

# 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 DANIEL L. & CATHERINE C. KLASSEN Property Address 805 JASON WAY

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

County of YANKTON 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? MAY 30 - 2008

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

Yes No Unkn

- 2. Were there any title problems when you purchased the property?
- 3. Are there any recorded liens or financial instruments against the property, other than a first mortgage?
- 4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under Chapter 44-9?
- 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)?
- 6. Are there any problems related to establishing the lot lines/boundaries?
- 7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy .
- 8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveways, sheds, outbuildings or other improvements)?
- 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.
- 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?
- 11. Is the property currently occupied by the owner?
- 12. Does the property currently receive the owner occupied tax reduction as per SDCL 10-13-39?
- 13. Is the property currently part of a property tax freeze for any reason?
- 14. Is the property leased?
- 15. If leased, does the property use comply with local zoning laws?
- 16. Does this property or any portion of this property receive rent? If yes, how much \$ \_\_\_\_\_ and how often? \_\_\_\_\_
- 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? \_\_\_\_\_
- 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?
- 19. Is the property located in or near a flood plain?
- 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
- 1. Are you aware of any water penetration problems in the walls, windows, doors, basement, or crawl space?
- 2. What water damage related repairs, if any, have been made? \_\_\_\_\_  
\_\_\_\_\_ If any, when? \_\_\_\_\_
- 3. Are you aware if drain tile is installed on the property?
- 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? \_\_\_\_\_



Property Address \_\_\_\_\_

Yes  No  Unkn

5. Are you aware of any roof leakage, past or present? Type of roof covering: \_\_\_\_\_

Age: \_\_\_\_\_ 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 \_\_\_\_\_

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 \_\_\_\_\_

Have any insurance claims been made?

Was an insurance payment received?

Has the damage been repaired?

If yes, describe in detail: \_\_\_\_\_

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

12. Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway?

If yes, describe in detail: \_\_\_\_\_

### III. SYSTEMS/UTILITIES INFORMATION

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

### IV. HAZARDOUS CONDITIONS

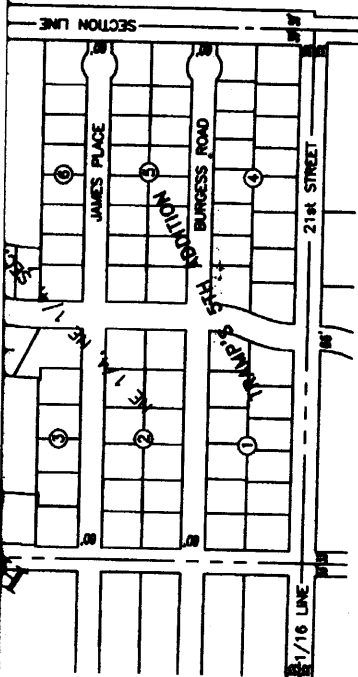
Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?

	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"/>	9. Toxic Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Lead Paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Urea formaldehyde Foam Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Radon Gas (house)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Asbestos Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Radon Gas (Well)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Buried Fuel Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Radioactive Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Chemical Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Landfill, Mineshaft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Fire Retardant Treated Plywood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Expansive Soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Production of Methamphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

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







LAYOUT

