

SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a disclosure statement made by the	Owner under that certa	in Listing Agreement	by and between	
Brett and Carmen McKinley				
Owner and Missouri Land Company LLC				
Broker, dated the 26th day of April June 1	, 20 <u>23</u>	, bearing the abov	a Listing Number.	
This disclosure statement is hereby made a part of and inc	corporated into said List	ing Agreement by thi	s reference. This	
disclosure statement concerns the Property described in sa Edwards, Mo				
agent of the Owner in this transaction, and is not a subs	sciosure is not a warra stitute for any inspection	inty of any kind by to or warranties the E	the Owner or any Buyer may wish to	
obtain.				
TO THE SELLER: Please complete the following form	including past history of	f problems, if known.	DO NOT LEAVE	
ANY SPACES BLANK. If a particular condition is not app	plicable to your property	\prime , mark "N/A" in the a	ippropriate blank.	
Attach additional pages if additional space is required. Plea	ase be sure to sign each	page.		
The following are representations made by the Owner a	ind are not representation	ons of Owner's agent.		
1. APPLIANCES/SYSTEMS: The items below are or are	not in good working ord	er:		
.1.	ARE	ARE NOT	N/A	
Water Heater ekc	_ X'			
Water Softener			X.	
Range/Oven	X			
Microwave Oven	X			
Range Hood/Fan 🔨				
Refrigerator	X			
Garbage Disposal	X			
Dishwasher yr)				
Trash Compactor - 1011				
Washer/Dryer - Negotiable				
Window/Wall Air Conditioner -/ 0				
Attic Fan - \(\rho \)				
Ceiling Fan - Yes-				
TV Antenna Programme Smaller Detector				
Smoke Detector	_yeb			
Burglar Alarm System				
Sump Pump Garage Door Opener				
Garage Door Remote Control				
Other:	- Yes			
Other:	-			
Other:	-: :		R 	
Other:	_			
Please explain any "Are Not" responses:				
2. IMPROVEMENTS AND PROPERTY CONDITION:				
A. Structure: Ahave not experienced structural prof	blems 🔲 have experi	enced structural prob	olems. Explain	
problem(s) and describe how corrected:				
B. Basement/Crawl Space: Has there been an	y evidence of or probl	ems with water leak	age or excessive	
moisture? ☐ Yes ♥ No If "yes," please explain the	e extent of the problem	, how often it occurs	and repairs made	
or corrective measures taken, if any:				
	/			
C. Roof: Age of roof covering: 5 years Type of roo	of covering:	Are there any leaks	? Yes No	
7				

	History of repairs:
D.	Insulation: Describe, if known (include R-Factor(s)): R-13-halls R-3uculity - Unknown
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:
	Please list any known problems or repairs needed or made within past year:
	Has the well been tested? Yes No If yes, date of report:Results:
	Other (describe):
F.	Sewer Systems (Please check type of system(s) on Property): None Septic Tank Lagoon Droperty: None Septic Tank Lagoon Droperty: Field Public Sewer If Septic Tank, distance from well (if any):, size of tank:
G.	Air Conditioning: None Window Unit Wall Unit Central Air Age: Size of Unit Please describe any known problems or repairs needed or made within past year:
H.	Heating System(s): None Type: Please describe any known problems or repairs needed or made within past year:
L	Plumbing System: None Copper Galvanized PVC Other: PC
J.	Electrical Wiring System: ☐ None ☑ 110 Volts ☑ 220 Volts ☐ Both Age of system:
	Please describe any known problems or repairs needed or made with past year:
K.	Gas System ✓ None ☐ Natural ☐ LP/Propane If LP/Propane tanks: ☐ Owned If owned, purchased from
	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? 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-buming gas other (describe):
L. M.	Wood Infestations: ☑ none known ☐ Please describe any treatments you have made including the extent
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. Fireplace: None wood-buming as other (describe): Please describe any known problems or repairs needed or made within past year:
L. M. N.	Gas System None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased from the whom? Leased If leased, from the whom? Leased If leased, from 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. M. N. O.	Gas System None Natural LP/Propane If LP/Propane tanks: Owned If owned, purchased 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 and 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. O. OT	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 unrepaired damage. 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 and the name of the presence of radon gas? Yes No Unknown If "yes," please give the date of the test and describe the results:



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 Fyes," 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 \(\square\) 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 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:			
I.	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 No Unknown If "yes," please describe:			
	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 TSS 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 Yes No If "yes," please describe:			
	Are you aware of any past or present mold growth on the Property? Yes 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:			
Bro	ker, Broker's agents and sub-agents and Buyer's transaction brokers and agents are hereby authorized to			
the Sell	te this information to prospective Buyers for the Property. To the extent of Seller's knowledge as a property owner, er hereby acknowledges that the information contained above is true and accurate for those areas of the property			
listed.	of the local destruction in the information contained above is true and accurate for those areas of the property			
4	Seller Date: 6-27-23 Time:			
(/	<u>ORMEN MCHALLY</u> V Date: 6-27-23 Time:			
	Seller			

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

