

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.

- |                                                          |                              |                                        |                                      |
|----------------------------------------------------------|------------------------------|----------------------------------------|--------------------------------------|
| 1. Asbestos                                              | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 3. Landfill or buried materials                          | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 4. Lead-based paint                                      | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 5. Radon gas                                             | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 6. Toxic materials                                       | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

7. Underground fuel, chemical or other type of storage tank
8. Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

- |                                                                                                                                                                                                                                  |                              |                                        |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|--------------------------------------|
| 1. Any features, such as walls, fences, and driveways, which are shared?                                                                                                                                                         | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 2. Any easements, other than normal utility easements?                                                                                                                                                                           | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 3. Any encroachments?                                                                                                                                                                                                            | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 4. Any zoning violations, non-conforming uses, or violations of "seaback" requirements?                                                                                                                                          | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 5. Any lot-line disputes?                                                                                                                                                                                                        | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input 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? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 7. Any condominium, homeowners', or other type of association which has any authority over the real property?                                                                                                                    | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 8. 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?                                                                       | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

9. Any lawsuits regarding this property during the ownership of the seller?
10. Any notices from any governmental or quasi-governmental agency affecting the real property?
11. Any planned road or street expansions, improvements or widenings adjacent to the real property?
12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?
13. Any deed restrictions or other restrictions of record affecting the real property?
14. Any unsatisfied judgments against Seller?
15. Any dispute regarding a right of access to the real property?
16. Any other title conditions which might affect the real property?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Section D. Other Conditions.**

- |                                                                                                         |                                         |                                        |                                      |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|
| 1. Are the dwelling and the improvements connected to a public water system?                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational?                                                                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system?                            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational?                                                                              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | DO NOT KNOW <input type="checkbox"/> |
| 3. Are the dwelling and the improvements connected to a private or community (non-public) water system? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational?                                                                              | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| Year last tested _____                                                                                  |                                         |                                        |                                      |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational?                                                                              | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system?                                  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| Is the system operational?                                                                              | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |
| 6. Is the real property in a: _____ flood plain? _____ floodway?                                        | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> |

7. Is trash removal service provided to the real property? If so, the trash service is public \_\_\_ private \_\_\_
8. Have the structures been mitigated for radon? If yes, when? \_\_\_\_\_
9. Is the property connected to a natural gas system?
10. Has a pet been domiciled in the dwelling? type(s) \_\_\_\_\_

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the following items is "Yes", explain in the Comment section, PART III of this Disclosure Statement.

11. Are any trees or shrubs on the real property diseased or dead? Are any trees or shrubs scheduled to be removed?
12. Are there any flooding, drainage, or grading problems in connection with the real property?
13. Have you made any insurance or manufacturer claims with regard to the property?
14. Are you aware of any problem to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year.

- |                                                     |                  |                                         |                             |                                      |                                            |
|-----------------------------------------------------|------------------|-----------------------------------------|-----------------------------|--------------------------------------|--------------------------------------------|
| 1. Servicing of air conditioner                     | YEAR <u>2006</u> | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONE/NOT INCLUDED <input type="checkbox"/> |
| 2. Cleaning of fireplace, including chimney         | <u>2007</u>      | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONE/NOT INCLUDED <input type="checkbox"/> |
| 3. Servicing of furnace                             | _____            | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONE/NOT INCLUDED <input type="checkbox"/> |
| 4. Servicing of septic system                       | _____            | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONE/NOT INCLUDED <input type="checkbox"/> |
| 5. Cleaning of woodburning stove, including chimney | _____            | YES <input type="checkbox"/>            | NO <input type="checkbox"/> | DO NOT KNOW <input type="checkbox"/> | NONE/NOT INCLUDED <input type="checkbox"/> |

6. Treatment for wood-destroying insects or rodents Pre-treated 1997
7. Tested well water \_\_\_\_\_
8. Serviced/treated well water \_\_\_\_\_

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PART III - Comments. Please reference comments on items responded to above by PART I of II, Section I and item number. Use additional pages if necessary.

*Will be repeating as jet on the whirlpool tub.*

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 \_\_\_\_\_ pages, has been completed by Seller; that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller Kathi Kohner Date 3/28/08

Seller Barbara A. Kohner Date 3/28/08

**ACKNOWLEDGMENT 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 such 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.

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

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

Effective January 1, 2003.