

Section C - Heating and Cooling Systems	Working	Not Working	Do Not Know If Working	None / Not Included
1. Air purifier				<input checked="" type="checkbox"/>
2. Attic fan				<input checked="" type="checkbox"/>
3. Whole house fan				<input checked="" type="checkbox"/>
4. Central air conditioning _____ year installed (if known)				<input checked="" type="checkbox"/>
5. Heating system _____ year installed (if known) _____ Gas <input checked="" type="checkbox"/> Electric _____ Other (specify _____)	<input checked="" type="checkbox"/>			
6. Fireplace / Fireplace insert				<input checked="" type="checkbox"/>
7. Gas log (fireplace)				<input checked="" type="checkbox"/>
8. Gas starter (fireplace)				<input checked="" type="checkbox"/>
9. Heat pump _____ year installed (if known)				<input checked="" type="checkbox"/>
10. Humidifier				<input checked="" type="checkbox"/>
11. Propane Tank _____ year installed (if known) _____ Rent _____ Own				<input checked="" type="checkbox"/>
12. Wood-burning stove _____ year installed (if known)				<input checked="" type="checkbox"/>

Section D - Water Systems	Working	Not Working	Do Not Know If Working	None / Not Included
1. Hot tub / whirlpool				<input checked="" type="checkbox"/>
2. Plumbing (water supply)	<input checked="" type="checkbox"/>			
3. Swimming pool				<input checked="" type="checkbox"/>
4. a. Underground sprinkler system				<input checked="" type="checkbox"/>
b. Back-flow prevention system				<input checked="" type="checkbox"/>
5. Water heater _____ year installed (if known)	<input checked="" type="checkbox"/>			
6. Water purifier _____ year installed (if known)				<input checked="" type="checkbox"/>
7. Water softener _____ Rent _____ Own				<input checked="" type="checkbox"/>
8. Well system				<input checked="" type="checkbox"/>
Section E - Sewer Systems	Working	Not Working	Do Not Know If Working	None / Not Included
1. Plumbing (water drainage)			<input checked="" type="checkbox"/>	
2. Sump pump (discharges to _____)				<input checked="" type="checkbox"/>
3. Septic System				<input checked="" type="checkbox"/>

PART II - In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in 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 comment section in PART III of this disclosure statement.

Section A - Structural Conditions	YES	NO	Do Not Know
1. Age of roof (if known) _____ year(s)	N/A	N/A	<input checked="" type="checkbox"/>
2. Does the roof leak?			<input checked="" type="checkbox"/>
3. Has the roof leaked?			<input checked="" type="checkbox"/>
4. Is there presently damage to the roof?			<input checked="" type="checkbox"/>
5. Has there been water intrusion in the basement or crawl space?			<input checked="" 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 checked="" type="checkbox"/>
7. Are there any structural problems with the structures on the real property?			<input checked="" type="checkbox"/>
8. Is there presently damage to the chimney?			<input checked="" type="checkbox"/>
9. Are there any windows which presently leak, or do any insulated windows have any broken seals?			<input checked="" type="checkbox"/>

Section A - Structural Conditions	YES	NO	Do Not Know
10. Year property was built _____ (if known)	N/A	N/A	<input checked="" type="checkbox"/>
11. Has the property experienced any moving or settling of the following:			<input checked="" type="checkbox"/>
- Foundation			<input checked="" type="checkbox"/>
- Floor			<input checked="" type="checkbox"/>
- Wall			<input checked="" type="checkbox"/>
- Sidewalk			<input checked="" type="checkbox"/>
- Patio			<input checked="" type="checkbox"/>
- Driveway			<input checked="" type="checkbox"/>
- Retaining wall			<input checked="" type="checkbox"/>
12. Any room additions or structural changes?			<input checked="" type="checkbox"/>

*md ** these items changed by permission of Seller via phone conversation*

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. ******

Section B - Environmental Conditions	YES	NO	Do Not Know
1. Asbestos	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2. Contaminated soil or water (including drinking water)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3. Landfill or buried materials	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4. Lead-based paint	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5. Radon gas	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6. Toxic materials	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Section B - Environmental Conditions	YES	NO	Do Not Know
7. Underground fuel, chemical or other type of storage tank?			<input checked="" type="checkbox"/>
8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law (N.A.C. Title 25, Ch. 10), on the property?			<input checked="" type="checkbox"/>
9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)			<input checked="" type="checkbox"/>

***** Seller's Initials DRK Property Address 174 N. CORNELL STREET Buyer's Initials EDM
Gordon NE. 69343