

SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a disclosure statement made by the undersigned Seller concerning Property located at Edward Marquette 19543 Five Bridges Ave Cole Camp, Mo 65325

(the "Property") [Check ONE]:

Seller chooses NOT to provide this Seller's Property Condition Disclosure because (describe reason for nondisclosure):

This Seller's Property Disclosure Statement ("Disclosure") enables you, the "Seller" of the Property to disclose to a potential Buyer all known facts that are not readily observable and which materially and adversely affect the value of the Property. This Disclosure is intended to assist a potential Buyer in evaluating the property for purchase. Any real estate licensees involved will also rely upon this information when marketing and presenting the property to prospective Buyers. Except as to disclosures required by Sections 441.236 and 442.606 RSMO and contained herein, Missouri law DOES NOT require real property sellers to provide this WRITTEN disclosure. However, Missouri may have laws requiring sellers of real estate to disclose known facts that adversely affect the value of the property, including any latent (hidden) defects in the Property, as well as environmental and safety hazards on or affecting the Property. **Legal counsel is strongly recommended when deciding whether or not to complete and provide this Disclosure, as failure to disclose known property defects may result in Buyer's right to cancel this contract and/or subject Seller to liability for any damages sustained by Buyer.**

Seller

Seller

Date Signed

Date Signed

Seller provides the following disclosures to the best of Seller's knowledge. This disclosure is not a warranty of any kind by Seller or any real estate licensee involved in this transaction, and is not a substitute for any inspection or warranties the Buyer may wish to obtain.

TO THE BUYER: The information provided in this Disclosure is the representation the Seller's best knowledge of the Property's condition and other specified material facts as of the date signed by Seller. **This Disclosure should not be a substitute for an inspection by you or a trained professional inspector and it is strongly recommended that you obtain such an inspection.**

Buyer understands that in accordance with Section 339.190 2. RSMO, a Missouri "real estate licensee shall not be the subject of any action and no action shall be instituted against a real estate licensee for any information contained in a seller's disclosure for residential, commercial, industrial, farm, or vacant real estate furnished to a buyer, unless the real estate licensee is a signatory to such or the licensee knew prior to closing that the statement was false or the licensee acted in reckless disregard as to whether the statement was true or false."

TO THE SELLER: Please complete the following form including past history of problems, if known. **DO NOT LEAVE ANY SPACES BLANK.** If a particular condition is not applicable to your property, mark "N/A" in the appropriate blank. **Attach additional pages if additional space is required. Please be sure to sign each page.**

1. APPLIANCES/SYSTEMS: The items below are or are not in good working order:

	√ ARE	√ ARE NOT	√ UNKNOWN	√ N/A
Water Heater	✓			
Water Softener	✓			
Range/Oven	✓			
Microwave Oven	✓			
Range Hood/Fan			✓	
Refrigerator 2	✓			
Garbage Disposal	✓			
Dishwasher	✓			
Trash Compactor	✓			
Washer/Dryer	✓			
Window/Wall Air Conditioner				
Attic Fan	✓			
Ceiling Fan	✓			
TV	✓			
Antenna	✓			
Smoke Detector(s)/Alarm(s)	✓			
Fire Sprinklers				
Security System camera	✓			
Carbon Monoxide Alarm	✓			
Sump Pump Don't have				
Garage Door Opener	✓			
Garage Door Remote Control	✓			
Gutters and Downspouts:	✓			
Other: Starlight WiFi	✓			
Other:				

Please explain any "Are Not" responses: Sump pump not needed

2. IMPROVEMENTS AND PROPERTY CONDITION:

A. Structure:

- (a) Are you aware of any past or present cracks or flaws in the walls, foundations or structure of the building(s). Yes No.
- (b) Are you aware of any past or current water leaks or seepage in any part of any buildings on the Property? Yes No.
- (c) Have there been any repairs or other attempts to control any problem described in (a) or (b) above? Yes No.
- (d) Are you aware of any past or present fire damage or other casualty to the property? Yes No.
- (e) Have you made any insurance claims for damage to the property in the past five years? Yes No.
- (f) Have you received payment on any insurance claims for damage to the property which were not spent on repairs? Yes No.
- (g) Do you know of any insurance application or coverage for any part of the property that has been rejected or will not be renewed? Yes No.
- (h) Are you aware of insurance premium(s) for coverage on the Property that is subject to an increase upon renewal? Yes No.
- (i) Are you aware of any temporary repairs that have been made for which replacement will be needed? Yes No.

B. Foundation/Basement/Crawl Space: Has there been any evidence of settling or problems with water leakage or excessive moisture? Yes No. If "yes," please explain the extent of the problem, how often it occurs and repairs made or corrective measures taken, if any: _____

Does the Property have a sump pump? Yes No. Where? _____

C. Roof: Age of roof covering: ^{fewer than 10 yrs} ~~not known~~ Type of roofing: Asphalt shingles
(a) Has the roof ever leaked during your Ownership? Yes No. If "yes," please explain, including the extent of the problem and how often leaks are experienced: _____

(b) Has any part of the roof been repaired or replaced during your Ownership? Yes No. If "yes," please explain: _____

(c) Are you aware of any problems with the roof or rain gutters? Yes No. If "yes," please explain: _____

D. Insulation: Describe, if known (include R-Factor(s)): _____ Unknown

Are there any rooms or areas that are not insulated? Yes No. If yes, describe: _____

E. Water Systems: None Public Cistern Well (describe type of well, pump and approximate depth, if known): _____

Please list any known problems or repairs needed or made within past year: Switched from Culligan to natural soft

Has the well been tested? Yes No If yes, date of report: 10/20/20 Results: _____

Other (describe): _____

F. Sewer Systems (Please check type of system(s) on Property): None Septic Tank Lagoon Drain Field Public Sewer. If Septic Tank, distance from well: _____, size of tank: _____; length of lateral line(s): _____. Please describe any known problems or repairs needed or made within past year: _____

G. Air Conditioning: None Window Unit Wall Unit Central Air. Age: NK Size: NK
Please describe any known problems or repairs needed or made within past year: _____

H. Heating System(s): None Type: Propane Age of system: NK Please describe any known problems or repairs needed or made within past year: Electric wall units in shop ran continuously until repaired recently

I. Plumbing System: None Copper Galvanized PVC PEX Other: Mixed
Please describe any known problems or repairs needed or made within past year: Sewer line from house to lagoon totally replaced in March 2026

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: reviewed and updated as of 2020

K. Gas System: None Natural LP/Propane If LP/Propane, tanks: Owned If owned, purchased from whom? _____ Leased. If leased, from whom? _____

L. Wood Infestations: none known Please describe any treatments you have made including the extent of the treatment, the date and the name of the pest control company: _____
_____. Please describe any known problems or unrepaired damage: _____

M. Fireplace: None wood burning gas electric. Please describe any known problems or repairs needed or made within past year: _____

N. Mineral Rights: Do you own the mineral rights? Yes No Unknown. If "No", who owns the mineral rights? _____

3. OTHER ITEMS:

Are you aware of any of the following?

A. Environmental Concerns: Are you aware of any environmental concerns such as discoloration of soil or vegetation or oil sheens in wet areas? Yes No If "yes," please describe: _____

B. Principal Uses of Property: Are you aware of any principal uses of the Property other than residential property such as commercial, farming, landfill, dumping site? Yes No. If "yes," please describe: Horse farm

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? Yes No If "yes," please describe: A sliver of neighbor's driveway technically on seller's land.

E. Additions, Alterations & Repairs: Have there been any improvements, room additions, structural modifications or other alterations or repairs made? Yes No Unknown. If "yes," please describe: _____

Were any done within the last six (6) months? Yes No Unknown.

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: _____

H. Zoning: Are there any known zoning violations or nonconforming uses? Yes No Unknown. If "yes," please describe: _____

I. Building Codes: Are there any known building code violations such as construction performed without a required building permit or Certificate of Occupancy? Yes No Unknown. If "yes," please describe: _____

J. Homeowners' Association: Is there a homeowners' association that 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: _____

K. 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? \$ _____ monthly annually

O. 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.

P. Hazardous or Regulated Materials: Are there any hazardous or regulated materials on the Property, including but not limited to formaldehyde, asbestos, radon gas, lead-based paint, licensed landfills, underground storage tanks, mining operations or past contamination? Yes No Unknown. If "yes," please explain and give the date of any test performed and the results: _____

Are you aware of any past or present mold growth on the Property? Yes No If "yes," please describe: _____

Q. Exterior Drainage: Any water standing on the Property after a heavy rain? Yes No Unknown. If "yes," please describe: _____

R. Is the property part of a condominium or planned development that is subject to a property Owners association or other common Ownership? Yes No Unknown. If your answer is No or Unknown, ignore questions (a) through (c) below.

(a) What are the association dues, fees and other assessments? _____

(b) Are you aware of any condition or claim presently involving the Property that might cause an increase in fees or assessments? Yes No. If Yes, explain in detail: _____

(c) Is everything owed to the association up-to-date and current? Yes No. If your answer is No, explain in detail: NO Association

S. Are you aware of any legal action that would prevent you as Seller from conveying the property? Yes No. If your answer is Yes, explain in detail: _____

T. Are you aware of any violations or alleged violations of local, state or federal laws or regulations or any CC&Rs affecting the Property? Yes No. If your answer is Yes, explain in detail: _____

U. Are you aware of any proceedings that might result in a special tax or assessment on the Property? Yes No. If your answer is Yes, explain in detail: _____

V. Are you aware of any liens against the property that might adversely affect your ability to transfer the title (e.g. IRS lien, judgment lien, deed of trust, etc.)? Yes No. If your answer is Yes, explain in detail: _____

4. OTHER FACTS: Please list any other facts or information (favorable or unfavorable) relating to the Property that may be of concern to a Buyer: _____

Broker, Broker's agents, subagents, transaction brokers and Buyer's transaction brokers and agents are hereby authorized to distribute this information to prospective Buyers for the Property. To the extent of Seller's knowledge as a property owner, the Seller hereby acknowledges that the information contained above is true and accurate to the best of Seller's knowledge for those areas of the property listed.

X Sylvia Marquette
Seller

X Date: 5/11/2026

Time: 1:20 m.

Seller

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 signed copy of this statement from the Seller or the Seller's agent.

Buyer

Date: _____

Time: _____ m.

Buyer

Date: _____

Time: _____ m.



Benton County Health Department

Testing Fee: \$20.00

1238 Commercial Street, P.O. Box 935
Warsaw, Missouri 65355

Fee Paid: Cash / Check

Phone: (660) 438-2876

Fax: (660) 438-5746

DATE COLLECTED:	10/5/20	TIME COLLECTED:	11:00 (AM) / PM
SAMPLE COLLECTED BY:	Ansie Marquette	POINT OF COLLECTION:	19543 Five Bridges Ave Cole Camp, MO 65325

Water Distribution Type:	
Private Home	<input checked="" type="checkbox"/>
Restaurant	<input type="checkbox"/>
Lodging Est.	<input type="checkbox"/>
Grocery	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Water Supply Type:	
Private : Single Home	<input checked="" type="checkbox"/>
Private : Multiple Home	<input type="checkbox"/>
Public : Community	<input type="checkbox"/>
Public : Non-Community	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

Construction Type:	
Drilled Well	<input checked="" type="checkbox"/>
Bored / Dug Well	<input type="checkbox"/>
Spring	<input type="checkbox"/>
Public	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Homeowner Name: Ansie MARQUETTE (19543 ^{Five} Bridges Rd) cc. mo 65325
 Address: 930 W 34th St KANSAS CITY, MO 64111
 Phone: 816-935-7344 Fax / Email: ansiemarq@gmail.com

DO NOT WRITE BELOW THIS LINE

LAB REPORT

Based upon Department of Health Standards for Drinking Water, at the time the sample was collected, this water was: (See Final Results below)

TOTAL COLIFORMS:	Yellow (Coliforms <u>absent</u>)	<input checked="" type="checkbox"/>	Red / Magenta (Coliforms <u>present</u>)	<input type="checkbox"/>
E. COLI:	Non-Fluorescent (E. Coli <u>absent</u>)	<input checked="" type="checkbox"/>	Fluorescent (E. Coli <u>present</u>)	<input type="checkbox"/>
NITRATES / NITRITES:	Satisfactory (<10mg/L & <1mg/L)	<input checked="" type="checkbox"/>	Non-Satisfactory (>10mg/L & >1mg/L)	<input type="checkbox"/>
FINAL RESULTS	SATISFACTORY	<input checked="" type="checkbox"/>	NON-SATISFACTORY	<input type="checkbox"/>

ANALYSIS BEGINS:	
DATE:	10/5/2020
TIME:	1:30 AM / (PM)
EE Initials:	BH

ANALYSIS ENDS:	
DATE:	10/6/2020
TIME:	3:30 AM / (PM)
EE Initials:	BH

Date Reported: 10/06/2020 Reporting EE Name: Richard Hamby
 Reported via: Telephone Call Message left [] Fax [] Email
 Shock Treatment Instructions Provided: Yes / (No)