



# KENTUCKY REAL ESTATE COMMISSION

Public Protection Cabinet  
Mayo-Underwood Building  
500 Mero Street 2NE09  
Frankfort, Kentucky 40601  
(502) 564-7760  
<http://krec.ky.gov>



## SELLER'S DISCLOSURE OF PROPERTY CONDITION

This form applies to **residential real estate sales and purchases**. This form is **not required** for:

1. Residential purchases of new construction homes if a warranty is provided; or
2. Sales of real estate at auction; or
3. A court supervised foreclosure

As a Seller, you are asked to disclose what you know about the property you are selling. **Your answers to the questions in this form must be based on the best of your knowledge of the property you are selling, however and whenever you gained that knowledge.** Please take your time to answer these questions accurately and completely.

Property Address

**4655 Cadiz Rd**

City

**Hopkinsville**

State

**KY**

Zip

**42240**

**PURPOSE OF DISCLOSURE FORM:** Completion of this form shall satisfy the requirements of KRS 324.360 that mandates the "seller's disclosure of conditions" relevant to the listed property. This disclosure is based on the Seller's knowledge of the property's condition and the improvements thereon, however that knowledge was gained. This disclosure form shall not be a warranty by the Seller or real estate agent and shall not be used as a substitute for an inspection or warranty that the purchaser may wish to obtain. This form is a statement of the conditions and other information about the property known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering, or any other specific areas related to the construction or condition of the property or the improvements on it. Unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. The Buyer is encouraged to obtain his or her own professional inspections of this property.

**INSTRUCTIONS TO THE SELLER(S):** (1) Answer every question truthfully. (2) Report all known conditions affecting the property, regardless of how you know about them or when you learned. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the real estate agent to complete this form on your behalf in accordance with KRS 324.360(9). (5) If an item does not apply to your property, mark "not applicable." (6) If you truthfully do not know the answer to a question, mark "unknown." (7) If you learn any fact prior to closing that changes one or more of your answers to this form after you have completed and submitted it, immediately notify your agent or any potential buyer of the change in writing.

**SELLER'S DISCLOSURE:** As Seller(s), I / we disclose the following information regarding the property. This information is true and accurate to the best of my / our knowledge as of the date signed. Seller(s) authorize(s) the real estate agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following information is not the representation of the real estate agent.

**Answer all questions to the BEST OF YOUR KNOWLEDGE. Attach additional sheets as necessary.**

### 1. PRELIMINARY DISCLOSURES

|                                                                                               | N/A                      | YES                      | NO                       | UN-<br>KNOWN             |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Have you ever lived in the house? If yes, please indicate the length of time:              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. List the date (month / year) you purchased the house.                                      |                          |                          |                          |                          |
| c. Do you own the property as (an) individual(s) or as representative(s) of a company?        |                          |                          |                          |                          |
| <b>Explain:</b>                                                                               |                          |                          |                          |                          |
| d. Has the house been used as a rental? If yes, length of time rented?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Has this house ever been vacant (not lived-in) for more than three (3) consecutive months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Has this house ever been used for anything other than a residence?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain:**

Seller Initials

Date/Time

Buyer Initials

Date/Time

Seller Initials

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PROPERTY ADDRESS: **4655 Cadiz Rd, Hopkinsville, KY 42240**

| 2. HOUSE SYSTEMS                                                                                               |                                                                                                                                   | N/A                      | YES                      | NO                       | UN-<br>KNOWN             |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Whether or not they have been corrected, state whether there have been problems affecting:                     |                                                                                                                                   |                          |                          |                          |                          |
| a.                                                                                                             | Plumbing                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b.                                                                                                             | Electrical system                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c.                                                                                                             | Appliances                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d.                                                                                                             | Ceiling and attic fans                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e.                                                                                                             | Security system                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f.                                                                                                             | Sump pump                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g.                                                                                                             | Chimneys, fireplaces, inserts                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h.                                                                                                             | Pool, hot tub, sauna                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i.                                                                                                             | Sprinkler system                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j.                                                                                                             | Heating system                      age of system:                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k.                                                                                                             | Cooling/air conditioning system                      age of system:                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l.                                                                                                             | Water heater                      age of system:                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve these problems: |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
| 3. BUILDING STRUCTURE                                                                                          |                                                                                                                                   | N/A                      | YES                      | NO                       | UN-<br>KNOWN             |
| a. Whether or not they have been corrected, state whether there have been problems affecting:                  |                                                                                                                                   |                          |                          |                          |                          |
| 1)                                                                                                             | The foundation or slab                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2)                                                                                                             | The structure or exterior veneer                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3)                                                                                                             | The floors and walls                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4)                                                                                                             | The doors and windows                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b.                                                                                                             | 1) Has the basement ever leaked?                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                | 2) If so, when did the basement last leak?                                                                                        |                          |                          |                          |                          |
|                                                                                                                | 3) Have you ever had any repairs done to the basement?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                | 4) If you have had basement leaks repaired, when was the repair done?                                                             |                          |                          |                          |                          |
|                                                                                                                | 5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) |                          |                          |                          |                          |
| <b>Explain:</b>                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
| c.                                                                                                             | Have you experienced, or are you aware of, any water or drainage problems in the crawl space?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d.                                                                                                             | Are you aware of any damage to wood due to moisture or rot?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e.                                                                                                             | Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f.                                                                                                             | Are you aware of any damage due to wood infestation?                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                | 1) Has the house or any other improvement been treated for wood infestation?                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                | 2) If yes, by whom?                                                                                                               |                          |                          |                          |                          |
|                                                                                                                | 3) Is there a warranty?                                                                                                           |                          |                          |                          |                          |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems: |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
|                                                                                                                |                                                                                                                                   |                          |                          |                          |                          |
| 4. ROOF                                                                                                        |                                                                                                                                   | N/A                      | YES                      | NO                       | UN-<br>KNOWN             |
| a.                                                                                                             | How old is the roof covering? Age of the roof if known:                                                                           |                          |                          |                          |                          |
| b.                                                                                                             | Has the roof leaked at any time since you have owned or lived at the property?                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c.                                                                                                             | Has the roof leaked at any time before you owned or lived at the property?                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d.                                                                                                             | When was the last time the roof leaked?                                                                                           |                          |                          |                          |                          |
| e.                                                                                                             | Have you ever had any repairs done to the roof?                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Seller Initials

Date/Time

Buyer Initials

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|                                                                                                                                             |                          |                             |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| f. Have you ever had the roof replaced?                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, when?                                                                                                                                |                          |                             |                          |                          |
| g. If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)               |                          |                             |                          |                          |
| <b>Explain:</b>                                                                                                                             |                          |                             |                          |                          |
| h. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering? If so, when?    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:                              |                          |                             |                          |                          |
|                                                                                                                                             |                          |                             |                          |                          |
| <b>5. LAND / DRAINAGE</b>                                                                                                                   |                          |                             |                          |                          |
|                                                                                                                                             | <b>N/A</b>               | <b>YES</b>                  | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Whether or not they have been corrected, state whether there have been problems affecting:                                               |                          |                             |                          |                          |
| 1) Soil stability                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Drainage, flooding, or grading                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Erosion                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Outbuildings or unattached structures                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the house located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages? | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what is the flood zone?                                                                                                              |                          |                             |                          |                          |
| c. Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?                          | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:                              |                          |                             |                          |                          |
|                                                                                                                                             |                          |                             |                          |                          |
| <b>6. BOUNDARIES</b>                                                                                                                        |                          |                             |                          |                          |
|                                                                                                                                             | <b>N/A</b>               | <b>YES</b>                  | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Have you ever had a staked or pinned survey of the property performed?                                                                   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you in possession of a copy of any survey of the property?                                                                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are the boundaries marked in any way?                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                             |                          |                             |                          |                          |
| d. Do you know the boundaries?                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                             |                          |                             |                          |                          |
| e. Are there any encroachments or unrecorded easements relating to the property?                                                            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                             |                          |                             |                          |                          |
| <b>7. WATER</b>                                                                                                                             |                          |                             |                          |                          |
|                                                                                                                                             | <b>N/A</b>               | <b>YES</b>                  | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Source of water supply:                                                                                                                  |                          |                             |                          |                          |
| b. Are you aware of below normal water supply or water pressure?                                                                            | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has your water ever been tested? If so, attach the results or explain.                                                                   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                             |                          |                             |                          |                          |
| <b>8. SEWER SYSTEM</b>                                                                                                                      |                          |                             |                          |                          |
|                                                                                                                                             | <b>N/A</b>               | <b>YES</b>                  | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Property is serviced by:                                                                                                                 |                          |                             |                          |                          |
| 1. Category I: Public Municipal Treatment Facility                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Category II: Private Treatment Facility                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Category III: Subdivision Package Plant                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)                                                                   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal                                                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system                                           | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Category VII: No Treatment/Unknown                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Servicer:                                                                                                                           |                          |                             |                          |                          |
| b. For properties with Category IV, V, or VI systems                                                                                        |                          |                             |                          |                          |
| Date of last inspection (sewer):                                                                                                            |                          |                             |                          |                          |
| Date of last inspection (septic):                                                                                                           |                          | Date last cleaned (septic): |                          |                          |
| c. Are you aware of any problems with the sewer system?                                                                                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |

Seller Initials

Date/Time

Buyer Initials

Date/Time

Seller Initials

Date/Time

Buyer Initials

Date/Time

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|                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Please explain any deficiencies noted in this Section:                                                                                                                                                                                                                                                                                 |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
| <b>9. CONSTRUCTION / REMODELING</b>                                                                                                                                                                                                                                                                                                    | <b>N/A</b>               | <b>YES</b>               | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Have there been any additions, structural modifications, or other alterations made?                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If so, were all necessary permits and government approvals obtained?                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
| <b>10. HOMEOWNERS ASSOCIATION (HOA)</b>                                                                                                                                                                                                                                                                                                | <b>N/A</b>               | <b>YES</b>               | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. 1) Is the property subject to any restrictions, rules, or regulations of a Homeowners Association?                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, what is the annual or monthly assessment?                                                                                                                                                                                                                                                                                   |                          |                          |                          |                          |
| 3) HOA Name:                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |                          |
| HOA Primary Contact Name:                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                          |
| HOA Primary Contact Phone No. and email address:                                                                                                                                                                                                                                                                                       |                          |                          |                          |                          |
| b. Is the property a condominium?                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, you must also complete KREC Form 404, the Condominium Seller's Certificate                                                                                                                                                                                                                                                     |                          |                          |                          |                          |
| c. Are you aware of any condition or legal action that may result in an increase in dues, taxes or assessments?                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.?                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are there any pet or rental restrictions?                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Explain:</b>                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
| <b>11. HAZARDOUS CONDITIONS</b>                                                                                                                                                                                                                                                                                                        | <b>N/A</b>               | <b>YES</b>               | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property?                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you aware of any other environmental hazards? (e.g., carbon monoxide, hazardous waste, water contamination, asbestos, the use of urea formaldehyde, etc.)                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>LEAD BASED PAINT DISCLOSURE REQUIREMENT</b>                                                                                                                                                                                                                                                                                         |                          |                          |                          |                          |
| Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint, which may cause certain health risks.                                                                                          |                          |                          |                          |                          |
| c. Was this house built before 1978?                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you aware of the existence of lead-based paint in or on this house?                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>RADON DISCLOSURE REQUIREMENT</b>                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                          |
| Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks, including lung cancer. The Kentucky Department for Public Health recommends radon testing. For more information, visit <a href="http://chfs.ky.gov">chfs.ky.gov</a> and search "radon." |                          |                          |                          |                          |
| e. 1) Are you aware of any testing for radon gas?                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, what were the results?                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                          |
| f. 1) Is there a radon mitigation system installed?                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes, is it functioning properly?                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                          |
| <b>METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT</b>                                                                                                                                                                                                                                                                            |                          |                          |                          |                          |
| A property owner who chooses NOT to decontaminate a property used in the production of methamphetamine MUST make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010.            |                          |                          |                          |                          |
| g. 1) Is the property currently contaminated by the production of methamphetamine?                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If no, has the property been professionally decontaminated from methamphetamine contamination?                                                                                                                                                                                                                                      |                          |                          |                          |                          |
| <b>Explain:</b>                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                          |
| <b>12. MISCELLANEOUS</b>                                                                                                                                                                                                                                                                                                               | <b>N/A</b>               | <b>YES</b>               | <b>NO</b>                | <b>UN-<br/>KNOWN</b>     |
| a. Are you aware of any existing or threatened legal action affecting this property?                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are there any assessments other than property assessments that apply to this property (e.g. sewer assessments)?                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Seller Initials

Date/Time

Buyer Initials

Date/Time

Seller Initials

Date/Time

Buyer Initials

Date/Time

Arnold