



Section B. Environmental Conditions. Have any of the following substance materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

- |  |                              |  |                                      |
|--|------------------------------|--|--------------------------------------|
| 1. Asbestos  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 3. Landfill or buried materials                          | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 4. Lead-based paint                                      | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 5. Radon gas   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 6. Toxic materials                                       | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

Section C. Title Conditions. Do any of the following conditions exist with regard to the real property?

- |  |                              |  |                                      |
|--|------------------------------|--|--------------------------------------|
| 1. Any features, such as walls, fences, and driveways, which are shared?   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Any easements, other than normal utility easements?   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 3. Any encroachments?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of setback requirements?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 5. Any lot-line disputes?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 6. Have you been notified, or are you aware, of any work planned or to be performed by a utility or municipality close to the real property including but not limited to sidewalks, streets, sewers, water, power, or gas lines? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 7. Any condominium, homeowners', or other type of association which has any authority over the real property?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 8. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas?   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

Section D. Other Conditions.

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| 1. Are the dwelling and the improvements connected to a public water system?                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system?                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 3. Are the dwelling and the improvements connected to a private or community (non-public) water system? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system?                                  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 6. Is the system operational?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 7. Is the system operational?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 8. Is the system operational?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 9. Is the system operational?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 10. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 11. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 12. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 13. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 14. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 15. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 16. Is the system operational?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |

Section E. Cleaning/Service/Conditioning. Have you ever performed or had performed the following? State the most recent year.

- |   |           |   |                             |                                      |  |
|---|-----------|---|-----------------------------|--------------------------------------|--|
| 1. Servicing of air conditioner                     | YEAR 2009 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NON/NOT INCLUDED <input type="checkbox"/>            |
| 2. Cleaning of fireplace, including chimney         | YEAR 2009 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NON/NOT INCLUDED <input type="checkbox"/>            |
| 3. Servicing of furnace                             | YEAR 2009 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NON/NOT INCLUDED <input type="checkbox"/>            |
| 4. Servicing of septic system                       | YEAR      | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NON/NOT INCLUDED <input checked="" type="checkbox"/> |
| 5. Cleaning of woodburning stove, including chimney | YEAR      | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NON/NOT INCLUDED <input checked="" type="checkbox"/> |

PART III - Comments. Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

PART 2 A-4 *Shingles curling on South Side.*  
 PART 2 A-5 *Tracked underground pipe. - FIXED 2009 -*  
 PART 2 A-11 *Wooded property has some dead or diseased trees.*  
 PART 2 A-13 *Staked claim in 2009 for repair of crawl space damage caused by water.*  
 Part 2 E-6 *Damage caused by mice due to damage caused by water in crawl space. Conditionally remedial - see Part 2 Section D-13*  
 If checked here, PART III is continued on a separate page(s).

SELLER'S CERTIFICATION

Seller hereby certifies that this Disclosure Statement, which consists of \_\_\_\_\_ pages, has been completed by Seller, that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller *Mark A. [Signature]* Date *9-4-09*  
 Seller *Jacqueline A. Olsen* Date *9-4-09*

ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I/We: acknowledge receipt of a photocopy of the above Seller Property Condition Disclosure Statement, understand that such Disclosure Statement is not a warranty of any kind by the Seller or any agent representing any principal in the transaction; understand that such Disclosure Statement should not be accepted as a substitute for any inspection or warranty that I/we may wish to obtain; understand the information provided in this Disclosure Statement is the representation of the Seller and not the representation of any agent, and is not intended to be part of any contract between the Seller and Purchaser, and certify that such Disclosure Statement was delivered to me/us or my/our agent on or before the effective date of any contract entered into by me/us relating to the real property described in such Disclosure Statement.

Purchaser \_\_\_\_\_ Receipt Date \_\_\_\_\_  
 Purchaser \_\_\_\_\_ Receipt Date \_\_\_\_\_  
 Effective January 1, 2003.