

**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? 12 year(s)

This Disclosure Statement concerns the real property located at 23 HORSESHOE LOUP

in the City of CROFTON County of KNOX, State of Nebraska and legally described as

LOT 23, HIDEAWAY ACRES, CROFTON, NE

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.	DO NOT KNOW IF				DO NOT KNOW IF				
	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	WORKING	NOT WORKING	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Clothes washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input 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 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 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 systems	<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 checked="" type="checkbox"/>

Section B. Electrical Systems.	DO NOT KNOW IF				DO NOT KNOW IF				
	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	
1. Electric 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 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 _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Security system _____ owned _____ leased _____ Central station monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.	DO NOT KNOW IF				DO NOT KNOW IF				
	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 (gas <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>

Section D. Water Systems.	DO NOT KNOW IF				DO NOT KNOW IF				
	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	WORKING	NOT WORKING	WORKING	NONE/NOT INCLUDED	
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 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 checked="" type="checkbox"/>

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

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|--|--------------------------|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|--------------------------|
| | 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 4. Lead-based paint | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 5. Radon gas | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 6. Toxic materials | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |

Section C. Title Conditions. Do any of the following conditions exist with regard to the real 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 the 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 type="checkbox"/> | <input checked="" 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, non-conforming 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 record 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 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? (Comments) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Any dispute regarding a 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 ___ private ___ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system? (SEPTIC 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 (non-public) 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) 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) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system? Is the system operational? | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Are any trees or shrubs on the real property diseased or dead? Are any trees or shrubs scheduled to be removed? | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | 14. Are you aware of any problem 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 | | <input type="checkbox"/> | <input checked="" 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 | 2006 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Tested well water | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Servicing of furnace | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Serviced/treated well water | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Servicing of septic system | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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.

1, 2, 3, 9: ROOF HAS NOT LEAKED IN THE 12 YEARS WE'VE OWNED THE HOUSE. DURING MAJOR RAIN STORMS THERE HAS BEEN A LEAK FROM THE EAST SLIDING GLASS DOOR. WE BELIEVE, BUT ARE NOT CERTAIN, THAT IT WAS CAUSED BY PLUGGED AND OVERFLOWING GUTTER OR A LEAK ON THE CHIMNEY FLASHING.

C-7: HIDEAWAY ACRES HOMEOWNERS ASSC.

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: *Don Williams*

Date: 4/23/09

Lead Paint Disclosure -- Housing Sales

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

☉ Lead Warning Statement ☉

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

SELLER'S DISCLOSURE (initial)

W W (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

W W (b) Records and reports available to the Seller (check one below):

Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

PURCHASER'S ACKNOWLEDGMENT (initial)

_____ (c) Purchaser has received copies of all information listed above.

_____ (d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

_____ (e) Purchaser has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead based paint hazards; or

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

AGENT'S ACKNOWLEDGMENT (initial)

SS (f) Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

CERTIFICATION OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate:

Don Littlecamp 4/23/09
Seller Date

Wanda Leathers 4/23/09
Seller Date

Stephanie Dusen 4/23/09
Agent Date

Agent Date

Purchaser Date

Purchaser Date