

Seller's Property Condition Disclosure Statement

(This disclosure shall be completed by the seller. This is a disclosure required by law. If you do not understand this form, seek legal advice.)

Seller TILLIE M. VARILAK Property Address 2305 Birch

This disclosure statement concerns the real property identified above situated in the City of Teyndall

County of Bon Homme State of South Dakota.

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH SDCL 43-4-38. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING ANY PARTY IN THIS TRANSACTION AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PARTIES MAY WISH TO OBTAIN.

Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

IF ANY MATERIAL FACT CHANGES BEFORE CONVEYANCE OF TITLE TO THIS PROPERTY, THE SELLER MUST DISCLOSE SUCH MATERIAL FACT WITH A WRITTEN AMENDMENT TO THIS DISCLOSURE STATEMENT.

I. LOT OR TITLE INFORMATION

1. When did you purchase or build the home? 1910BLT. 1964

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

- | Yes | No | Unkn | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Were there any title problems when you purchased the property? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Are there any recorded liens or financial instruments against the property, other than a first mortgage? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage and sidewalks)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Are there any problems related to establishing the lot lines/boundaries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveways, sheds, outbuildings or other improvements)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes or changes that could affect your property? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the property currently occupied by the owner? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the property currently receive the owner occupied tax reduction as per SDCL 32-3-1? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Is the property currently part of a property tax freeze for any reason? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Is the property leased? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. If leased, does the property use comply with local zoning laws? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Does this property or any portion of this property receive rent? If yes, how much \$_____ and how often? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Do you pay any mandatory fees or special assessments to a home-owners' or condominium association?
If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly).
Payable to whom: _____
For what purpose? _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are you aware if the property has ever had standing water in either the front, rear or side yard more than forty-eight hours after heavy rain?
<u>Garden spot</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Is the property located in or near a flood plain? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are wetlands located upon any part of the property? |

II. STRUCTURAL INFORMATION

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are you aware of any water penetration problems in the walls, windows, doors, <u>basement</u> or crawl space? |
| | | 2. What water damage related repairs, if any, have been made? _____
_____ If any, when? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Are you aware if drain tile is installed on the property? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Are you aware of any interior cracked walls or floors, or cracks or defects in exterior driveways, sidewalks, patios or other hard surface areas? What related repairs, if any, have been made? _____ |



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Yes No Unkn

5. Are you aware of any roof leakage, past or present? Type of roof covering: asphalt
Age: 4 years What roof repairs, if any, have been made, when and by whom? _____

Describe any existing unrepaired damage to the roof: _____

6. Are you aware of insulation in the:
ceiling/attic? Yes No the walls? Yes No the floors? Yes No

7. Are you aware of any pest infestation or damage, either past or present?

8. Are you aware of the property having been treated for any pest infestation or damage?

If yes, who treated it and when? _____

9. Are you aware of any work upon the property which required a building, plumbing, electrical or any other permit?

If yes, describe the work LR 1986

Was a permit obtained?

Was the work approved by an inspector?

10. Are you aware of any past or present damage to the property (i.e., fire, smoke, wind, floods, hail, or snow)?

If yes, describe hail damage repaired

Have any insurance claims been made?

Was an insurance payment received?

Has the damage been repaired?

If yes, describe in detail: new shingles

11. Are you aware of any problems with sewer blockage or backup, past or present?

III. SYSTEMS/UTILITIES INFORMATION

	None/Not Included Working Working			None/Not Included Working Working		
1. 220 volt service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2. Air exchanger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Air purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Attic fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Burglar alarm and security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Ceiling fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Central air - electric	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8. Central air - water cooled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9. Cistern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Doorbell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Fireplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Garage door/opener control(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Garage wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Heating system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Hot tub, whirlpool and controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Intercom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Light fixtures			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22. Microwave/Hood			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Plumbing and fixtures			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Pool and equipment			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. Propane tank			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Radon System			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Sauna			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. Septic/leaching field			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Sewer systems/drains			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. Smoke/fire alarm			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Solar House - heating			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. Sump pump(s)			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. Switches and outlets			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Underground sprinkler and heads			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. Vent fan			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Water heater - electric or gas			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Water purifier			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. Water softener - leased or owned			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. Well and pump			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. Wood burning stove			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?

	Existing Conditions		Tests Performed		Existing Conditions		Tests Performed	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Methane Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Lead Paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Radon Gas (house)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Radon Gas (Well)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Radioactive Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Landfill, Mineshaft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Expansive Soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Mold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Toxic Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Urea formaldehyde Foam Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Asbestos Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Buried Fuel Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Chemical Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Fire Retardant Treated Plywood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Production of Methamphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is yes to any of the question above, please explain in additional comments or on an attached separate sheet.



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V. MISCELLANEOUS INFORMATION

Yes No

- 1. Is the street or road located at the end of the driveway to the property, public private
- 2. Is there a written road maintenance agreement? If yes, attach a copy of the maintenance agreement.
- 3. When was the fireplace/woodstove/chimney flue last cleaned? N
- 4. Within the previous twelve months prior to signing this document, are you aware of any of the following occurring on the subject property?
 - a. a human death by homicide or suicide? If yes, explain _____
 - b. other felony committed against the property or a person on the property? If yes, explain _____
- 5. Is the water source public private
- 6. If private, what is the date and result of the last water test? _____
- 7. Is the sewer system public private
- 8. If private, what is the date of the last time septic tank was pumped? _____
- 9. Are there broken window panes or seals? If yes, specify _____
- 10. Are there any items attached to the property **that will not be left**, such as: towel bars, mirrors, swag lamps and hooks, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, etc.
If yes, please list _____
- 11. Are you aware of any other material facts or problems that have not been disclosed on this form?
If yes, explain: _____

VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES, IF NECESSARY)

Closing Section:

The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information, knowledge and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of title to this property, the change will be disclosed in a written amendment to this disclosure statement.

THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.

Jessie M. Varela 4-11-07
Seller (s) Date Seller (s) Date

I / We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent representing any party to this transaction makes no representations and is not responsible for any conditions existing in the property.

Buyer(s) Date Buyer(s) Date

