclosed above or as fully set forth as follows:

- 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.ink.org/public/kbi> or by contacting the local sheriff's office.

Buyer _____ Receipt Date _____

Buyer _____ Receipt Date _____

This form was updated on the following date: _____

Seller _____ Date _____

Seller _____ Date _____

Buyer _____ Receipt Date _____

Buyer _____ Receipt Date _____