



# SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a disclosure statement made by the Owner under that certain Listing Agreement by and between Karla A Harrison

Owner and Pioneer Land Company  
Broker, dated the 18th day of May, 2026, bearing the above Listing Number. This disclosure statement is hereby made a part of and incorporated into said Listing Agreement by this reference. This disclosure statement concerns the Property described in said Listing Agreement located at 61419 Crooked Creek PL New London MO 63459. This disclosure is not a warranty of any kind by the Owner or any agent of the Owner in this transaction, and is not a substitute for any inspection or warranties the Buyer may wish to obtain.

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.

The following are representations made by the Owner and are not representations of Owner's agent.

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

	ARE	ARE NOT	N/A
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Range Hood/Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher			
Trash Compactor			
Washer/Dryer			
Window/Wall Air Conditioner			
Attic Fan			
Ceiling Fan			
TV Antenna			
Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Burglar Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Opener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Door Remote Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "Are Not" responses: Don't have them

2. IMPROVEMENTS AND PROPERTY CONDITION:

A. Structure:  have not experienced structural problems  have experienced structural problems. Explain problem(s) and describe how corrected:

B. Basement/Crawl Space: Has there been any evidence of 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:

C. Roof: Age of roof covering: 15yrs Type of roof covering: 50yr cert shin Are there any leaks?  Yes  No.



If "yes," please explain, including the extent of the problem and how often leaks are experienced: \_\_\_\_\_

History of repairs: \_\_\_\_\_

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

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: \_\_\_\_\_

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  Drain Field  Public Sewer If Septic Tank, distance from well (if any): \_\_\_\_\_, size of tank: \_\_\_\_\_; length of lateral line(s): 4 laterals. Please describe any known problems or repairs needed or made within past year: \_\_\_\_\_

G. Air Conditioning:  None  Window Unit  Wall Unit  Central Air Age: 2 yrs Size of Unit: \_\_\_\_\_  
Please describe any known problems or repairs needed or made within past year: \_\_\_\_\_

H. Heating System(s):  None  Type: Geothermal elect Age of system: 2 yrs Please describe any known problems or repairs needed or made within past year: \_\_\_\_\_

I. Plumbing System:  None  Copper  Galvanized  PVC  Other: \_\_\_\_\_  
Please describe any known problems or repairs needed or made within past year: \_\_\_\_\_

J. Electrical Wiring System:  None  110 Volts  220 Volts  Both Age of system: 30 yrs  
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 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  other (describe): \_\_\_\_\_  
Please describe any known problems or repairs needed or made within past year: \_\_\_\_\_

N. Asbestos: Is asbestos present in any form in the Property?  Yes  No  Unknown If "yes," please describe: \_\_\_\_\_

O. Radon: Has 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: \_\_\_\_\_

3. OTHER ITEMS:

Are you, the Seller, aware of any of the following?

A. Environmental Concerns: Are you aware of any other 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: \_\_\_\_\_



- 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: Gravel road is shared. Share maintenance
- 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: \_\_\_\_\_
- 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: \_\_\_\_\_
- H. 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  YES 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  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: Deck needs replacing. Driveway apron has cracks

Broker, Broker's agents and sub-agents 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 for those areas of the property listed.

*Karla A Harrison*  
dotloop verified  
06/14/26 3:09 PM CDT  
NMNJ-FBUE-BUGJ-OSSI

Seller

Date: 6/14/2026 Time: \_\_\_\_\_ 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.