

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 X is _____ is not occupying the real property. How long has Seller owned the real property? _____ year(s)

This Disclosure Statement concerns the real property located at 1013 N 67 Ave

in the City of Omaha, County of Douglas, State of Nebraska legally described as Fair lawns lot 10 block 3

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 each item listed 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.

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
SECTION A. Appliances									
1. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Room air conditioner	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
SECTION B. Electrical Systems									
1. Electrical service panel (Capacity _____ amp, if known) _____ Fuse _____ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>1</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. 220 volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Telephone wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Security system _____ owned _____ leased _____ Central station monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cable TV wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other (specify) _____	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? <u>no</u> yes				
					If yes, explain the condition in the Comments section, PART III of this Disclosure Statement				

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
SECTION C. Heating and Cooling Systems									
1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Gas log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Gas starter (fireplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fireplace/fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Propane tank (___ rent ___ own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Heating system (<input checked="" type="checkbox"/> gas ___ electric ___ other, specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input 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 type="checkbox"/>

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
SECTION D. Water Systems									
1. Hot tub/whirlpool	<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 (___ rent ___ own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Underground sprinkler ___ backflow preventer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
SECTION E. Sewer Systems									
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 _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) ___ years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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? 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 checked="" 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, 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, if available.

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Underground fuel, chemical or other type of storage tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Contaminated soil or water (including drinking water)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Landfill or buried materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lead-based paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Radon gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Toxic materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Any features, such as walls, fences and driveways which are shared?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Any lawsuits regarding this property during ownership of the seller?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Any easements, other than normal utility easements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Any notices from any governmental or quasi-governmental agency affecting the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Any encroachments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Any planned road or street expansions, improvements or widenings adjacent to the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Any zoning violations, nonconforming uses, or violations of "setback" requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Any lot-line disputes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Any deed restrictions or other restrictions of recording affecting the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Have you been notified, or are you aware, of any work planned or to be performed by a utility company or municipality close to the real property including but not limited to sidewalks, streets, sewers water, power or gas lines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Any unsatisfied judgments against Seller?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Any condominium, homeowners' or other type of association which has any authority over the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Any dispute regarding right of access to the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Any other title conditions which might affect the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section D. Other Conditions.

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Are the dwelling and the improvements connected to a public water system? Is the system operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is trash removal service provided to the real property? If so, the trash service is public <input checked="" type="checkbox"/> private <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the dwelling and the improvements connected to a public sewer system? Is the system operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have the structures been mitigated for radon? If yes, when? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are the dwelling and the improvements connected to a private or community (nonpublic) water system? Is the system operational? Year last tested _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Is the property connected to a natural gas system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the dwelling and the improvements connected to a private or community (nonpublic) sewer system? Is the system operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Has a pet been domiciled in the dwelling? Type(s) <u>not for 40 yrs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are the dwelling and the improvements connected to a private or community (nonpublic) septic system? Is the system operational?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If the answer to any of the following items is "Yes," explain in the Comment section, PART III of this Disclosure Statement.			
6. Is the real property in a: ____ flood plain? ____ floodway?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Are there any trees or shrubs on the real property diseased or dead? Are any trees or shrubs scheduled to be removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				12. Are there any flooding, drainage or grading problems in connection with the real property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				13. Have you made any insurance or manufacturer claims with regard to the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				14. Are you aware of any problems to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry or other materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year:

	Year	Yes	No	Do Not Know	None/Not Included		Year	Yes	No	Do Not Know	None/Not Included
1. Servicing of air conditioner	<u>09</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Treatment for wood-destroying insects or rodents	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning of fireplace, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Tested well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Servicing of furnace	<u>09</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Serviced/treated well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Servicing of septic system	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Treatment for wood-destroying	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cleaning of woodburning stove, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.

3 to 4 years ago, claim for heat damage to roof; small pymt rec'd
#D-13 (less than \$500)

#A-5) Many years ago water in basement. No re-occurrence after
installation of sump pump

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: Edith Jensen
Seller: _____

Date: 7-17-10
Date: _____

**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: _____
Purchaser: _____

Receipt Date: _____
Receipt Date: _____

ENVIRONMENTAL CONDITIONS

Lead in Soil

Yes _____ No 27 This property lies within the general boundaries of Harrison Street to the South, Reed Street to the North, 56 Street to the West and East to the river, which may be subject to inspection and remediation for lead soil contamination.

Purchaser's Acknowledgement (Initials) _____

1013 N 67 Ave
Property Address