



# State of Alaska

## Residential Real Property Transfer Disclosure Statement

Prepared in compliance with Alaska Statute (AS) 34.70.010 - 34.70.200

### General Information

AS 34.70.010 requires that before the Transferee/Buyer (hereafter referred to as **Buyer**) of an interest in residential real property makes a written offer, the Transferor/Seller (hereafter referred to as **Seller**) must deliver a completed written disclosure form. This disclosure statement is in compliance with AS 34.70.010. It concerns the residential real property\* located in the Palmer Recording District, 3rd Judicial District, State of Alaska.

Legal Description: Township 17N Range 4W Section 30 Lot B10

Property Address/City/Other: 2148 W Linn Marie Cir

\* Residential real property means any single family dwelling, or two single family dwelling units under one roof, or any individual unit in a multi-unit structure or common interest ownership community whose primary purpose is to provide housing. AS 34.70.200(2) and (3).

**AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the transferee after the transferee has made a written offer, the transferee may terminate the offer by delivering a written notice of termination to the transferor or the transferor's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.**

**AS 34.70.040(b) provides that if an item that must be completed in the disclosure statement is unknown or is unavailable to the Seller, and if the Seller or Seller's agent has made a reasonable effort to ascertain the information, the Seller may make an approximation based on the best information available to the Seller or Seller's agent. It must be reasonable, clearly labeled as an approximation, and not used to avoid the disclosure requirements of AS 34.70.010 – AS 34.70.200.**

All disclosures made in this statement are required to be made in good faith (AS 34.70.060). The Seller is required to disclose defects or other conditions in the real property or the real property interest being transferred. To comply, disclosure need not include a search of the public records, nor does it require a professional inspection of the property.

If the information supplied in this disclosure statement becomes inaccurate as a result of an act or agreement after the disclosure statement is delivered to the Buyer, the Seller is required to deliver an amendment to the disclosure statement to the Buyer. An addendum/amendment form for that purpose may be attached to this disclosure statement. Upon delivery to a buyer, any inspection/reports generated by a purchase agreement of this property automatically becomes an addendum/amendment to the property disclosure.

**Exemption for First Sale:** Under AS 34.70.120, the first transfer of an interest in residential real property that has never been occupied is exempt from the requirement for the Seller to complete the Disclosure Statement.

**Waiver by Agreement:** Under AS 34.70.110, completion of this disclosure statement may be waived when transferring an interest in residential real property if the Seller and Buyer agree in writing. Signing this waiver does not affect other obligations for disclosure.

**Violation or Failure to Comply:** A person who negligently violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200 is liable to the Buyer for actual damages suffered by the Buyer as a result of the violation or failure. If the person willfully violates or fails to perform a duty required by AS 34.70.010 -AS 34.70.200, the Seller is liable to the Buyer for up to three times the actual damages. In addition to the damages, a court may also award the Buyer costs and attorney fees to the extent allowed under the rules of court.

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Seller's Initials      Date      Property Address      Buyer's Initials      Date

**Seller's Information Regarding Property**

**Property Type (check one):**

- Single Family     Zero Lot Line/Town House     Condominium     Townhome/PUD  
 Duplex (Including Single Family with an Apartment)  
 Other (please specify) \_\_\_\_\_

Do you currently occupy the property?  Yes     No    If Yes, how long? Part time since 2010

If not a current occupant, have you ever occupied the property?  Yes     No    If so, when? \_\_\_\_\_

Year Property Built: 2008. If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family From Lead in Your Home" pamphlet. The pamphlet can be found on the Internet at <http://www.epa.gov/lead/leadprot.htm>.

Construction Overview:  Wood Frame     Manufactured     Modular     Other: \_\_\_\_\_

Foundation:  Masonry Block     Poured Concrete     Piling     Treated Wood     Other: \_\_\_\_\_

Name of original builder (if known): Jim Vaughn

**Property Features:**

**Check** all items that are **built-in** and will remain with the property. **Also . . .**

**Circle** those checked items that have known defects or malfunctions. **Also . . .**

**Describe** the defect or malfunction on the Addendum/Amendment(s) To The Disclosure Statement.

- |                                                                 |                                                                                                         |                                                                             |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Cooktop                                | <input type="checkbox"/> Wood Stove(s) # of _____                                                       | <input type="checkbox"/> T.V. Antenna                                       |
| <input checked="" type="checkbox"/> Oven(s) # of <u>1</u>       | <input type="checkbox"/> Jetted Tub                                                                     | <input type="checkbox"/> Satellite Dish                                     |
| <input checked="" type="checkbox"/> Rods & Blinds               | <input checked="" type="checkbox"/> Hot Tub <input type="checkbox"/> Cover                              | <input checked="" type="checkbox"/> Window Screens                          |
| <input type="checkbox"/> Microwave(s) # of _____                | <input type="checkbox"/> Steam Shower Room                                                              | <input type="checkbox"/> Security System                                    |
| <input type="checkbox"/> Dishwasher                             | <input type="checkbox"/> Water Softener                                                                 | <input type="checkbox"/> Smoke Detector(s) # of _____                       |
| <input type="checkbox"/> Trash Compactor                        | <input checked="" type="checkbox"/> Water Filtering System                                              | <input type="checkbox"/> CO Detectors # of _____                            |
| <input type="checkbox"/> Garbage Disposal                       | <input type="checkbox"/> Greenhouse <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Fire Alarms                                        |
| <input type="checkbox"/> Instant Hot Water Dispenser            | <input type="checkbox"/> Ventilating System                                                             | <input type="checkbox"/> Auto Garage Door Opener(s)<br># of Opener(s) _____ |
| <input type="checkbox"/> Central Vacuum Installed               | <input type="checkbox"/> Heating System                                                                 | <input type="checkbox"/> Built-In Refrigerator                              |
| <input type="checkbox"/> Intercom                               | <input checked="" type="checkbox"/> Storage Shed(s) # of <u>3</u>                                       | <input type="checkbox"/> Other _____                                        |
| <input checked="" type="checkbox"/> Paddle Fan(s) # of <u>1</u> | <input type="checkbox"/> Built-In Barbecue                                                              |                                                                             |

Comments: \_\_\_\_\_

**Structural Components:**

**Circle** only those items that have known defects, malfunctions, or have had major repairs performed within the last five years.

**Also . . . Describe** the defect, malfunction, or repair on the Addendum/Amendment(s) To The Disclosure Statement.

- |                      |                  |                              |                         |                          |
|----------------------|------------------|------------------------------|-------------------------|--------------------------|
| • Fences/Gates       | • Rain Gutters   | • Insulation                 | • Electrical Systems    | • Electronic Air Cleaner |
| • Driveways          | • Exterior Walls | • Woodstove(s)<br># of _____ | • Sewage Systems        | • Heat Recovery          |
| • Private Walkways   | • Interior Walls | • Fireplace(s)<br># of _____ | • <u>Water Supply</u>   | • Ventilator System      |
| • Retaining Walls    | • Floors         | • Gas Starter                | • Garage                | • Swimming Pool          |
| • Foundation         | • Ceilings       | • Chimneys                   | • Garage Floor Drain    | • Mechanical             |
| • <u>Crawl Space</u> | • Doors          | • Plumbing Systems           | • Carport               | • Filtration             |
| • Roof               | • Windows        | • Heating Systems            | • Washer/Dryer Hook-ups | • Pool Cover             |
| • Patio/Decking      | • Skylights      | • Solar Panels               | • Humidifier            | • Hot Water Heater       |
| • Slabs              | • Venting        | • Wind Generators            | • Air Conditioner       |                          |

Other items not covered above? \_\_\_\_\_

Comments: Crawl space has water during spring breakup and Fall rains. Well contains silt

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**Documentation:** Check the documents for the subject property that the seller has available for review:

- |                                                                      |                                                                                      |                                                      |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Engineer/Property/Home Inspection Report(s) | <input checked="" type="checkbox"/> Written Agreements with Adjacent Property Owners | <input type="checkbox"/> Party Wall Agreement        |
| <input type="checkbox"/> Title Information                           | <input type="checkbox"/> Energy Rating Certificate or PUR-101                        | <input type="checkbox"/> Lease/Rental Agreement      |
| <input type="checkbox"/> As-Built Survey                             | <input type="checkbox"/> Resale Certificate                                          | <input type="checkbox"/> Soils Test                  |
| <input type="checkbox"/> Certificate of Occupancy or PUR-102         | <input type="checkbox"/> Water Rights Certificate                                    | <input type="checkbox"/> Well Log and Water Tests    |
| <input type="checkbox"/> Deed Restrictions                           | <input checked="" type="checkbox"/> Subdivision Covenants/Restrictions               | <input type="checkbox"/> Hazardous Materials Test(s) |
| <input type="checkbox"/> Other _____                                 |                                                                                      | <input type="checkbox"/> Other _____                 |

**Additional Information:**

Supply information for the following items:

To the best of your knowledge, has the property been inspected by an engineer/home inspector in the last 5 years?  Yes  No

➤ **Drainage:**

- ◆ Are you aware of ever having any water in the crawl space, basement, or lower level?  Yes  No  
If Yes, how has the problem been resolved?  
 Sump Pump(s)  Curtain Drain  Rain Gutter/Extension  Other Seasonal  
When was problem resolved? \_\_\_\_\_  
Location of each sump pump: crawl space
- ◆ To where does the water drain after it leaves the sump pump? Yard  
If gutters, where do downspouts discharge? Yard
- ◆ Is there a floor drain in the structure, including garage? No  Yes  No  
If Yes, where is it located and where does it drain to? \_\_\_\_\_

➤ **Roof or Other Leakage:**

- Type:  Asphalt/Composition Shingle  Cedar Shake  Built-up  Metal  Other \_\_\_\_\_  
Age: 3 years years. Location of attic access? \_\_\_\_\_
- ◆ Are you aware of any ice damming on the roof?  Yes  No  
If Yes, provide location. \_\_\_\_\_
  - ◆ Are you aware of any water leaking into the home? i.e., windows, lights, fireplace, etc.  Yes  No  
If Yes, provide location. \_\_\_\_\_

➤ **Fireplace and/or Woodstove:** Date chimney(s) last cleaned? \_\_\_\_\_ Who cleaned? \_\_\_\_\_

➤ **Heating System(s):**

- Mark all types that apply:  Hot Water Baseboard  Forced Air  Radiant Heat  Electrical Heat  
 Wood Stove  Other Monitor, Oil drip stove
- Age: 5, 8 years. Last Cleaned: \_\_\_\_\_ Last Inspected: \_\_\_\_\_
- Source:  Natural Gas  Electric  Propane Tank leased or owned? \_\_\_\_\_  Wood  Coal  
 Oil with 220 gallon storage which is  Buried  Above Ground  Other \_\_\_\_\_
- Age of Tank? 2 years.

➤ **Hot Water Heater:**

Age: 4 years. Capacity: \_\_\_\_\_ gallons. Type:  Gas  Electric  Other propane

➤ **Water Supply:**

Type:  Public  Private  Community  Cistern/Water Tank If Cistern/Water Tank: 1100 gal Size  
 Other \_\_\_\_\_

If Private: Well Depth: 60 feet. Flow Rate: ? gallons per minute. Date Tested: \_\_\_\_\_

- ◆ Have you had any problems with your water supply? Well has silt  Yes  No
- ◆ Has the water supply been tested in the past 12 months?  Yes  No  
If Yes, attach all documentation from all tests.
- ◆ Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants?  Yes  No
- ◆ Has the well failed while you have owned the property?  Yes  No
- ◆ Have you ever had a well pump problem or failure?  Yes  No
- ◆ Do you supply water to, or receive water from others?  Yes  No  
If Yes, is there a recorded agreement?  Yes  No
- ◆ Do you have a water rights certificate for this property?  Yes  No

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Seller's Initials Date Property Address Buyer's Initials Date

**Additional Information (Continued):**

➤ **Sewer System:** **Yes** **No**

Type:  Public  Private  Community  Other \_\_\_\_\_

- Does your sewer system have a lift station/lift pump? .....
- If Private:  Septic Tank  Holding Tank  Other: \_\_\_\_\_
- Drainfield System:  Bed  Trench  Mound  Pit  Crib  Other \_\_\_\_\_
- Innovative Sewer System:  Intermittent Sand Filter  Biocycle  Recirculating Upflow Filter
- Secondary sewer treatment plant  Other \_\_\_\_\_

- Has the sewer system failed while you owned the property? .....
- If Yes, explain: \_\_\_\_\_
- Age of sewer system: 8 years Location: back of cabin
- Have you had any work maintenance or inspections done on the sewer system during your ownership? .....
- If Yes, explain: pumped every 3 years - last July 2015
- Approval/Certification source (and date if known): \_\_\_\_\_
- Are you aware of any abandoned sewer systems, leachfields, cribs, etc. on the property? .....

➤ **Freeze-ups:**

- Have you had any frozen water lines, sewer lines, drains, or heating systems? .....
- If yes, please explain. \_\_\_\_\_
- Are there any heat tapes, heat lamps, or other freeze prevention devices? .....
- Location, and explain use. \_\_\_\_\_

➤ **Average Annual Utility Costs:**

Gas	\$ _____	Company/Source: _____
Electric	\$ _____	Company/Source: _____
Oil	\$ <u>300</u> /Gallons: <u>100</u>	Company/Source: _____
Propane	\$ <u>200</u>	Company/Source: _____
Wood	\$ _____	Company/Source: _____
Coal	\$ _____	Company/Source: _____
Water	\$ <u>145</u>	Company/Source: <u>MATSU WATER</u>
Sewer	\$ <u>125 / 3 years</u>	Company/Source: _____
Refuse	\$ _____	Company/Source: _____
Other	\$ _____	Company/Source: _____

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? If answer is "Yes," indicate the relevant item number and explain the condition on the Addendum/Amendment(s) to the Disclosure Statement.

➤ **Title:** **Yes** **No**

1. Do you know of any existing, pending, or potential legal action(s) concerning the property? .....
2. Do you know of any street or utility improvements planned that will affect the property? .....
3. Road maintenance provided by? Borough to within 1 mile, then by owners
4. Is the property currently rented or leased? .....
- If Yes, expiration date: \_\_\_\_\_
5. Is there a homeowner's association (HOA) for the property? .....
- If Yes, HOA name: \_\_\_\_\_ HOA Telephone: \_\_\_\_\_
- Mandatory  Voluntary  Inactive Monthly Dues Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- Are there any levied or pending assessments? .....
- Who is responsible for issuing the resale certificate?
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

➤ **Setbacks/Restrictions:**

6. Have you been notified of any proposed zoning changes for the property? .....
7. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences, and driveways, whose use or responsibility for maintenance may affect the property? .....
8. Are there subdivision conditions, covenants, or restrictions? .....
9. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property? ..... No restrictions
10. Are you aware of any nonconforming uses of this property? .....

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**Additional Information (Continued):**

- |                                                                                                                                                                                                                                                                                                            | <u>Yes</u>               | <u>No</u>                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 11. Are you aware of any deed, or other private restrictions on the use of the property?.....                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are you aware of any variances being applied for, or granted, on this property?.....                                                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Are you aware of any easements on the property? .....                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>➤ Encroachments:</b>                                                                                                                                                                                                                                                                                    |                          |                                     |
| 14. Does anything on your property encroach (extend) onto your neighbor's property? .....                                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Does anything on your neighbor's property encroach onto your property?.....                                                                                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>➤ Environmental Concerns:</b>                                                                                                                                                                                                                                                                           |                          |                                     |
| 16. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water or by-products from the production of methamphetamines on the subject property?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16a. Are you aware of any mildew or mold issues affecting this property? .....                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks? Number of tanks: _____.....                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Are you aware if the property is in an avalanche zone/mudslide area?.....                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Are you aware if the property has flooded? .....                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Flood zone designation: _____                                                                                                                                                                                                                                                                              |                          |                                     |
| 20. Are you aware of any erosion/erosion zone or accretion affecting this property?.....                                                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes? .....                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Have you ever filed an insurance claim for any environmental damage to the property? .....                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property?.....                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>➤ Soil Stability:</b>                                                                                                                                                                                                                                                                                   |                          |                                     |
| 24. Are you aware of any debris burial or filling on any portion of the property?.....                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 25. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affect the improvements of the property? .....                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 26. Are you aware of any drainage, or grading problems that affect this property?.....                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>➤ Construction, Improvements/Remodel:</b>                                                                                                                                                                                                                                                               |                          |                                     |
| 27. Have you remodeled, made any room additions, structural modifications, or improvements? .....                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If Yes, please describe. Was the work performed with necessary permits in compliance with building codes? .....                                                                                                                                                                                            |                          |                                     |
|                                                                                                                                                                                                                                                                                                            |                          | <input type="checkbox"/>            |
| Was a final inspection performed, if applicable? .....                                                                                                                                                                                                                                                     |                          |                                     |
|                                                                                                                                                                                                                                                                                                            |                          | <input type="checkbox"/>            |
| 28. Has a fire ever occurred in the structure?.....                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>➤ Pest Control or Wood Destroying Organisms:</b>                                                                                                                                                                                                                                                        |                          |                                     |
| 29. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, etc. in the structure?.....                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. If Yes, what type? _____                                                                                                                                                                                                                                                                                |                          |                                     |
| b. If Yes, where? _____                                                                                                                                                                                                                                                                                    |                          |                                     |
| 30. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure?.....                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. If Yes, when? _____                                                                                                                                                                                                                                                                                     |                          |                                     |
| b. If Yes, what type? _____                                                                                                                                                                                                                                                                                |                          |                                     |
| c. If Yes, where? _____                                                                                                                                                                                                                                                                                    |                          |                                     |
| d. If Yes, describe what was done to resolve the problem: _____                                                                                                                                                                                                                                            |                          |                                     |
| <b>➤ Other:</b>                                                                                                                                                                                                                                                                                            |                          |                                     |
| 31. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years?.....                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Are you aware of any human burial sites on the property?.....                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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**Additional Information (Continued):**

Yes      No

**33. Noise**

- a. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, race tracks, neighbors, etc? .....
- b. If Yes, explain: Occasional Aircraft

**34. Pets**

- a. Have there been any pets/animals in the house? .....
- b. If Yes, what kind? Dog

I / We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

Seller: *William A. Vandek*      Date: 11/8/2016

Seller: \_\_\_\_\_      Date: \_\_\_\_\_

**Buyer's Notice and Receipt of Copy**

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: [www.dps.state.ak.us](http://www.dps.state.ak.us).

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.

The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects. Buyer also acknowledges that he/she has read and received a signed copy of this statement from the Seller or any licensee involved or participating in this transaction.

Buyer: \_\_\_\_\_      Date: \_\_\_\_\_

Buyer: \_\_\_\_\_      Date: \_\_\_\_\_

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