

| | | | | | |
|-----|--|---|---|---|---|
| 5. | Are there any problems related to establishing the lot lines/boundaries? | | | X | |
| 6. | Do you have a location survey in your possession or a copy of the recorded plat? | | | X | If yes, attach a copy. |
| 7. | Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)? | | | X | |
| 8. | Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? | | | X | If yes, attach a copy. |
| 9. | 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? | | | X | |
| 10. | Is the property currently occupied by the owner? | | X | | |
| 11. | Does the property currently receive the owner-occupied tax reduction pursuant to SDCL 10-13-39? | | X | | |
| 12. | Is the property currently part of a property tax freeze for any reason? | | | X | |
| 13. | Is the property leased? | X | | | |
| 14. | If leased, does the property use comply with applicable local ordinances? | | | X | |
| 15. | Does this property or any portion of this property receive rent? | X | | | If yes, how much \$ <u>150</u> and how often <u>on acre - 425 acres</u> |
| 16. | Do you pay any mandatory fees or special assessments to a homeowners' or condominium association? | | X | | If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly) Payable to whom: _____ For what purpose: _____ |
| 17. | Are you aware if the property has ever had water in either the front, rear, or side yard more than forty-eight hours? | | | X | |
| 18. | Is the property located in a flood plain? | | | X | |
| 19. | Are federally protected wetlands located upon any part of the property? | | | X | <u>Wetland Easement</u> |
| 20. | 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? | | | X | If yes, what are the fees or charges? \$ _____ per _____ i.e. annually, semi-annually, monthly) |

Additional Comments Many things unknown

II. STRUCTURAL INFORMATION

| | STRUCTURAL INFORMATION | Yes | No | Do Not Know | N/A | Comments |
|-----|--|-----|----|-------------|-----|----------------------------------|
| 1. | Are you aware of any water penetration in the walls, windows, doors, basement, or crawl space? | | | X | | |
| 2. | Have any water damage related repairs been made? | | | X | | |
| 3. | Are there any unrepaired water-related damages that remain? | | | X | | |
| 4. | Are you aware if drain tile is installed on the property? | | | X | | |
| 5. | Are you aware of any interior cracked walls, ceilings or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas? | | | X | | |
| 6. | Type of roof covering: <u>Metal</u> | | | X | | |
| 7. | Age of roof covering, if known: | | | X | | |
| 8. | Are you aware of any roof leakage, past or present? | | | X | | |
| 9. | Have any roof repairs been made, when and by whom? | | | X | | |
| 10. | Is there any existing unrepaired damage to the roof? | | | X | | |
| 11. | Are you aware of insulation in ceiling/attic? | | | X | | |
| 12. | Are you aware of insulation in walls? | | | X | | |
| 13. | Are you aware of insulation in the floors? | | | X | | |
| 14. | Are you aware of any pest infestation or damage, either past or present? | | | X | | |
| 15. | Are you aware of the property having been treated or repaired for any pest infestation or damage? | | | X | | If yes, who treated it and when? |
| 16. | Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit? | | | X | | |
| 17. | Was a permit obtained for work performed upon the property? | | | X | | |
| 18. | Was the work approved by an inspector as required by local or state ordinance? | | | X | | |
| 19. | Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail, or snow)? | | | X | | |
| 20. | Have any insurance claims been made for damage to the property? | | | X | | |

| | | | | | | |
|-----|---|--|--|---|--|--|
| 21. | Was an insurance payment received for damage to the property? | | | X | | |
| 22. | Has the damage to the property been repaired? | | | X | | |
| 23. | Are there any unrepaired damages to the property from the insurance claim? | | | X | | |
| 24. | Are you aware of any problems with sewer blockage or backup, past or present? | | | X | | |
| 25. | 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? | | | X | | |

Additional Comments Many things unknown

III. SYSTEMS/UTILITIES INFORMATION

| | SYSTEMS/UTILITIES INFORMATION | Working | Not Working | None | Not Included | Comments |
|-----|---------------------------------|---------|-------------|------|--------------|--------------------------|
| 1. | Air Conditioning System | X | | | | Age of System, if known: |
| 2. | Air Exchanger | | | X | | |
| 3. | Air Purifier | | | X | | |
| 4. | Attic Fan | | | X | | |
| 5. | Bathroom Whirlpool and Controls | | | X | | |
| 6. | Burglar Alarm & Security System | | | X | | |
| 7. | Ceiling Fan | | | X | | |
| 8. | Central Air - Electric | X | | | | |
| 9. | Central Air - Water Cooled | | | X | | |
| 10. | Cistern | | | X | | |
| 11. | Dishwasher | | | X | | |
| 12. | Disposal | | | X | | |
| 13. | Doorbell | | | X | | |
| 14. | Fireplace | | | X | | |
| 15. | Fireplace Insert | | | X | | |
| 16. | Garage Door(s) | | | X | | |
| 17. | Garage Door Opener(s) | | | X | | |
| 18. | Garage Door Control(s) | | | X | | |
| 19. | Garage Wiring | | | X | | |
| 20. | Home Heating System(s) Type: | | | X | | Age of System, if known: |
| 21. | Hot Tub and Controls | | | X | | |
| 22. | Humidifier | | | X | | |
| 22. | Humidifier | | | X | | |
| 23. | In Floor Heat | | | X | | |
| 24. | Intercom | | | X | | |
| 25. | Light Fixtures | | | X | | |
| 26. | Microwave | | | X | | |
| 27. | Microwave Hood | | | X | | |
| 28. | Plumbing and Fixtures | | | X | | |
| 29. | Pool and Equipment | | | X | | |

| | | | | | | |
|-----|---|-------------------------------------|--|-------------------------------------|--|--------------------------------|
| 30. | Propane Tank (select one): Leased <input checked="" type="checkbox"/> Owned <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 31. | Radon System | | | <input checked="" type="checkbox"/> | | |
| 32. | Sauna | | | <input checked="" type="checkbox"/> | | |
| 33. | Septic/Leaching Field | | | <input checked="" type="checkbox"/> | | |
| 34. | Sewer Systems/Drains | | | <input checked="" type="checkbox"/> | | |
| 35. | Smart Home System | | | <input checked="" type="checkbox"/> | | Smart Home System Includes: |
| 36. | Smoke/Fire Alarm | <input checked="" type="checkbox"/> | | | | |
| 37. | Solar House – Heating | | | <input checked="" type="checkbox"/> | | |
| 38. | Sump Pump(s) | | | <input checked="" type="checkbox"/> | | |
| 39. | Switches and Outlets | <input checked="" type="checkbox"/> | | | | |
| 40. | Underground Sprinkler and Heads | | | <input checked="" type="checkbox"/> | | |
| 41. | Vent Fan – Kitchen | | | <input checked="" type="checkbox"/> | | |
| 42. | Vent Fan – Bathroom | <input checked="" type="checkbox"/> | | | | |
| 43. | Water Heater (select one): Electric <input type="checkbox"/> Gas <input type="checkbox"/> | | | | | Age of System, if known: |
| 44. | Water Purifier (select one): Leased <input type="checkbox"/> Owned <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| 45. | Water Softener (select one): Leased <input type="checkbox"/> Owned <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | | |
| 46. | Well and Pump | | | <input checked="" type="checkbox"/> | | |
| 47. | Wood Burning Stove | | | <input checked="" type="checkbox"/> | | |

Additional Comments Many things unknown

IV. HAZARDOUS CONDITIONS

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

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

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

| | | | | | | |
|-----|--------------------------------|--|---|--|---|--|
| 14. | Fire Retardant Treated Plywood | | X | | X | |
| 15. | Production of Methamphetamines | | X | | X | |
| 16. | Use of Methamphetamines | | X | | X | |

V. MISCELLANEOUS INFORMATION

| | MISCELLANEOUS INFORMATION | Yes | No | Do Not Know | N/A | Comments |
|----|---|-----|----|-------------|-----|--|
| 1. | Is the street or road located at the end of the driveway to the property public or private? Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> | X | | | | |
| 2. | Is there a written road maintenance agreement? If yes, attach a copy of the maintenance agreement. | | | X | | |
| 3. | Has the fireplace/wood stove/chimney flue been cleaned? If yes, please provide date of service. | | | X | | |
| 4. | Since you have owned the property, are you aware of a human death by homicide or suicide occurring on the property? | | | X | | |
| 5. | Is the water source (select one): Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> | X | | | | If private, what is the date and result of the last water test? |
| 6. | Is the sewer system (select one): Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> | | | X | | If private, what is the date of the last time septic tank was pumped? <i>unknown</i> |
| 7. | Are there broken window panes or seals? | | | X | | |
| 8. | Are there any items attached to the property that will not be left, such as: towel bars, mirrors, curtain rods, window coverings, light fixtures, clothes lines, swingsets, storage sheds, ceiling fans, basketball hoops, mail boxes, tv mounts, speakers, etc.? | | X | | | If yes, please list: |
| 9. | Are you aware of any other material facts which have not been disclosed on this form? | | X | | | If yes, please explain: |

Additional Comments Many things unknown

VI. ADDITIONAL COMMENTS (Attach additional pages if necessary)

The manager of Dakota 380 has become medically incapacitated requiring First Dakota National Bank to serve as successor manager and trustee. The property is being sold "as is, where is"

