



## SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a disclosure statement made by the Ow	ner under that certai	n Listing Agreement	t by and between
Wendell and Imogene Knell			
Owner and Missouri Land Company LLC	0000		The No. 1
Broker, dated the 20th day of September		, bearing the above	e Listing Number.
This disclosure statement is hereby made a part of and incorp	porated into said Listii	ng Agreement by thi	s reference. This
disclosure statement concerns the Property described in said L	Isting Agreement loca	ated at 928 Hog Cree	ek Rd
Ozark, Mo 65721	osure is not a warrai	nty of any kind by	the Owner or any
agent of the Owner in this transaction, and is not a substitu	te for any inspection	or warranties the B	Buyer may wish to
obtain.			
TO THE SELLER: Please complete the following form inc	luding past history of	problems, if known.	DO NOT LEAVE
ANY SPACES BLANK. If a particular condition is not applic	able to your property,	mark "N/A" in the a	appropriate blank.
Attach additional pages if additional space is required. Please	be sure to sign each	page.	
The following are representations made by the Owner and	are not representation	ns of Owner's agent.	
1. APPLIANCES/SYSTEMS: The items below are or are not	in good working orde	ır:	
	ARE	ARE NOT	N/A
Water Heater -995	<u> </u>		
Water Softener - I year old	<u> </u>	-	
Range/Oven - 2 years	<u> </u>		
Microwave Oven	· · · · · · · · · · · · · · · · · · ·	X	
Range Hood/Fan		_ X'	
Refrigerator — 2 years	X		
Garbage Disposal'		X X	-
Dishwasher - 2 years old			
Frash Compactor /→ /W			
Washer/Dryer - No			
Window/Wall Air Conditioner - 10			
Attic Fan ~ Yes			
Ceiling Fan 4 1/25			
TV Antenna - VU)		1	
Smoke Detector — YUS			
Burglar Alarm System - Xts			
Sump Pump ~ VYS > New			
Garage Door Opener XUS			- 6
Burglar Alarm System - Xts Sump Pump ~ Yts Garage Door Opener Xus Garage Door Remote Control - Xus			
Other:			
Other:			
Other:	<del>- ,</del>		
Other:		-	
Please explain any "Are Not" responses:			
·			
2. IMPROVEMENTS AND PROPERTY CONDITION:			
		MOR . ADMINISTRATO .	
A. Structure: have not experienced structural problem			olems. Explain
problem(s) and describe how corrected: File	HOUR DIRT	in ball room	
	5		
B. Basement/Crawl Space: Has there been any e	evidence of or proble	ems with water leak	ane or eveggive
moisture?  Yes □ No If "yes," please explain the			
or corrective measures taken, if any:	Live looked	HOW OILEH IF OCCUIS	and ichails iliade
or corrective measures taken, it any.	Time occurred		
	/ 14	L	
C. Roof: Age of roof covering:	overing: (15/1/10)	Are there any leaks	?∐Yes ፟ҲNo.
/	/		•



	History of repairs:
D.	Insulation: Describe, if known (include R-Factor(s)): $2xy - R-19 - R-30sP$ Unkno
E.	Water Systems: None Public Cistern Well (describe type of well, pump and approximate depth known):  Please list any known problems or repairs needed or made within past year:
	Trease not any known problems of repairs freeded of friade within past year.
	Has the well been tested?   Yes □ No If yes, date of report:   Results:   Good
	Other (describe):
F.	Sewer Systems (Please check type of system(s) on Property): None Septic Tank Lagoon Dr. Field Public Sewer If Septic Tank, distance from well (if any): , size of tank: Please describe any known problems or repairs needed or made with past year:
G.	Air Conditioning: None Window Unit Wall Unit Central Air Age: Size of U Please describe any known problems or repairs needed or made within past year:
H.	Heating System(s): None Type:Age of system:Please describ any known problems or repairs needed or made within past year:AS function
1.	Plumbing System: None Copper Galvanized PVC Other:Please describe any known problems or repairs needed or made within past year:
J.	Electrical Wiring System: ☐ None ☐ 110 Volts ☐ 220 Volts ☐ Both Age of system:
5,50	Please describe any known problems or repairs needed or made with past year:
K.	Please describe any known problems or repairs needed or made with past year:  Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned purchased from
K. L.	Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom? Leased If leased, frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:
L.	Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom? Leased If leased, frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damage.
L.	Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom? Leased If leased, frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damage.  Fireplace: None wood-burning gas other (describe):
L. M.	Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom? Leased If leased, frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damage.
L. M.	Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damage.  Please describe any known problems or repairs needed or made within past year:  Please describe any known problems or repairs needed or made within past year:
L. M. N.	Please describe any known problems or repairs needed or made with past year:  Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased frowhom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damag  Fireplace: None wood-burning gas other (describe):  Please describe any known problems or repairs needed or made within past year:  Asbestos: Is asbestos present in any form in the Property? Yes No Unknown If "yes," please describe  Radon: Has the Property been tested for the presence of radon gas? Yes No Unknown If "yes."
L. M. N. O.	Please describe any known problems or repairs needed or made with past year:  Gas System: None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased from whom? Leased If leased, from whom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damag.  Please describe any known problems or unrepaired damag.  Please describe any known problems or repairs needed or made within past year:  Asbestos: Is asbestos present in any form in the Property? Yes No Unknown If "yes," please describe.  Radon: Has the Property been tested for the presence of radon gas? Yes No Unknown If "yes," please give the date of the test and describe the results:
L. M. N. O.	Please describe any known problems or repairs needed or made with past year:  Gas System: None Natural PLP/Propane If LP/Propane tanks: Owned If owned, purchased from whom? Leased If leased, from whom?  Wood Infestations: none known Please describe any treatments you have made including the extent the treatment, the date and the name of the pest control company:  Please describe any known problems or unrepaired damage.  Please describe any known problems or unrepaired damage.  Please describe any known problems or repairs needed or made within past year:  Asbestos: Is asbestos present in any form in the Property? Yes No Unknown If "yes," please describe Radon: Has the Property been tested for the presence of radon gas? Yes No Unknown If "yes," please give the date of the test and describe the results:  HER ITEMS:





C.	Shared Features: Are there any features of the property shared in common with adjoining landowners, such as wells, walls, sewers, fences, roads or driveways whose use or responsibility for maintenance may have an effect on the property?   Yes  No If "yes," please describe:					
D.	Rights-of-Way and Easements: Are there any rights-of-way, easements or similar matters that may affect ownership interests in the property? [X] Yes No If "yes," please describe:					
E.	Additions, Alterations & Repairs: Have there been any room additions, structural modifications or other alterations or repairs made?    Yes   No   Unknown If "yes," please describe:					
F.	Flood Zone: Is the Property located in an area designated by the Department of Housing and Urban Development as a flood hazard area?   Yes X No Unknown					
G.	Damage to Property: Has there been any major damage to the Property or any of the structures on the Property from fire, wind, floods or landslides?   Yes No Unknown If "yes," please describe:					
Н.	Zoning: Are there any known zoning violations or nonconforming uses?   Yes No Unknown If "yes," please describe:  Yes Are there any known zoning violations or nonconforming uses?					
1.	Homeowners' Association: Is there any homeowners' association, which has any authority over the Property?   Yes No Unknown If "yes," what is the fee? \$ annually monthly Please provide the name, address and telephone number of the association:					
J.	Common Areas: Are there any "common areas" (facilities such as swimming pools, tennis courts, walkways or other areas owned in common with others)?   Yes  Note there are swimming pools, tennis courts, walkways or other areas owned in common with others)?   Yes  Note there are swimming pools, tennis courts, walkways or other areas owned in common with others)?					
	What is the fee for usage if other than shown above? \$ z monthly z annually					
K.	Controlled Substances: Do you have any knowledge that methamphetamine was ever produced on the Property → NO ☐ YES If so, please complete and attach appropriate disclosure form.					
L.	Other Environmental Concerns: Are you, the seller, aware of any of the following: substances, material, or products which may be an environmental hazard such as, but not limited to, formaldehyde, lead-based paint, fuel or chemical storage tanks, and contaminated soil or water on the Property? Yes No If "yes," please describe:					
	Are you aware of any past or present mold growth on the Property? Yes V No If "yes," please describe:					
M.	Other Facts: Please list any other facts or information (favorable or unfavorable) relating to the Property that may be of concern to a Buyer:					
distribut	ker, Broker's agents and sub-agents and Buyer's transaction brokers and agents are hereby authorized to the this information to prospective Buyers for the Property. To the extent of Seller's knowledge as a property owner, are hereby acknowledges that the information contained above is true and accurate for those areas of the property					
An	Seller Toate: 9-2022 Time: 11: (54m.					
	Date: Time:m.					

The Buyer is urged to carefully inspect the Property and, if desired, to have the property inspected by an expert. The Buyer understands that there are areas of the property of which Seller has no knowledge and that this disclosure statement does not encompass those areas. The Buyer also acknowledges that the Buyer has read and received a

MAREP		Agreement #: Knell		
signed copy of this statement from the Se	ller or the Seller's agent.			
Buyer	Date:	Time:	m	
Buyer	Date:	Time:	r	