

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 John + Donna Schaefer Property Address 30318 456th Ave.

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

County of Clay 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? 1949

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

- | Yes | No | Unkn | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Were there any title problems when you purchased the property? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Are there any recorded liens or financial instruments against the property, other than a first mortgage? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; 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? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage and sidewalks)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Are there any problems related to establishing the lot lines/boundaries? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveways, sheds, outbuildings or other improvements)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes or changes that could affect your property? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the property currently occupied by the owner? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Does the property currently receive the owner occupied tax reduction as per SDCL 10-13-39? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Is the property currently part of a property tax freeze for any reason? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Is the property leased? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. If leased, does the property use comply with local zoning laws? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Does this property or any portion of this property receive rent? If yes, how much \$ _____ and how often? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Do you pay any mandatory fees or special assessments to a home-owners' or condominium association?
If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly).
Payable to whom: _____
For what purpose? _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Are you aware if the property has ever had standing water in either the front, rear or side yard more than forty-eight hours after heavy rain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Is the property located in or near a flood plain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. Are wetlands located upon any part of the property? |

II. STRUCTURAL INFORMATION

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

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



Property/Address _____

Yes No Unkn

5. Are you aware of any roof leakage, past or present? Type of roof covering: asphalt (30 yrs)
Age: 9 yrs 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		
	None/Not Included	Working	Not Working		None/Not Included	Working	Not Working
1. 220 volt service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Light fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Air exchanger	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	24. Pool and equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burglar alarm and security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Propane tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Ceiling fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Radon System	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Central air - water cooled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. <u>septic</u> leaching field	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Doorbell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sump pump(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Fireplace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Switches and outlets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Underground sprinkler and heads	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
16. Garage wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. Water heater <u>electric or gas</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Heating system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. <u>Water purifier reverse osmosis</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Hot tub, whirlpool and controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Water softener - leased or owned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Humidifier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Well and pump <u>pump gone</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Intercom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Wood burning stove	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Lead Paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Urea formaldehyde Foam Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Radon Gas (house)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Asbestos Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Radon Gas (Well)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Buried Fuel Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Radioactive Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Chemical Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Landfill, Mineshaft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Fire Retardant Treated Plywood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Expansive Soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Production of Methamphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Mold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

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



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. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

SELLER'S DISCLOSURE (initial)

JAS
DMS

- (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.

JAS
DMS

- (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)

- RIS (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:

John R. Schaefer 10-14-08
Seller Date

Randy Korman 10-14-08
Agent Date

Donna M. Schaefer 10-14-08
Seller Date

Agent Date

Purchaser Date

Purchaser Date