



**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).

How long has the seller owned the property? \_\_\_\_\_ year(s)  
 Is seller currently occupying the property? (Circle one) YES ☒ NO ☐ If yes, how long has the seller occupied the property? \_\_\_\_\_ year(s)  
 If no, has the seller ever occupied the property? (Circle one) YES ☒ NO ☐ If yes, when? From 1960 (year) to 1978 (year)

This disclosure statement concerns the real property located at 814 Lloyd St  
 in the city of Pender, County of Thurston, State of Nebraska and legally described as:

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 indicating, insert "N/A" in the appropriate box. If age of items is unknown, write "UNK" on the blank provided. If the property has more than one item as listed below please put the numbered in the appropriate box. For example — if the home has three room air conditioners, one working, one not working, and one not included, put a "1" in each of the "Working", "Not Working", and "None/Not Included" boxes for that item, and a "3" on the line provided next to the item description to indicate total number of item. You may also provide additional explanation of any item in the comments section in PART III.

**SELLER STATES THAT, TO THE BEST OF THE SELLER'S 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 in PART III of this disclosure statement, or number separately as provided in the instructions above. 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                   | Working                             | Not Working                         | Do Not Know If Working              | None/Not Included                   |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Refrigerator (Kitchen only)           | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |
| 2. Clothes Dryer                         | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |
| 3. Clothes Washer                        | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |
| 4. Dishwasher                            |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| 5. Garbage Disposal                      | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |
| 6. Freezer                               |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 7. Oven                                  | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| 8. Range                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |                                     |
| 9. Cooktop                               |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 10. Microwave oven                       |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 11. Built-in vacuum system and equipment |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 12. Range ventilation systems            | <input checked="" type="checkbox"/> |                                     |                                     | <input checked="" type="checkbox"/> |
| 13. Gas grill                            |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 14. Room air conditioner (_____ number)  |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 15. TV antenna / Satellite dish          |                                     |                                     |                                     | <input checked="" type="checkbox"/> |
| 16. Trash compactor                      |                                     |                                     |                                     | <input checked="" type="checkbox"/> |

| Section B - Electrical Systems  | Working   | Not Working | Do Not Know If Working | None/Not Included                   |
|---|---|-------------|------------------------|-------------------------------------|
| 1. Electrical service panel capacity<br>_____ AMP Capacity (if known)<br>fuse _____ circuit breakers      | <input checked="" type="checkbox"/>   |             |                        |                                     |
| 2. Ceiling fan(s) (_____ number)  |   |             |                        | <input checked="" type="checkbox"/> |
| 3. Garage door opener(s) (_____ number)   | <input checked="" type="checkbox"/>   |             |                        |                                     |
| 4. Garage door remote(s) (_____ number)   |   |             |                        | <input checked="" type="checkbox"/> |
| 5. Garage door keypad(s) (_____ number)   |   |             |                        | <input checked="" type="checkbox"/> |
| 6. Telephone wiring and jacks   | <input checked="" type="checkbox"/>   |             |                        |                                     |
| 7. Cable TV wiring and jacks  | <input checked="" type="checkbox"/>   |             |                        |                                     |
| 8. Intercom or sound system wiring  |   |             |                        | <input checked="" type="checkbox"/> |
| 9. Built-in speakers  |   |             |                        | <input checked="" type="checkbox"/> |
| 10. Smoke detectors (_____ number)  | <input checked="" type="checkbox"/>   |             |                        | <input checked="" type="checkbox"/> |
| 11. Fire alarm  |   |             |                        | <input checked="" type="checkbox"/> |
| 12. Carbon Monoxide Alarm (_____ number)  | <input checked="" type="checkbox"/>   |             |                        | <input checked="" type="checkbox"/> |
| 13. Room ventilation/exhaust fan (_____ number)   |   |             |                        | <input checked="" type="checkbox"/> |
| 14. 220 volt service dryer  | <input checked="" type="checkbox"/>   |             |                        |                                     |
| 15. Security System<br>_____ Owned _____ Leased<br>_____ Central station monitoring                       |   |             |                        | <input checked="" type="checkbox"/> |
| 16. Have you experienced any problems with the electrical system or its components?<br>_____ YES _____ NO | If YES, explain the condition in the comments section in PART III of this disclosure statement. |             |                        |                                     |

Seller's Initials DTA Property Address 814 Lloyd St Buyer's Initials J  
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| Section C - Heating and Cooling Systems   | Working | Not Working | Do Not Know If Working | None / Not Included |
|---|---------|-------------|------------------------|---------------------|
| 1. Air purifier   |         |             |                        | ✓                   |
| 2. Attic fan  |         |             |                        | ✓                   |
| 3. Whole house fan  |         |             |                        | ✓                   |
| 4. Central air conditioning<br>_____ year installed (if known)  | ✓       |             |                        |                     |
| 5. Heating system<br>_____ year installed (if known)<br>Gas _____ Electric _____<br>Other (specify _____) | ✓       |             |                        |                     |
| 6. Fireplace / Fireplace insert   |         |             |                        | ✓                   |
| 7. Gas log (fireplace)  |         |             |                        | ✓                   |
| 8. Gas starter (fireplace)  |         |             |                        | ✓                   |
| 9. Heat pump<br>_____ year installed (if known)   |         |             |                        | ✓                   |
| 10. Humidifier  |         |             |                        | ✓                   |
| 11. Propane Tank<br>_____ year installed (if known)<br>_____ Rent _____ Own                               |         |             |                        | ✓                   |
| 12. Wood-burning stove<br>_____ year installed (if known)   |         |             |                        | ✓                   |

| Section D - Water Systems                         | Working | Not Working | Do Not Know If Working | None / Not Included |
|---|---------|-------------|------------------------|---------------------|
| 1. Hot tub / whirlpool                            | ✓       |             |                        | ✓                   |
| 2. Plumbing (water supply)                        | ✓       |             |                        |                     |
| 3. Swimming pool                                  | ✓       |             |                        | ✓                   |
| 4. a. Underground sprinkler system                | ✓       |             |                        | ✓                   |
| b. Back-flow prevention system                    | ✓       |             |                        | ✓                   |
| 5. Water heater _____ year installed (if known)   | ✓       |             |                        | ✓                   |
| 6. Water purifier _____ year installed (if known) |         |             |                        | ✓                   |
| 7. Water softener _____ Rent _____ Own            |         |             |                        | ✓                   |
| 8. Well system                                    |         |             |                        | ✓                   |

  

| Section E - Sewer Systems          | Working | Not Working | Do Not Know If Working | None / Not Included |
|------------------------------------|---------|-------------|------------------------|---------------------|
| 1. Plumbing (water drainage)       | ✓       |             |                        |                     |
| 2. Sump pump (discharges to _____) |         |             |                        | ✓                   |
| 3. Septic System                   |         |             |                        | ✓                   |

PART II - In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in PART III of this disclosure statement.

Section A. Structural Conditions - If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the comment section in PART III of this disclosure statement.

| Section A - Structural Conditions  | YES | NO  | Do Not Know |
|--|-----|-----|-------------|
| 1. Age of roof (if known) _____ year(s)  | N/A | N/A | ✓           |
| 2. Does the roof leak?   |     | ✓   |             |
| 3. Has the roof leaked?  |     | ✓   |             |
| 4. Is there presently damage to the roof?  |     | ✓   |             |
| 5. Has there been water intrusion in the basement or crawl space?  |     |     | ✓           |
| 6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents? |     |     | ✓           |
| 7. Are there any structural problems with the structures on the real property?   |     |     | ✓           |
| 8. Is there presently damage to the chimney?   |     |     | ✓           |
| 9. Are there any windows which presently leak, or do any insulated windows have any broken seals?  |     |     | ✓           |

| Section A - Structural Conditions   | YES | NO  | Do Not Know |
|---|-----|-----|-------------|
| 10. Year property was built _____ (if known)                              | N/A | N/A |             |
| 11. Has the property experienced any moving or settling of the following: |     |     |             |
| - Foundation  |     |     | ✓           |
| - Floor   |     |     | ✓           |
| - Wall  |     |     | ✓           |
| - Sidewalk  |     |     | ✓           |
| - Patio   |     |     | ✓           |
| - Driveway  |     |     | ✓           |
| - Retaining wall  |     |     | ✓           |
| 12. Any room additions or structural changes?                             |     |     | ✓           |

Section B. Environmental Conditions - Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

| Section B - Environmental Conditions                     | YES | NO | Do Not Know |
|--|-----|----|-------------|
| 1. Asbestos  |     |    | ✓           |
| 2. Contaminated soil or water (including drinking water) |     |    | ✓           |
| 3. Landfill or buried materials                          |     |    | ✓           |
| 4. Lead-based paint                                      |     |    | ✓           |
| 5. Radon gas   |     |    | ✓           |
| 6. Toxic materials                                       |     |    | ✓           |

| Section B - Environmental Conditions   | YES | NO | Do Not Know |
|--|-----|----|-------------|
| 7. Underground fuel, chemical or other type of storage tank?   |     |    | ✓           |
| 8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law (N.A.C. Title 25, Ch. 10), on the property? |     |    | ✓           |
| 9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)                 |     |    | ✓           |

Seller's Initials DTA Property Address 814 Lloyd St Buyer's Initials /

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Section C. Title Conditions - Do any of the following conditions exist with regard to the real property?

| Section C - Title Conditions  | YES | NO                                  | Do Not Know                         |
|---|-----|-------------------------------------|-------------------------------------|
| 1. Any features, such as walls, fences and driveways which are shared?  |     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Any easements, other than normal utility easements?  |     |                                     | <input checked="" type="checkbox"/> |
| 3. Any encroachments?   |     |                                     | <input checked="" type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?   |     |                                     | <input checked="" type="checkbox"/> |
| 5. Any lot-line disputes?   |     |                                     | <input checked="" 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 checked="" type="checkbox"/> |
| 7. Any planned road or street expansions, improvements, or widening adjacent to the real property?  |     |                                     | <input checked="" type="checkbox"/> |
| 8. Any condominium, homeowners', or other type of association which has any authority over the real property?   |     |                                     | <input checked="" type="checkbox"/> |
| 9. Any private transfer fee obligation upon sale?   |     |                                     | <input checked="" type="checkbox"/> |

| Section C - Title Conditions  | YES | NO                                  | Do Not Know                         |
|---|-----|-------------------------------------|-------------------------------------|
| 10. 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 checked="" type="checkbox"/> |                                     |
| 11. Is there a common wall or walls?  |     | <input checked="" type="checkbox"/> |                                     |
| 12. Is there a party wall agreement?  |     | <input checked="" type="checkbox"/> |                                     |
| 13. Any lawsuits regarding this property during the ownership of the seller?  |     | <input checked="" type="checkbox"/> |                                     |
| 14. Any notices from any governmental or quasi-governmental agency affecting the real property?   |     | <input checked="" type="checkbox"/> |                                     |
| 15. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?  |     | <input checked="" type="checkbox"/> |                                     |
| 16. Any deed restrictions or other restrictions of record affecting the real property?  |     | <input checked="" type="checkbox"/> |                                     |
| 17. Any unsatisfied judgments against the seller?   |     | <input checked="" type="checkbox"/> |                                     |
| 18. Any dispute regarding a right of access to the real property?   |     | <input checked="" type="checkbox"/> |                                     |
| 19. Any other title conditions which might affect the real property?  |     |                                     | <input checked="" type="checkbox"/> |

Section D. Other Conditions - Do any of the following conditions exist with regard to the real property?

| Section D - Other Conditions  | YES                                 | NO | Do Not Know                         |
|---|-------------------------------------|----|-------------------------------------|
| 1. a. Are the dwelling(s) and the improvements connected to a public water system?  | <input checked="" type="checkbox"/> |    |                                     |
| b. Is the system operational?   | <input checked="" type="checkbox"/> |    |                                     |
| 2. a. Are the dwelling(s) and the improvements connected to a private, community (non-public), or Sanitary Improvement District (SID) water system?   | <input checked="" type="checkbox"/> |    |                                     |
| b. Is the system operational?   | <input checked="" type="checkbox"/> |    |                                     |
| 3. If the dwelling(s) and the improvements are connected to a private, community (non-public) or SID water system is there adequate water supply for regular household use (i.e. showers, laundry, etc.)? | <input checked="" type="checkbox"/> |    |                                     |
| 4. a. Are the dwelling(s) and the improvements connected to a public sewer system?  | <input checked="" type="checkbox"/> |    |                                     |
| b. Is the system operational?   | <input checked="" type="checkbox"/> |    |                                     |
| 5. a. Are the dwelling(s) and the improvements connected to a community (non-public) or SID sewer system?   | <input checked="" type="checkbox"/> |    |                                     |
| b. Is the system operational?   | <input checked="" type="checkbox"/> |    |                                     |
| 6. a. Are the dwelling(s) and the improvements connected to a septic system?  |                                     |    | <input checked="" type="checkbox"/> |
| b. Is the system operational?   |                                     |    | <input checked="" type="checkbox"/> |
| 7. Has the main sewer line from the house ever backed up or exhibited slow drainage?  |                                     |    | <input checked="" type="checkbox"/> |

| Section D - Other Conditions  | YES                                 | NO                                  | Do Not Know                         |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 8. a. Is the real property in a flood plain?  |                                     | <input checked="" type="checkbox"/> |                                     |
| b. Is the real property in a floodway?  |                                     | <input checked="" type="checkbox"/> |                                     |
| 9. Is trash removal service provided to the real property? If so, are the trash services public private   |                                     |                                     | <input checked="" type="checkbox"/> |
| 10. Have the structures been mitigated for radon? If yes, when? / /   |                                     |                                     | <input checked="" type="checkbox"/> |
| 11. Is the property connected to a natural gas system?  | <input checked="" type="checkbox"/> |                                     |                                     |
| 12. Has a pet lived on the property? Type(s) <u>Cat</u>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| 13. Are there any diseased or dead trees, or shrubs on the real property?   |                                     |                                     | <input checked="" type="checkbox"/> |
| 14. Are there any flooding, drainage, or grading problems in connection to the real property?   |                                     |                                     | <input checked="" type="checkbox"/> |
| 15. a. Have you made any insurance or manufacturer claims with regard to the real property?   |                                     |                                     | <input checked="" type="checkbox"/> |
| b. Were all repairs related to the above claims completed?  |                                     |                                     | <input checked="" type="checkbox"/> |
| 16. Are you aware of any problem with the exterior wall-covering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials? |                                     |                                     | <input checked="" type="checkbox"/> |

Section E. Cleaning / Servicing Conditions - Have you ever performed or had performed the following? (State most recent year performed)

| Section E - Cleaning / Servicing Conditions             | YEAR        | YES                                 | NO | Do Not Know                         | None / Not Included                 |
|---|-------------|-------------------------------------|----|-------------------------------------|-------------------------------------|
| 1. Servicing of air conditioner                         |             |                                     |    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Cleaning of fireplace, including chimney             |             | <input checked="" type="checkbox"/> |    |                                     | <input checked="" type="checkbox"/> |
| 3. Servicing of furnace                                 | <u>2010</u> | <input checked="" type="checkbox"/> |    |                                     | <input checked="" type="checkbox"/> |
| 4. Professional inspection of furnace A/C (HVAC) system | <u>3020</u> | <input checked="" type="checkbox"/> |    |                                     | <input checked="" type="checkbox"/> |
| 5. Servicing of septic system                           |             |                                     |    |                                     | <input checked="" type="checkbox"/> |

| Section E - Cleaning / Servicing Conditions          | YEAR | YES | NO                                  | Do Not Know                         | None / Not Included                 |
|--|------|-----|-------------------------------------|-------------------------------------|-------------------------------------|
| 6. Cleaning of wood-burning stove, including chimney |      |     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |
| 7. Treatment for wood-destroying insects or rodents  |      |     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Tested well water                                 |      |     |                                     |                                     | <input checked="" type="checkbox"/> |
| 9. Serviced / treated well water                     |      |     |                                     |                                     | <input checked="" type="checkbox"/> |

DTA  
Seller's Initials [Signature] Property Address 814 Lloyd St Buyer's Initials [Signature]

PART III - Comments. Please reference comments on items responded to above in PART I or II, with Section letter and item number.  
Note: Use additional pages if necessary.

Property has an "As-Is" Addendum.  
Selling "As-Is".

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 45 pages (including additional comment pages), has been completed by Seller; that Seller has completed this disclosure statement to the best of Seller's belief and knowledge as the date hereof, which is the date this disclosure statement is completed and signed by the Seller.

Seller's Signature

Date

Seller's Signature

Date

ALEXANDER.DALE.THOMAS.JR.1148586922

Digitally signed by ALEXANDER.DALE.THOMAS.JR.1148586922  
Date: 2020.12.18 14:35:18 -0500

#### ACKNOWLEDGEMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I/We acknowledge receipt of a photocopy of the above Seller Property Condition Disclosure Statement; understand that such disclosure statement is NOT a warranty of any kind by the seller or any agent representing any principal in the transaction; understand that such disclosure statement should not be accepted as a substitute for any inspection or warranty that I/we may wish to obtain; understand the information provided in this disclosure 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; and certify that disclosure statement was delivered to me/us or my/our agent on or before the effective date of any contract entered into by me/us relating to the real property described in such disclosure statement.

Date

Date



I have not lived in this house since I left for college in 1970, but there are several additional things to add to the disclosure:

The folks had a cat when my sisters were still living at home but and there have been no pets in the house since then, 1984 I believe.

There are wood floors under the carpet in the living room.

The air conditioner and both furnaces were serviced in 2020.

There is a furnace in the furnace room in the basement for the west side of the house (kitchen, bathroom, west bedroom, and basement). The access for changing that furnace filter is in the bar area behind the air intake vent.

The furnace in the garage heats the east side of the house (living room, small bedroom, master bedroom, office, and upstairs).

The air conditioner services the east side of the house, the same rooms as the furnace in the garage. I am not sure when that air conditioner was installed.

I was told that three burners on the stovetop work but one of the back burners does not.

There is a water softener in the basement furnace room, but I have no idea if it works or when it was last used.

I left the "year property was built" blank, Penny, as you would have that information to fill in.

My sister and brother-in-law just installed new smoke detectors and carbon monoxide detectors throughout the house in December 2020.

The exterior of the house was painted in summer of 2020.

Dad told me there is a metal ring grown into the trunk of the big tree on the west of the house. I am not sure exactly sure where on the tree that is located. If I remember my conversation with him correctly, when it was smaller the tree had a split of some sort and a metal ring was put around it for support. That ring was eventually covered up as the tree grew.

There has never been any water intrusion from flooding into the house that we know of, but there was a pipe that froze and burst during that extreme cold spell in January 2018. The basement was totally redone by Jim Rutar at that time.

The water heater was replaced at that time, January 2018.

Maul & Bodlak, L.L.P.  
Attorneys at Law  
113 S 5th Street  
PO Box 490  
Pender, NE 68047

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



For use in sales of residential properties built prior to 1978

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 for property located at 814 Lloyd St Pender, NE (address)

DTA 12/13 (a) Presence of lead-based paint and/or lead-based paint hazards (seller initial and check one below):

☐ Known lead-based paint and/or lead-based paint hazards in the housing (explain).

DTA 12/13 ☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (seller initial and 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 Acknowledgement (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 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 Acknowledgement (initial)

☒ (f) Agent has informed the seller of the seller's obligations under 42 USC 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.

Dorothy J. Hays 11/25/2020 Shonda L. Cahill 12/13/2020  
Seller Date Seller Date

Kenny Brown 12/9/2020 \_\_\_\_\_  
Agent Date Agent Date

\_\_\_\_\_  
Purchaser Date Purchaser Date

Dorothy J. Hays 12/13/2020 \_\_\_\_\_  
Seller Date Seller Date

## "AS IS" ADDENDUM

SELLER

Coulston Family

BUYER

PROPERTY ADDRESS

814 blayd Str  
Rendon, DE. 68047

\_\_\_\_\_ The property is sold exactly as seen. Any termite, building, mechanical or structural inspection is waived by the Buyer. No repairs or corrections will be made by the Seller.

\_\_\_\_\_ While the property is being sold "As Is," the Buyer is entitled to a building, mechanical, termite, structural or environmental inspection to determine the status of the property. This option includes the right of the Buyer to cancel this contract if the results of the inspections are unsatisfactory. Seller will make no repairs.

11/10/2020  
RSC  
DTA While the contract states the property is being sold "As Is," the Buyer is entitled to all rights allowed in the termite, building, mechanical, structural and environmental inspection clauses of the contract, including the right to ask for repairs. It is understood that the Seller's position may be to deny any requests for repairs.

It is further understood by all parties that an "As Is" sale does not relieve the Seller of the obligation to disclose all material facts of which he/she has knowledge or which are readily available to him/her relating the condition of the property.

Natalia Lier 10/28/2020  
Seller Date

Buyer Date

Shonda G. Cottle 11/2/2020  
Seller Date

Buyer Date

Whitaker 11/5/2020  
Seller Date

R. J. E. Jones 10-28-2020  
Seller Date