Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of a Seller's Disclosure (e.g., DSC-8000 or DSC-8010).

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "**Property**"):

4395 East State Highway KK	Fair Grove	**MO** 65648	Greene County
Street Address	**City**	**Zip Code**	**County**

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (*Indicate if any information is approximate*)

(1) Age 2 years (2) Shape oval (3) Size (*length x width*) 22ft x 12ft
(4) Depth 50 inches (5) Volume (gallons) 6000
(6) Type ☑ Above ground (*please check type*) ☐ Vinyl liner ☐ Other _____
☐ In ground (*please check type*) ☐ Concrete ☐ Stainless ☐ Gunite ☐ Fiberglass ☐ Vinyl liner
☐ Other _____
(7) Pool Builder Bestway
(8) Type of chemical sanitizer ☑ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater
☐ Other _____
(9) Cover ☑ Yes ☐ No If "*Yes*", is it ☐ Automatic ☑ Manual
(10) Pool service provider _____ Last serviced _____ (*date*)
(11) Last opened by _____
Last closed by _____
(12) Age of heater _____ Heating source _____
(13) Age of pump 1 month
(14) Age of filter 1 month Type of filter ☐ Sand ☐ DE ☑ Other Reusable Poly filter balls - washable sand filter replacements
(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. *(Include any available repair history and attach additional pages if needed)*

Bought a new and very sturdy tarp to protect the pool until it is used. Pool is filled and cleaned, with filter running to ensure readiness until use. Includes solar powered floating pool temp sensor.

Are you aware of any leak, defect or other problem or repair needed for any item above?
Please explain if "Yes" and attach additional pages if needed:

NO

HOT TUB: (*Indicate if any information is approximate*)

(1) Age _____ (2) Volume (gallons) _____ (3) Manufacturer _____
(4) Construction (*e.g., fiberglass, plastic, cement*) _____
(5) Type of chemical sanitizer? ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater
☐ Other _____
(6) Spa service provider _____ Last serviced _____ (date)
(7) Age of heater _____ Heat source _____
(8) Age of pump _____ (9) Age of filter _____ (10) Number of jets _____
(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above *(Include any available repair history and attach additional pages if needed)*

Are you aware of any leak, defect or other problem or repair needed for any item above? ☐ Yes ☐ No
Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS _____ _____ _____ **(*date*)**

SELLER'S INITIALS BWR 06/22/26 11:43 AM CDT dotloop verified HR 06/22/26 12:46 PM MDT dotloop verified _____ **(*date*)**

Approved by legal counsel for use exclusively by current members of Missouri REALTORS®, Columbia, Missouri. No warranty is made or implied as to the legal validity or adequacy of this Rider, or that it complies in every respect with the law or that its use is appropriate for all situations. Local law, customs and practice, and differing circumstances in each transaction, may each dictate that amendments to this Rider be made.

Last Revised 12/01/25