



**NEW MEXICO ASSOCIATION OF REALTORS®
SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2019**

**THIS DISCLOSURE SHOULD BE COMPLETED BY THE SELLER,
NOT THE BROKER**

Seller states that the information contained in this Disclosure is correct to Seller's ACTUAL KNOWLEDGE as of the date set forth below. Any changes to the information provided in this Disclosure of which seller becomes aware will be disclosed by Seller to Buyer promptly after discovery. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Seller hereby authorizes Broker to deliver a copy of this Disclosure to any and all prospective buyers.

NOTE: If an item is not present at the Property, or if an item is not to be included in the sale, mark the "N/A" column. The Purchase Agreement, not this Disclosure form, determines whether an item is included in or excluded from the sale.

Date: 5/21/2019
 Property Address: 235 STATE RD 75 DIXON, NM 87527
 State: _____ Zip Code: _____
 Seller's Name (Print): PAULA J. HOVEY Seller's Name (Print): PAULA J. HOVEY

OCCUPANCY: Has the Seller ever occupied the Property? Yes No If "Yes", provide the beginning and ending ending dates of occupancy: _____
 Beginning Date: _____ Ending Date: _____

A	STRUCTURAL CONDITIONS Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Structural problems		✓		
2	Moisture and/or water problems		✓		
3	History of wood infestation, insects, pests, birds or tree root problems affecting the structure		✓		
4	Damage due to hail, wind, fire or flood		✓		
5	Cracks, heaving or settling problems		✓		
6	Exterior wall or window problems		✓		
7	Building code, city or county violations		✓		

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A	STRUCTURAL CONDITIONS – CON'T
8	Were all necessary permits, approvals and inspections obtained for all construction, repairs, and improvements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", explain _____
9	House is built on: <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement
10	Type of Construction: _____
11	Type of Exterior: <input checked="" type="checkbox"/> Artificial / Synthetic Stucco (EIFS) <input checked="" type="checkbox"/> Other <u>stucco/Adobe/wood</u> Any current or past problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
12	Type of floor under carpets, linoleum, etc.: <u>wood concrete, or dirt</u>
13	Any additions or alterations made: <u>tiled 1 bedroom</u>
Additional Comments: _____	

NOTE: If an item is not present at the Property, mark the "N/A" column.

B	ROOF Do any of the following conditions currently exist or is Seller aware of them ever existing:	N/A	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Roof problems			<input checked="" type="checkbox"/>		
2	Roof leak: Past			<input checked="" type="checkbox"/>		
3	Roof leak: Present			<input checked="" type="checkbox"/>		
4	Damage to roof: Past			<input checked="" type="checkbox"/>		
5	Damage to roof: Present			<input checked="" type="checkbox"/>		
6	Skylight problems			<u>N/A</u>		
7	Gutter or downspout problems			<input checked="" type="checkbox"/>		
8	Is roof under warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", when does warranty expire? _____ If "yes", is warranty transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", has roof work been performed while under current roof warranty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", describe work done: _____					
9	Roof Material: <u>TIN</u> Age <u>Re-did nails 2016</u> Roof Material: _____ Age _____ <u>TIN is of unknown age</u>					
Additional Comments: _____						



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C	APPLIANCES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Built-in vacuum system & accessories	✓					
2	Clothes dryer: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Vented Outside		✓			2 years	Replaced from SEARS in TAOS
3	Type of clothes dryer hook-up available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other						
4	Clothes washer		✓			10-15	previous owner
5	Dishwasher	✓					
6	Disposal	✓					
7	Freezer	✓					
8	Gas grill	✓					
9	Range Hood	✓					
10	Microwave oven	✓	✓				
11	Oven		✓			10-15	previous owner
12	Type of oven hookup available: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other						
13	Range <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane		✓			10-15	previous owner
14	Refrigerator		✓			?	old, works
15	Refrigerator Water Line	N/A					
16	Trash Compactor	N/A					
Additional Comments:							



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D	ELECTRICAL & TELECOMMUNICATIONS	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Transferable	✓					
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwired		✓				
3	Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwired		✓				
4	Light fixtures		✓			10-15	Previous owners
5	Switches & outlets		✓			?	
6	Aluminum wiring: <input type="checkbox"/> Pig-tailing _____				✓		
7	Electrical: <input type="checkbox"/> Amps _____				✓		
8	Telecommunications (T-1, fiber, cable, satellite, DSL) <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		✓			3 years	Black Mesa wireless Satellite Dish
9	Satellite System or DSS Dish <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		✓		✓	3 years	DISH
10	Inside telephone wiring & blocks/jacks		✓		✓	?	
11	Ceiling fans	✓					
12	Garage Door <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Manual If electric, number of garage door remote control(s) _____		✓				
13	Intercom/doorbell	✓					
14	In-wall / Built-in speakers	✓					
15	220 volt service		✓		✗		
16	Landscape lighting		✓			3 years	Outdoor solar flood
Additional Comments:							
Black Mesa Wireless Wi-Fi Satellite installed 2016 They are local provider							

844 544 - 9499 support@bmcw.com
Satellite + router stay, new owner would assume monthly charge



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E	MECHANICAL	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Cooling: <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Refrigerated Air <input type="checkbox"/> Window Units <input type="checkbox"/> Central Duct Location: _____ Number of Units: _____	✓					
2	Humidifier	✓					
3	Air purifier	✓					
4	Sauna	✓					
5	Steam room/shower						
6	Water heater: <u>ON DEMAND</u> # of <u>1</u> Capacity _____ Fuel Type <u>NATURAL GAS</u>		✓			3	large ON DEMAND
7	Heating: <input type="checkbox"/> Central Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Hot Water Baseboard <input checked="" type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Solar <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Other Type of Piping: <input type="checkbox"/> Entran <input type="checkbox"/> Other if "other", type: <u>NATURAL GAS</u> Number of Units: <u>4</u> Type of duct work: _____ Solar Power System/Panels: <input type="checkbox"/> Owned <input type="checkbox"/> Leased		✓				
8	Fireplace # _____ Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Log Lighter <input type="checkbox"/> Electric						
9	Stove: Fuel Type: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Other		✓		✓		large glass front wood stove
10	Fireplace Insert	✓					
11	Fuel Tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	✓					
12	Entry gate system	✓					
13	If known, date of last fireplace/wood stove, chimney/flue cleaning: <u>2018</u>						
14	Are there any rooms without a direct heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "yes", explain: <u>4 natural gas heaters each heat 800 sq ft</u>						

Additional Comments: each wall unit is designed to heat about 800 square feet and wood stove in living room can heat house



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F	WATER, SEWER & OTHER UTILITIES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	✓					
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	✓					
3	Lift station (sewage ejector pump)	✓					
4	Drainage, storm sewers, retention ponds	✓					
5	Grey water storage/use	✓					
6	Sump pump	✓					
7	Underground sprinkler system: <input type="checkbox"/> Partial <input type="checkbox"/> Full Coverage	✓					
8	Fire sprinkler system	✓					
9	Water Pipes: Type(s): <input type="checkbox"/> Lead <input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Kitec <input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Pex <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____		✓			some is 3 years or less	Re-did plumbing for kitchen + installed under-sink water heater + hydrant + new pipes 2016
10	Backflow prevention device: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage		✓			some unknown	
11	Irrigation pump	✓					
12	Well pump	✓					
13	Reverse Osmosis: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Lease Information: _____	✓					
14	Plumbing Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
15	Sewage Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
16	Water Pressure Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						

Additional Comments: mix of new + old plumbing
 new work done in 2016 + 2017
 new on demand water heater 2016
 new hydrant 2017 including new pipes
 for kitchen + relief pipe thru attic
 the rest is older PVC + Galvanized



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G	POOL, SAUNA, HOT TUB, WATER FEATURE	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Pool	✓					
2	Pool Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other						
3	Pool Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Saltwater <input type="checkbox"/> Bromine <input type="checkbox"/> Other						
4	Pool Filter						
5	Pool Heater						
6	In-Pool Cleaning Equipment						
7	Pool Cover: Type: _____						
8	Hot Tub	✓					
9	Sauna Room	✓					
10	Steam Room	✓					
11	Water Features Type: _____	✓					
12	Is Pool Service Company being used? If “yes”, name of company _____						
13	Has Pool been winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Additional Comments: _____							

H	USE, ZONING & LEGAL ISSUES Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
1	Zoning violations, variances, conditional use restrictions, violations of an enforceable PUD or non-conforming use		✓		
2	Liens or judgments against the Property		✓		
3	Proposed bonds, assessments, or impact fee's against the Property		✓		
4	Notice or threat of condemnation proceedings		✓		
5	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		✓		



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H	USE, ZONING & LEGAL ISSUES – CON'T – Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
6	Violation of restrictive covenants or owners' association rules or regulations		✓		
7	Any building or improvements constructed without approval by the owners' association or the designated approving body, if approval is required		✓		
8	Notice of zoning action		✓		
9	Other legal action		✓		
Additional Comments: _____					

I	ACCESS, PARKING, DRAINAGE & SIGNAGE Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
1	Access problems		✓		
2	Roads, driveways, trails or paths through the Property used by others	✓			ACEQUIA DEL LLANO (DITCH ASSOC.) can access ditch NM 75
3	Public highway or county road bordering the Property	✓			
4	Proposed or existing transportation project that affects or is expected to affect the Property		✓		
5	Encroachments, boundary disputes or unrecorded easements		✓		
6	Shared or common areas with adjoining properties		✓		
7	Requirements for curb, gravel/paving, landscaping		✓		
8	Flooding or drainage problems: Past		✓		
9	Flooding or drainage problems: Present		✓		
Additional Comments: _____					



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J	WATER & SEWER SUPPLY
1	<p>Does seller own all water rights to the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "no", what water rights have been transferred? <input type="checkbox"/> Surface Rights <input type="checkbox"/> Irrigation Rights <input type="checkbox"/> Ditch Rights <input type="checkbox"/> Other</p> <p>Additional details of transfer: _____</p> <hr/> <p>If "no", are sales/lease/transfer agreements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable and if not otherwise identified in the agreement(s) attached, contact information for third-party or parties who/which currently hold water rights to the Property: _____</p>
2	<p>Type of water supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Community <input type="checkbox"/> Private (If Property has well, see Section J(3) below)</p> <p>Name and address of service providers: <u>DIXON MUNICIPAL WATER ASSOC.</u></p> <p>Fees per month: <u>30-100 per use</u> Transfer Fee: <u>100,000</u></p> <p>Restrictions and/or regulations <u>None known</u></p> <p>Water Supply or Yield Problems <u>None known</u></p>
3	<p>WELL(S) <input checked="" type="checkbox"/> N/A</p> <p>TYPE: <input type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Other _____</p> <p>If the Property is served by a Well, Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached.</p> <p>Shared Well Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Well-Share Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached</p> <p>Well location and address _____</p> <p>Separate electric meter (private or shared) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is well required to be metered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restrictions and/or regulations _____</p> <p>Well Registered with the State Engineers Office <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____</p> <p>Additional Well Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Any other water source for any other use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe: <u>ACEQUIA DEL LLANO</u></p> <p><u>ACEQUIA for irrigation if desired w/ fees</u></p>
5	<p>If there is neither a Well, nor a Water Provider for the Property, then describe the source of potable water for the Property: _____</p> <hr/> <p>SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.</p>
6	<p>If other than City/Municipal/Community water, is there a requirement to connect to the City/Municipal/Community water?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "yes", requirement: _____</p>
SEE NMAR FORM 2307 INFORMATION SHEET – WATER RIGHTS AND DOMESTIC WELLS	



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J	WATER AND SEWER SUPPLY - CON'T
7	Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Septic (If Property has an onsite liquid waste system see Section J(8) below) <input type="checkbox"/> Other <input type="checkbox"/> None Any problems: <u>NONE</u> Names and address of service providers: <u>PAT DOMINGUEZ Septic Santa Fe there is a leach field No monthly service charge</u> Is there a written service agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Fee's per month \$ <u>N/A</u> Transfer Fee \$ <u>N/A</u> Restrictions and/or regulations: _____
8	WASTEWATER TREATMENT <input checked="" type="checkbox"/> N/A TYPE: <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced Treatment System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Outdoor Latrine <input type="checkbox"/> Cesspool <input type="checkbox"/> Gray Water Storage <input type="checkbox"/> Liquid Waste Storage Tank Any problems: _____ Name and Address of Service Providers: _____ Date of last service: _____ NMED (EID#) Permit System Certification Number: _____ Requirement to Connect to a sewer system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
9	Any problems with septic or sewer lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____

SEE NMAR FORM 2308 INFORMATION SHEET – SEPTIC SYSTEMS

Additional Comments: New Septic / Leach field
PGC 2015 inspected prior to purchase Feb. 2016
installed by PAT DOMINGUEZ Santa Fe
(505) 471-1831 (505) 331-1984

K	ENVIRONMENTAL CONDITIONS	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Do any of the following conditions currently exist or is Seller aware of them ever existing: Hazardous materials on the Property, such as radioactive, toxic, or bio-hazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		<input checked="" type="checkbox"/>		
2	Storage tanks <input type="checkbox"/> Above Ground <input type="checkbox"/> Under Ground				
3	Underground transmission lines				
4	Animals kept in the residence	<input checked="" type="checkbox"/>			<u>DOGS</u>
5	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		<input checked="" type="checkbox"/>		
6	Monitoring wells or test equipment				



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K	ENVIRONMENTAL CONDITIONS – CON'T Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property		✓		
8	Land on the Property that has been filled in	✓			between property line + driveway on east side → old well covered in walled garden
9	Mine shafts, tunnels or abandoned wells or cisterns	✓			
10	Within governmentally designated flood plain or wetland area		✓		
11	Dead, diseased or infested trees or shrubs		✓		
12	Environmental assessments, studies or reports done involving the physical condition of the Property		✓		
13	Noticeable continuous or periodic odors		✓		
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		✓		
15	Wood infestation, insects, pests, rodents or tree root problems		✓		
16	Flooding on any portion of the Property		✓		
17	History of mold conditions or treatment for mold.		✓		
SEE NMAR FORM 2309 – INFORMATION SHEET MOLD					
Additional Comments: _____					

NOTE: If question does not apply to Property, mark the “N/A” column.

L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY	N/A	YES	NO	DO NOT KNOW	COMMENTS
1	Is Property part of an owners’ association If “yes”, name of Association _____	✓				
2	Does Property have its own designated parking spot(s)? If “yes”, how many? _____	✓				



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N	OTHER DISCLOSURES - GENERAL	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Any damage to flooring (e.g. carpet stains, cracks in tile, damage to wood floors, etc.) or walls (e.g. holes, stains, etc.)?	✓			original wood floors have scratches, crack in a few tiles,
2	Is any part of the Property leased to others (written or oral)?		✓		utility room linoleum has damage
3	Does the seller have any written reports of any building, site, roofing, soils or engineering investigations or studies of the Property?		✓		
4	Has the seller submitted any property insurance claims? (Whether paid or not.) If yes, did Seller receive proceeds from that claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did Seller use proceeds to repair or correct the issue that was the subject matter of the claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		✓		
5	Does the seller have any structural, architectural and engineering plans and/or specifications for any existing improvements?		✓		
6	Has Property been used as a methamphetamine laboratory? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		✓		
7	Has cannabis been grown on the Property? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		✓		
8	Are there any government special improvements approved, but not yet installed, that may become a lien against the Property?		✓		
9	Is Seller currently or has Seller ever been a party to a lawsuit, individually or as part of a class action, involving any component or feature of the Property? If yes, did Seller receive any proceeds from such lawsuit/settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were proceeds used to repair or correct the component or feature at issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		✓		

SEE NMAR FORM 2306 – INFORMATION SHEET CLANDESTINE DRUG LABORATORY REMEDIATION

Additional Comments: _____



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O	PRIOR INSPECTION REPORT	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Is Seller in possession of any pre-listing or current home inspection reports regarding the Property? If yes, report(s) <input type="checkbox"/> IS <input type="checkbox"/> IS NOT attach as exhibit to this Seller's Disclosure Statement.		✓		
2	Issues identified in report that have since been resolved by Seller: _____ _____				

If attached or provided, Seller is not attesting to the accuracy or thoroughness of the report(s) and the report(s) is not intended to replace Buyer's own inspection(s) of and due diligence on the Property. Additionally, Buyer should be aware that he/she would not be entitled to pursue a claim against the inspector(s) who performed the inspection(s) and provided the attached/provided report(s) because the buyer did not contract with that inspector(s).

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the information contained in this Seller's Property Disclosure.

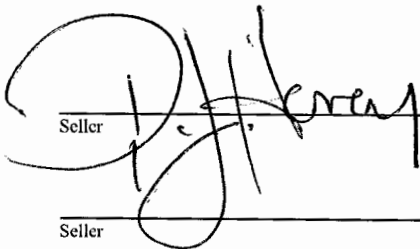
THE BUYER IS ADVISED TO EXERCISE ALL HIS/HER RIGHTS UNDER AND IN ACCORDANCE WITH THE PURCHASE AGREEMENT TO INVESTIGATE AND INSPECT THE PROPERTY.

This form is **NOT** intended as a substitute for an inspection of the Property.

ADVISORY TO SELLER: Seller has a legal duty to disclose material defects in the Property to Buyer. The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's **ACTUAL KNOWLEDGE**.

PLEASE NOTE: THIS IS NOT A CONTRACT

SELLER

Seller 

5/21/2019
Date

BUYER

Buyer _____ Date _____

Buyer _____ Date _____