

**NEBRASKA REAL ESTATE COMMISSION
SELLER PROPERTY CONDITION DISCLOSURE STATEMENT
Residential Real Property**

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. § 76-2,120).

Seller is is not occupying the real property.

How long has Seller owned the real property? 15 year(s)

This Disclosure Statement concerns the real property located at 5616 Second Street

in the City of Crofton, County of Rock, State of Nebraska and legally described as

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE REAL PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH THIS STATEMENT IS SIGNED. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTION OR WARRANTY THAT THE PURCHASER MAY WISH TO OBTAIN. EVEN THOUGH THE INFORMATION PROVIDED IN THIS STATEMENT IS NOT A WARRANTY, THE PURCHASER MAY RELY ON THE INFORMATION CONTAINED HEREIN IN DECIDING WHETHER AND ON WHAT TERMS TO PURCHASE THE REAL PROPERTY. ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION MAY PROVIDE A COPY OF THIS STATEMENT TO ANY OTHER PERSON IN CONNECTION WITH ANY ACTUAL OR POSSIBLE SALE OF THE REAL PROPERTY. THE INFORMATION PROVIDED IN THIS 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.

Seller please note: You are required to complete this Disclosure Statement in full. If any particular item or matter does not apply and there is no provision or space for so indicating, insert "N/A".

SELLER STATES THAT, TO THE BEST OF SELLER'S BELIEF AND KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I - If there is more than one of any item in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement. If an item in this Part is not on the property or will not be included in the sale, check only the "None/Not Included" column for that item.

Section A. Appliances.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Microwave oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Room air conditioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. TV antenna/satellite dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Range ventilation systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Electrical Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Electric service panel (capacity <u> </u> amp, if known) <u> </u> fuse <u> </u> circuit breakers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke/fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Room vent fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Garage door opener/remote controller(s) (number of controllers, if included <u>3</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. 220 volt service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Security system <u>owned</u> <u>leased</u> <u> </u> Central station monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cable TV wiring and jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? <u>no</u> <u>yes</u> If yes, explain the condition in the Comments section, PART III of this Disclosure Statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section C. Heating and Cooling Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Gas log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Gas starter (fireplace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Fireplace/fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Propane tank (<u>rent</u> <u>own</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating system (<u>gas</u> <u>electric</u> <u>other</u> , specify) <u>propane</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					13. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section D. Water Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Hot tub/hot pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Water softener (<u>rent</u> <u>own</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Underground sprinkler <u>backflow preventer</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Well system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					9. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Sewer Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Septic system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Sump pump (discharges to <u> </u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					5. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II - In this part, in Sections A, B, and C, if the answer to any item is "Yes", explain the condition in the Comments section, PART III of this Disclosure Statement.

Section A. Structural Conditions. If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement.

	YES	NO	DO NOT KNOW		YES	NO	DO NOT KNOW
1. Age of roof (if known) <u>3</u> years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there presently damage to the chimney?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Are there any windows which presently leak, or do any insulated windows have broken seals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the roof leaked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Have you experienced any moving or settling of the following:			
4. Is there presently damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has there been leakage/seepage in the basement or crawl space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are there any structural problems with the structures on the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sidewalk?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				patio?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				driveway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				retaining wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section B. Environmental Conditions. Have any of the following substances, 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.

1. Asbestos
2. Contaminated soil or water (including drinking water)
3. Landfill or buried refuse
4. Lead-based paint
5. Radon gas
6. Toxic substances
7. Underground fuel, oil, or other type of storage tank
8. Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property?

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

1. Any leases, such as milk, farms, and driveway, which are attached
2. Any easements, other than normal utility easements?
3. Any encroachments?
4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?
5. Any lot-line disputes?
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?
7. Any condominium, homeowners', or other type of association which has any authority over the real property?
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?

Section D. Other Conditions.

1. Are the dwelling and the improvements connected to a public water system? Is the system operational?
2. Are the dwelling and the improvements connected to a public sewer system? Is the system operational?
3. Are the dwelling and the improvements connected to a private or community (non-public) water system? Is the system operational?
4. Are the dwelling and the improvements connected to a public or community (non-public) sewer system? Is the system operational?
5. Are the dwelling and the improvements connected to a septic system? Is the system operational?
6. Is the real property in a flood plain?
7. Is trash removal service provided to the real property? If so, the trash service is public or private?
8. Have the structural been inspected for water? If yes, when?
9. Is the property connected to a natural gas system?
10. How a pet been dewormed in the dwelling?
11. Are any trees or shrubs on the real property diseased or dead? Are any trees or shrubs scheduled to be removed?
12. Are there any flooding, drainage, or grading problems in connection with the real property?
13. Have you made any repairs or maintenance claims with respect to the property?
14. Are you aware of any problems to the vehicle wellcovering of the structure including, but not limited to, siding, synthetic stucco, stucco, or other materials?

Section E. Heating/Boiling Conditions. How are you heated or hot water provided the following? Over the next heating year:

1. Heating of air conditioner
2. Heating of fireplace, including chimney
3. Heating of furnace
4. Heating of water system
5. Heating of swimming pool, including chimney
6. Treatment for wood-destroying insects of termites
7. Insulated well water
8. Serviced/sealed well water

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

Of these is should be installed on/ down roof.
May connections existing on walls.
top grade on glass storage added
all windows replaced

If checked here, PART II is captured 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 knowledge and belief as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Signature of Seller: [Handwritten Signature] Date: 12-19-09
Signature of Buyer: [Handwritten Signature] Date: 12-29-09
Date: 4-15-10
X [Handwritten Signature] 4-15-10

ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I, the undersigned, hereby, as a purchaser of the above Seller Property Condition Disclosure Statement, understand that such Disclosure Statement is not a warranty of any kind by the Seller and that I, as the purchaser, understand that such Disclosure Statement should not be accepted as a substitute for any inspection or verification of the information provided in this Disclosure Statement by the purchaser. I, the purchaser, understand that the Seller and I, the purchaser, are responsible for any inspection or verification of the information provided in this Disclosure Statement by the purchaser, and I, the purchaser, understand that I, the purchaser, am not entitled to any refund or other remedy in the event of any error or omission in the information provided in this Disclosure Statement.

Purchaser: _____ Receipt Date: _____

Purchaser: _____ Receipt Date: _____

Effective January 1, 2000.