

# NEBRASKA REAL ESTATE COMMISSION

## Seller Property Condition Disclosure Statement

### Residential Real Property

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. §76-2,120).

Seller  is \_\_\_\_\_ is not occupying the real property. How long has Seller owned the real property? 6 year(s)

This Disclosure Statement concerns the real property located at 3014 N. 154<sup>th</sup> Ave  
 in the City of Omaha, County of Douglas, State of Nebraska legally described as \_\_\_\_\_  
Seven Pines, Lot 85, DCN

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE REAL PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH THIS STATEMENT IS SIGNED. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTION OR WARRANTY THAT THE PURCHASER MAY WISH TO OBTAIN. EVEN THOUGH THE INFORMATION PROVIDED IN THIS STATEMENT IS NOT A WARRANTY, THE PURCHASER MAY RELY ON THE INFORMATION CONTAINED HEREIN IN DECIDING WHETHER AND ON WHAT TERMS TO PURCHASE THE REAL PROPERTY. ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION MAY PROVIDE A COPY OF THIS STATEMENT TO ANY OTHER PERSON IN CONNECTION WITH ANY ACTUAL OR POSSIBLE SALE OF THE REAL PROPERTY. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY AGENT, AND IS NOT INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE SELLER AND PURCHASER.

Seller please note: You are required to complete this Disclosure Statement in full. If any particular item or matter does not apply and there is no provision or space for so indicating, insert "N/A".

SELLER STATES THAT, TO THE BEST OF SELLER'S BELIEF AND KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

**PART I.** If there is more than one of each item listed in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement. If an item in this Part is not on the property or will not be included in the sale, check only the "None/Not Included" column for that item.

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
<b>SECTION A. Appliances</b>									
1. Built-in vacuum system and equipment	<input checked="" type="checkbox"/>				9. Microwave Oven	<input checked="" type="checkbox"/>			
2. Clothes dryer	<input checked="" type="checkbox"/>				10. Oven	<input checked="" type="checkbox"/>			
3. Clothes washer	<input checked="" type="checkbox"/>				11. Range	<input checked="" type="checkbox"/>			
4. Dishwasher	<input checked="" type="checkbox"/>				12. Refrigerator	<input checked="" type="checkbox"/>			
5. Disposal	<input checked="" type="checkbox"/>				13. Room air conditioner	<input checked="" type="checkbox"/>			
6. Freezer	<input checked="" type="checkbox"/>				14. TV antenna/satellite dish	<input checked="" type="checkbox"/>			
7. Gas grill	<input checked="" type="checkbox"/>				15. Trash compactor	<input checked="" type="checkbox"/>			
8. Range ventilation system	<input checked="" type="checkbox"/>				16. Other (specify) _____				

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
<b>SECTION B. Electrical Systems</b>									
1. Electrical service panel (Capacity _____ amp, if known) _____ Fuse _____ Circuit Breakers	<input checked="" type="checkbox"/>				7. Smoke/fire alarm	<input checked="" type="checkbox"/>			
2. Ceiling fan(s)	<input checked="" type="checkbox"/>				8. Room vent fan	<input checked="" type="checkbox"/>			
3. Garage door opener/remote controller(s) (number of controllers, if included <u>2</u> )	<input checked="" type="checkbox"/>				9. 220 volt service	<input checked="" type="checkbox"/>			
4. Telephone wiring and jacks	<input checked="" type="checkbox"/>				10. Security system ___ owned ___ leased _____ Central station monitoring				<input checked="" type="checkbox"/>
5. Cable TV wiring and jacks	<input checked="" type="checkbox"/>				11. Other (specify) _____				
6. Intercom or sound system wiring and built-in speakers				<input checked="" type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? <input checked="" type="checkbox"/> no ___ yes				
					If yes, explain the condition in the Comments section, PART III of this Disclosure Statement				

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
<b>SECTION C. Heating and Cooling Systems</b>									
1. Air purifier				<input checked="" type="checkbox"/>	7. Gas log				<input checked="" type="checkbox"/>
2. Attic fan	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	8. Gas starter (fireplace)				<input checked="" type="checkbox"/>
3. Whole house fan	<input checked="" type="checkbox"/>				9. Heat pump	<input checked="" type="checkbox"/>			
4. Central air conditioning	<input checked="" type="checkbox"/>				10. Humidifier				<input checked="" type="checkbox"/>
5. Fireplace/fireplace insert	<input checked="" type="checkbox"/>				11. Propane tank (rent own)				<input checked="" type="checkbox"/>
6. Heating system ( gas electric other, specify)	<input checked="" type="checkbox"/>				12. Woodburning stove				<input checked="" type="checkbox"/>
					13. Other (specify)				

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
<b>SECTION D. Water Systems</b>									
1. Hot tub/whirlpool					5. Water heater	<input checked="" type="checkbox"/>			
2. Plumbing	<input checked="" type="checkbox"/>				6. Water purifier				
3. Swimming pool					7. Water softener (rent own)				<input checked="" type="checkbox"/>
4. Underground sprinkler backflow preventer					8. Well system				<input checked="" type="checkbox"/>
					9. Other (specify)				<input checked="" type="checkbox"/>

	Working	Not Working	Do Not Know If Working	None/Not Included		Working	Not Working	Do Not Know If Working	None/Not Included
<b>SECTION E. Sewer Systems</b>									
1. Plumbing	<input checked="" type="checkbox"/>				3. Septic system				<input checked="" type="checkbox"/>
2. Sump pump (Discharges to)				<input checked="" type="checkbox"/>	4. Other (specify)				
					5. Other (specify)				

**PART II.** In this part, in Sections A, B and C, if the answer to any item is "Yes," explain the condition in the Comments section, PART III of this Disclosure Statement.

**Section A. Structural Conditions.** If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Age of roof (if known) <u>4 months</u> <u>years</u>				8. Is there presently damage to the chimney?		<input checked="" type="checkbox"/>	
2. Does the roof leak?		<input checked="" type="checkbox"/>		9. Are there any windows which presently leak? Do any insulated windows have broken seals?		<input checked="" type="checkbox"/>	
3. Has the roof leaked?		<input checked="" type="checkbox"/>		10. Have you experienced any moving or settling of the following:			
4. Is there presently damage to the roof?		<input checked="" type="checkbox"/>		Foundation?		<input checked="" type="checkbox"/>	
5. Has there been leakage/seepage in the basement or crawl space?		<input checked="" type="checkbox"/>		Floor?		<input checked="" type="checkbox"/>	
6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, wood-destroying insects, or rodents?		<input checked="" type="checkbox"/>		Wall?		<input checked="" type="checkbox"/>	
7. Are there any structural problems with the structures on the real property?		<input checked="" type="checkbox"/>		Sidewalk?		<input checked="" type="checkbox"/>	
				Patio?		<input checked="" type="checkbox"/>	
				Driveway?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
				Retaining wall?		<input checked="" type="checkbox"/>	

**Section B. Environmental Conditions.** Have any of the following substances, materials or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Asbestos		<input checked="" type="checkbox"/>		7. Underground fuel, chemical or other type of storage tank		<input checked="" type="checkbox"/>	
2. Contaminated soil or water (including drinking water)		<input checked="" type="checkbox"/>		8. Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property?		<input checked="" type="checkbox"/>	
3. Landfill or buried materials		<input checked="" type="checkbox"/>					
4. Lead-based paint		<input checked="" type="checkbox"/>					
5. Radon gas		<input checked="" type="checkbox"/>					
6. Toxic materials		<input checked="" type="checkbox"/>					

**Section C. Title Conditions.** Do any of the following conditions exist with regard to the property?

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Any features, such as walls, fences and driveways which are shared?	<input checked="" type="checkbox"/>			9. Any lawsuits regarding this property during ownership of the seller?		<input checked="" type="checkbox"/>	
2. Any easements, other than normal utility easements?		<input checked="" type="checkbox"/>		10. Any notices from any governmental or quasi-governmental agency affecting the real property?		<input checked="" type="checkbox"/>	
3. Any encroachments?		<input checked="" type="checkbox"/>		11. Any planned road or street expansions, improvements or widenings adjacent to the real property?		<input checked="" type="checkbox"/>	
4. Any zoning violations, nonconforming uses, or violations of "setback" requirements?		<input checked="" type="checkbox"/>		12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?		<input checked="" type="checkbox"/>	
5. Any lot-line disputes?		<input checked="" type="checkbox"/>		13. Any deed restrictions or other restrictions of recording affecting the real property?		<input checked="" type="checkbox"/>	
6. Have you been notified, or are you aware, of any work planned or to be performed by a utility company or municipality close to the real property including but not limited to sidewalks, streets, sewers water, power or gas lines?		<input checked="" type="checkbox"/>		14. Any unsatisfied judgments against Seller?		<input checked="" type="checkbox"/>	
7. Any condominium, homeowners' or other type of association which has any authority over the real property?		<input checked="" type="checkbox"/>		15. Any dispute regarding right of access to the real property?		<input checked="" type="checkbox"/>	
8. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas?		<input checked="" type="checkbox"/>		16. Any other title conditions which might affect the real property?		<input checked="" type="checkbox"/>	

**Section D. Other Conditions.**

	Yes	No	Do Not Know		Yes	No	Do Not Know
1. Are the dwelling and the improvements connected to a public water system? Is the system operational?	<input checked="" type="checkbox"/>			7. Is trash removal service provided to the real property? If so, the trash service is public ___ private <u>N</u>	<input checked="" type="checkbox"/>		
2. Are the dwelling and the improvements connected to a public sewer system? Is the system operational?	<input checked="" type="checkbox"/>			8. Have the structures been mitigated for radon? If yes, when? _____		<input checked="" type="checkbox"/>	
3. Are the dwelling and the improvements connected to a private or community (nonpublic) water system? Is the system operational? Year last tested _____		<input checked="" type="checkbox"/>		9. Is the property connected to a natural gas system?	<input checked="" type="checkbox"/>		
4. Are the dwelling and the improvements connected to a private or community (nonpublic) sewer system? Is the system operational?		<input checked="" type="checkbox"/>		10. Has a pet been domiciled in the dwelling? Type(s) _____		<input checked="" type="checkbox"/>	
5. Are the dwelling and the improvements connected to a private or community (nonpublic) septic system? Is the system operational?		<input checked="" type="checkbox"/>		<b>If the answer to any of the following items is "Yes," explain in the Comment section, PART III of this Disclosure Statement.</b>			
6. Is the real property in a: ___ flood plain? ___ floodway?		<input checked="" type="checkbox"/>		11. Are there any trees or shrubs on the real property diseased or dead? Are any trees or shrubs scheduled to be removed?		<input checked="" type="checkbox"/>	
<u>3014 N. 154th Ave Omaha, NE 68116</u> Property Address				12. Are there any flooding, drainage or grading problems in connection with the real property?		<input checked="" type="checkbox"/>	
				13. Have you made any insurance or manufacturer claims with regard to the property?		<input checked="" type="checkbox"/>	
				14. Are you aware of any problems to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry or other materials?		<input checked="" type="checkbox"/>	

**SECTION E. Cleaning/Service Conditions.** Have you ever performed or had performed the following? State the most recent year:

	Year	Yes	No	Do Not Know	None/Not Included		Year	Yes	No	Do Not Know	None/Not Included
1. Servicing of air conditioner	<u>2009</u>	<input checked="" type="checkbox"/>				6. Treatment for wood-destroying insects or rodents					<input checked="" type="checkbox"/>
2. Cleaning of fireplace, including chimney			<input checked="" type="checkbox"/>			7. Tested well water					<input checked="" type="checkbox"/>
3. Servicing of furnace			<input checked="" type="checkbox"/>			8. Serviced/treated well water					<input checked="" type="checkbox"/>
4. Servicing of septic system					<input checked="" type="checkbox"/>	6. Treatment for wood-destroying					<input checked="" type="checkbox"/>
5. Cleaning of woodburning stove, including chimney					<input checked="" type="checkbox"/>						

