



SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

(This disclosure shall be completed by the seller. This is a disclosure required by law. If you do not understand this form, seek legal advice.)

Seller Edwin & Clonice Kapsa Property Address 20109 Sagebrush Lane

This Disclosure Statement concerns the real property identified above situated in the City of Whitewood

County of Lawrence, State of South Dakota.

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH § 43-4-38. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING ANY PARTY IN THIS TRANSACTION AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PARTIES MAY WISH TO OBTAIN.

Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

IF ANY MATERIAL FACT CHANGES BEFORE CONVEYANCE OF TITLE TO THIS PROPERTY, THE SELLER MUST DISCLOSE SUCH MATERIAL FACT WITH A WRITTEN AMENDMENT TO THIS DISCLOSURE STATEMENT.

I. LOT OR TITLE INFORMATION

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

1. When did you purchase or build the home? Built in 2002 2003
2. Were there any title problems when you purchased the property? Yes No
3. Are there any recorded liens or financial instruments against the property, other than a first mortgage? Yes No
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4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 44-9? Yes No Unknown
5. Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage, and sidewalks)? Yes No Unknown
6. Are there any problems related to establishing the lot lines/boundaries? Yes No Unknown
7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy. Yes No Unknown
8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)? Yes No
9. Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions. Yes No
10. Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes, or changes that could affect your property? Yes No
11. Is the property currently occupied by the owner? Yes No
12. Does the property currently receive the owner occupied tax reduction pursuant to SDCL 10-13-39? Yes No
13. Is the property currently part of a property tax freeze for any reason? Yes No Unknown

INITIALS: SELLER PURCHASER

- 57 14. Is the property leased? Yes No
- 58
- 59 15. If leased, does the property use comply with local zoning laws? Yes No N/A
- 60
- 61 16. Does this property or any portion of this property receive rent? Yes No
- 62 If yes, how much \$ _____ and how often _____?
- 63
- 64 17. Do you pay any mandatory fees or special assessments to a homeowners' or condominium association? Yes No
- 65 If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly)
- 66 Payable to whom: _____ For what purpose? _____
- 67
- 68 18. Are you aware if the property has ever had standing water in either the front, rear, or side year more than forty-eight ^{used} hours after heavy rain? Yes No
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- 70
- 71 19. Is the property located in or near a flood plain? Yes No Unknown
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- 73 20. Are wetlands located upon any part of the property? Yes No Unknown
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- 75 21. Are you aware of any private transfer fee obligations, as defined pursuant to § 43-4-48, that would require a buyer or seller of the property to pay a fee or charge upon the transfer of the property, regardless of whether the fee or charge is a fixed amount or is determined as a percentage of the value of the property? Yes No Unknown
- 76 If yes, what are the fees or charges? \$ _____ per _____ (i.e. annually, semi-annually, monthly)
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II. STRUCTURAL INFORMATION

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

- 80
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- 82 1. Are you aware of any water penetration problems in the walls, windows, doors, basement, or crawl space? Yes No Windows
- 83
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- 85 2. What water damage related repairs, if any, have been made? Silicone caulk around windows
- 86 If any, when? 2018
- 87
- 88 3. Are you aware if drain tile is installed on the property? Yes No
- 89
- 90 4. Are you aware of any interior cracked walls or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas? Yes No
- 91 What related repairs, if any, have been made? patch driveway
- 92
- 93 5. Are you aware of any roof leakage, past or present? Yes No
- 94 Type of roof covering: Shingles - Composite Age: 2
- 95 What roof repairs, if any, have been made, when and by whom? New roof in 2016, Diamond Roofing, Forestburg, SD
- 96 Describe any existing unrepaired damage to the roof: _____
- 97
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- 100 6. Are you aware of insulation in: the ceiling/attic? Yes No the walls? Yes No the floors? Yes No
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- 103 7. Are you aware of any pest infestation or damage, either past or present? Yes No
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- 105 8. Are you aware of the property having been treated for any pest infestation or damage? Yes No
- 106 If yes, who treated it and when? exterior sprayed annually by Homeowner for Boxelder Bugs & Japanese beetles
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- 108 9. Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit? Yes No
- 109 If yes, describe the work: Original permit to build house
- 110 Was a permit obtained? Yes No Was the work approved by an inspector? Yes No
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INITIALS: SELLER / PURCHASER Electrical: Plumbing

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10. Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail, or snow)?
Yes No If yes, describe Heil - roof

Have any insurance claims been made? Yes No Unknown

Was an insurance payment received? Yes No Unknown

Has the damage been repaired? Yes No If yes, describe in detail: X new roof in 2016

11. Are you aware of any problems with sewer blockage or backup, past or present? Yes No

12. Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway? Yes No If yes, describe in detail: _____

III. SYSTEMS/UTILITIES INFORMATION

	None/Not Included	Working	Not Working
1. 220 Volt Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Air Exchanger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Air Purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burglar Alarm & Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Central Air - <u>Electric</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Central Air - Water Cooled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cistern	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Doorbell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Fireplace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Fireplace Insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Garage Door/Opener Control(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Garage Wiring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Hot Tub, Whirlpool, and Controls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Intercom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Light Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Microwave/Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Plumbing and Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Pool and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Propane Tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Radon System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Septic/Leaching Field	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. Sewer Systems/Drains	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Smoke/Fire Alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. Solar House - Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Sump Pump(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Switches and Outlets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. Underground Sprinkler and Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Vent Fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. Water Heater - <u>Electric or Gas</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. Water Purifier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. Water Softener - <u>Leased or Owned</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. Well and Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. Wood Burning Stove	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

INITIALS: SELLER / PURCHASER /

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IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?

	Existing Conditions		Tests Performed	
	Yes	No	Yes	No
1. Methane Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Lead Paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Radon Gas (House)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Radon Gas (Well)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Radioactive Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Landfill, Mineshaft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Expansive Soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Mold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Toxic Materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Urea Formaldehyde Foam Insulations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Asbestos Insulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Buried Fuel Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Chemical Storage Tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Fire Retardant Treated Plywood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Production of Methamphetamines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer is yes to any of the questions above, please explain in additional comments or on an attached separate sheet.

V. MISCELLANEOUS INFORMATION

1. Is the street or road located at the end of the driveway to the property public or private?
Public Private

2. Is there a written road maintenance agreement? Yes No
If yes, attach a copy of the maintenance agreement.

3. When was the fireplace/wood stove/chimney flue last cleaned? 2018

4. Within the previous twelve months prior to signing this document, are you aware of any of the following occurring on the subject property?

a. A human death by homicide or suicide? Yes No

If yes, explain: _____

b. Other felony committed against the property or a person on the property? Yes No

If yes, explain: _____

5. Is the water source (select one) Public or Private?

6. If private, what is the date and result of the last water test? 2017 Meets EPA Safe Drinking Water Act standards

7. Is the sewer system (select one) Public or Private?

8. If private, what is the date of the last time the septic tank was pumped? _____

9. Are there broken window panes or seals? Yes No
If yes, specify: _____

10. Are there any items attached to the property that will not be left, such as: towel bars, mirrors, swag lamps and hooks, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, etc. Yes No
If yes, please list _____

11. Are you aware of any other material facts or problems that have not been disclosed on this form?
Yes No If yes, explain: _____

INITIALS: SELLER PURCHASER

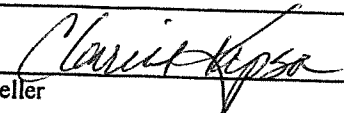
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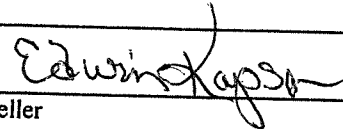
169 VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)
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171 Green house & Chicken Coop will be removed
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178 CLOSING SECTION
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180 The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information,
181 knowledge, and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of
182 title to this property, the change will be disclosed in a written amendment to this disclosure statement.
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185  4/25/18
186 Seller Date

187  6-25-18
188 Seller Date

189 THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE
190 PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION OF THE PROPERTY AND TO PROVIDE FOR
191 APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND
192 THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.
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194 I/We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent
195 representing any party to this transaction makes no representations and is not responsible for any conditions existing in the
196 property.
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200 Buyer Date

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Buyer Date

INITIALS: SELLER  PURCHASER 