

SELLER DISCLOSURE OF PROPERTY CONDITION

The information in this form is based upon the undersigned's observation and knowledge about the property during the period beginning on the date of his or her purchase of it on:

5/14/1990 and ending on _____
 (date of purchase) (date of this form)

PROPERTY ADDRESS: 1815 Gardiner Lane WB20, Louisville, KY 40205

This form applies to sales and purchases of residential real estate. This form is not required for:

1. Residential purchases of new homes if a warranty is offered;
2. Sales of real estate at auction; or
3. A court supervised foreclosure.

PURPOSE OF STATEMENT: Completion of this form shall satisfy the requirements of KRS 324.360 which mandates the seller's disclosure of information about the property he is about to sell. This disclosure is based solely on the seller's observation and knowledge of the property's condition and the improvements thereon. This statement shall not be a warranty by the seller or seller's agent and shall not be intended as a substitute for an inspection or warranty the purchaser may wish to obtain. This is a statement of the conditions and information concerning the property known by the seller. Unless otherwise advised, the seller does not possess any expertise in construction, architectural, engineering, or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owning the property, the seller possesses no greater knowledge than that which could be obtained upon a careful inspection of the property by the potential buyer. Unless otherwise advised, the seller has not conducted any inspection of generally-inaccessible areas such as the foundation or roof. It is not a warranty of any kind by the seller or by any agent representing any seller in this transaction. It is not a substitute for any inspections. Purchaser is encouraged to obtain his or her own professional inspections.

INSTRUCTIONS TO THE SELLER: (1) Complete all numbered items. (2) Report all known conditions affecting the property. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the licensee to complete this form on your behalf in accordance with KRS 324.360(9). (5) If some items do not apply to your property, write "not applicable." (6) If you do not know the answer to a question, write "unknown."

SELLER'S DISCLOSURE: As seller, I/we disclose the following information regarding the property. This information is true and accurate to the best of my/our knowledge as of the date signed. Seller authorizes the agent to provide a copy of this statement to a person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following are not the representations of the agent.

Please answer all questions. If the answer is yes, please explain. If additional space is needed, use the reverse side or make attachments.

	YES	NO	UNKNOWN
1. HOUSE SYSTEMS			
Any past or current problems affecting:			
(a) Plumbing <i>Repaired</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Electrical system <i>Replaced j. 10 yrs. ago. Surgeon outside Spigot</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) Floors and walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Doors and windows <i>Replaced. Take Door + all windows</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Ceiling and attic fans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(g) Security system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(h) Sump pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(i) Chimneys, fireplaces, inserts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(j) Pool, hot tubs, sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(k) Sprinkler system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(l) Heating <i>age 19</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(m) Cooling/air conditioning <i>Replaced compressor 5 yrs. ago</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____			
2. FOUNDATION/STRUCTURE/BASEMENT			
(a) Any defects or problems, current or past, to the foundation or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(b) Any defects or problems, current or past, to the structure or exterior veneer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: _____			
(c) Has the basement leaked at anytime since you have owned or lived in the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) When was the last time the basement leaked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) Have you ever had any repairs done to the basement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(f) If you have had repairs done to the basement relative to leaking, when was the repair performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: _____			
(g) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Initials (Buyer) _____ Date/Time _____

Initials (Seller) *RJL* Date/Time 3-2-09
1:45 pm

YES NO UNKNOWN

(h) Have you experienced, or are you aware of, any water or drainage problems with Regard to the crawl space?.....

___ NA ___

3. ROOF

(a) Age of the roof? Approx 3 years

(b) 1. Has the roof leaked at any time since you have owned or lived in the property?

___ ___ ___

2. When was the last time the roof leaked? Never

(c) 1. Have you ever had any repairs done to the roof?.....

___ ___

2. If you have ever had the roof repaired, when was the repair performed? _____

(d) 1. Have you ever had the roof replaced?.....

___ ___

2. If you have had the roof replaced, when was the replacement performed? _____

(e) If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) NA

(f) 1. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof?

___ ___

2. If you have ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof, when was the repair performed? _____

4. LAND/DRAINAGE

(a) Any soil stability problems?.....

___ ___

(b) Has the property ever had a drainage, flooding, or grading problem?.....

___ ___

(c) Is the property in a flood plain zone?.....

___ ___

(d) Is there a retention/detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?

___ ___

Explain: _____

5. BOUNDARIES

(a) Have you ever had a staked or pinned survey of the property?.....

___ ___

(b) Do you know the boundaries?.....

___ ___

(c) Are the boundaries marked in any way?.....

___ ___

(d) Are there any encroachments or unrecorded easements relating to the property of which you are aware?

___ ___

Explain: _____

6. WATER

(a) 1. Source of water supply City

2. Are you aware of below normal water supply or water pressure?

___ ___

(b) Is there a water purification system or softener remaining with the house?.....

___ ___

(c) Has your water ever been tested? If yes, give results

___ ___

Explain: _____

7. SEWER SYSTEM

(a) Property is serviced by:

1. Category I. Public Municipal Treatment Facility;.....

___ ___

2. Category II. Private Treatment Facility;.....

___ ___ ___

3. Category III. Subdivision Package Plant;.....

___ ___ ___

4. Category IV. Single Home Aerobic Treatment System (AKA: "Home Package Plant")

___ ___ ___

5. Category V. Septic Tank with drain field, lagoon, wetland, or other onsite dispersal;

___ ___ ___

6. Category VI. Septic Tank with dispersal to an offsite, multi-property cluster treatment system;.....

___ ___ ___

7. Category VII. No Treatment/Unknown.....

___ ___ ___

(b) For properties with Category IV, V, or VI systems:

Date of last inspection (sewer): _____

Date of last inspection (septic): _____ Date last cleaned (septic): _____

(c) Are you aware of any problems with the sewer system?.....

___ ___ ___

Explain: _____

8. CONSTRUCTION/REMODELING

(a) Have there been any additions, structural modifications, or other alterations made?.....

___ ___

(b) Were all necessary permits and government approvals obtained?.....

___ ___ ___

Explain: NA

9. HOMEOWNER'S ASSOCIATION

(a) 1. Is the property subject to rules or regulations of a homeowner's association?.....

___ ___

2. If yes, what is the yearly assessment? \$ 300.00 London Pk Flr. Mo.

Initials (Buyer) _____ Date/Time _____

Initials (Seller) AFS Date/Time 3-2-09
1:45 pm

