

Shamrock Realty
A Division of Wm. L. Kallal PC
1910 Thomes Ave.
Cheyenne, WY 82003
Phone: (307) 634-5282, Fax: (307) 637-5262

**SELLER'S PROPERTY DISCLOSURE
TO PROSPECTIVE BUYERS**

(RESIDENTIAL ADDENDUM)

TO BE COMPLETED BY SELLER
AND DELIVERED TO BUYER

Property Address
2100 Park Avenue

The undersigned Seller, having entered into a listing contract with Shamrock Realty as Broker, completes and executes this Addendum to such listing contract in order to comply with Seller's obligation to fully disclose to the best of Seller's CURRENT ACTUAL KNOWLEDGE to all parties any and all information regarding the condition of such property, and does hereby make the following statement and representation concerning the present description and condition of subject property:

THE FOLLOWING ARE IN THE CONDITION INDICATED (Please initial):

1a. APPLIANCES	DESCRIPTION/ MODEL #	COLOR	Approx. Age	NUMBER INCLUDED	WORKING	NOT WORKING	DO NOT KNOW
Dishwasher	MAYTAG JET CLEAN	ALMOND	12 yrs	1	YES		
Range/Stove	MAGIC-CHEF	"	12 yrs	1	YES		
Oven	" "	"	12 yrs	1	YES		
Refrigerator	JENN-AIR	"	12 yrs	1	YES		

b. OTHER APPLIANCES	NUMBER INCLUDED	Approx. Age	WORKING	NOT WORKING	DO NOT KNOW
Disposal	1	5 yrs	YES		
Hood/Fan	—				
Microwave Oven	WHIRLPOOL	2 1/2 yrs	YES		
Satellite Dish/ Antenna/Control	—				
Trash Compactor	—				
* Clothes Washer	KENMORE 1	15 yrs	YES		
* Clothes Dryer	KENMORE 1	15 yrs	YES		
Other:					
Other:					

* IF BUYER
WANTS THEM

c. ELECTRICAL SYSTEMS	NUMBER INCLUDED	Approx. Age	WORKING	NOT WORKING	DO NOT KNOW
Ceiling Fan	1	20 yrs	YES		
Garage Door Opener/Control(s)	3	2 yrs	YES		
Sauna	—				

PREPARED BY: Kevin True, Sales Associate

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Smoke/Fire Detector	1	S	YES		
220 Volt Service	YES				
Other:					

d. HEATING AND COOLING SYSTEMS	NUMBER INCLUDED	Approx. Age	WORKING	NOT WORKING	DO NOT KNOW
Air Conditioning	—				
Evaporative Cooler	1	8 yrs	YES		
Heating System:					
Gas/Electric/Coal	GAS				
Hot Water	BURNHAM	38 yrs	YES		
Baseboard					
Forced Air	—				
Radiant-Ceiling /Floor	—				
Heat Pump	—				
Other: _____					
Humidifier	—				
Propane Tank (leased/owned) (Delete One) Gas Supplier: _____	—				
Attic Fan	—				
Woodburning Stove	—				
Other:					

e. WATER SYSTEMS	NUMBER INCLUDED	Approx. Age	WORKING	NOT WORKING	DO NOT KNOW
Drain Tile	—				
Hot Tub	—				
Septic/Leach Field	—				
Sump Pump	2	20 yrs			✓
Automatic Lawn Sprinkling System	ORBIT 3 ZONES	8 yrs	YES		
Water Heater (Gas/Electric)	GAS	12 yrs	YES		
Water Purifier	2	1 yr & 7 yrs	YES		
Water Softener, (owned/leased) (Delete one) Vendor _____	—				
Well	—				
Other:					

Describe any known problems with Interior Plumbing System:
(ie: leaks, flooding, slow drains, faucets, toilets)

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2. ROOF	Yes	No	Do Not Know
Approximate Age of present roofing (if known): <u>10-12</u> years			
a. Does the roof leak?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is there present damage to the roof?			<input checked="" type="checkbox"/>
c. Is the roof under warranty?			<input checked="" type="checkbox"/>
Is the warranty transferable?			
Expiration date of warranty: _____			
d. Has Seller received roof damage payments from insurance?		<input checked="" type="checkbox"/>	
e. Has the roof ever been repaired? Date: _____		<input checked="" type="checkbox"/>	
f. Nature of repairs and by whom?			
g. Type of roofing?			ASPHALT
h. Is money owed to Seller for roof damages from insurance?		NO	

3. HAZARDOUS CONDITIONS	Yes	No	Do Not Know
Are there any existing hazardous conditions on the property such as:			
Asbestos insulation, siding, shingles, or other materials		<input checked="" type="checkbox"/>	
Lead-based paint (built before 1978)		<input checked="" type="checkbox"/>	
Methane gas		<input checked="" type="checkbox"/>	
Expansive Soils		<input checked="" type="checkbox"/>	
Radioactive material		<input checked="" type="checkbox"/>	
Radongas		<input checked="" type="checkbox"/>	
Toxic Materials		<input checked="" type="checkbox"/>	
Toxic Mold		<input checked="" type="checkbox"/>	
Ureaformaldehyde foam insulation		<input checked="" type="checkbox"/>	
Other:			
NOTE: If yes is marked for any of the above, explain the condition below and attach relevant documents including inspection reports. NOTE: THE EPA ENCOURAGES ALL BUYERS TO TEST THE PROPERTY FOR RADON.			

4. OTHER DISCLOSURES:	Yes	No	Do Not Know
a. Are the improvements connected to a (public) (private), (community), water system? (Delete all except one.)	<input checked="" type="checkbox"/>		

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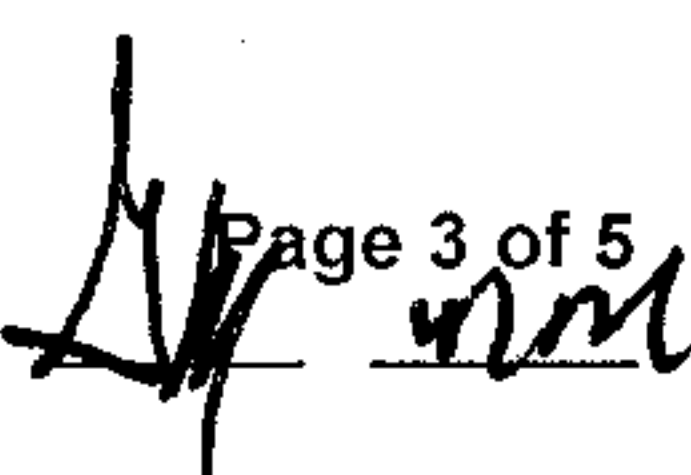
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b.	Are there any encroachments?		✓	
c.	Is the present use a non-conforming use?		✓	
d.	Are there any variances?		✓	
e.	Are there any structural problems with the improvements?		✓	
f.	Have you reported any problems or made any claims to your homeowners' insurance?	✓		
g.	Have any additions or alterations been made without a building permit?		✓	
h.	Are there water leaks, water damage, moisture problems, flooding or flood-damaged areas in any areas of the home, for example, in the basement/crawl space, in the attic, in the kitchen or bathroom, near the tub/shower or any other bathroom or kitchen appliance or fixture? (If yes, please describe under additional comments.)		✓	
i.	Are there musty or mildew odors in the home or any staining or discoloration of walls, wall coverings, or floors or floor coverings? Are there any damp or moist areas in the home?		✓	
j.	Is there any damage due to wind, fire, flood, termites, pests or rodents?		✓	
k.	When was chimney or flue last cleaned? Date _____		✓	
l.	Does the property or neighborhood have any known or suspected subsidence problems?		✓	
m.	Is flood insurance required?		✓	
<p>NOTE: If yes to any of above, please describe below. ROOF REPLACED</p>				

5. **COMMENTS:**

a. Describe any structural changes, such as, but not limited to those resulting from roof problems or water problems, and any repairs and/or improvements which have been made to the property during your ownership. (Indicate date and nature of repairs or improvements, and by whom.)

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- b. If a water well is located on the property, provide documentation addressing location, Wyoming Registration number, depth, flow, potability, etc. NO
- c. Are septic system documents and/or Health Department documents available? NO
- d. If you have had or currently have any pets inside the home, describe how many and species. NO
- e. Are there any other known defects? NO
- f. Are there any manufacturer warranties or other warranties that will be transferred to buyer? NO
- g. Assessments (District, contact person, payment, SID#). NO
- h. Describe the number and nature of problems and/or claims made to your homeowner's insurance. NO
- i. Please provide the name of your insurance carrier. FARMERS IND. MCKAY - AGENT

6. **ADDITIONAL COMMENTS:**

The above description and statement of condition of the subject property is based on my knowledge of the property and all representations are made to the best of my current actual knowledge. I ACKNOWLEDGE AND AGREE THAT I SHALL IMMEDIATELY INFORM BUYER AND BROKER OF ANY CHANGE IN SUCH CONDITIONS THAT MAY APPEAR OR BECOME KNOWN TO ME AFTER THIS DATE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS ALL BROKERS INVOLVED IN ANY SALE OF THE SUBJECT PROPERTY FROM ANY AND ALL CLAIMS, INCLUDING DAMAGES, COURT COSTS AND ATTORNEY'S FEES, ARISING FROM MY FAILURE TO COMPLETELY AND TRUTHFULLY DISCLOSE THE CONDITIONS OF MY PROPERTY AS SET FORTH ABOVE. THE INFORMATION CONTAINED IN THIS DISCLOSURE HAS BEEN FURNISHED BY SELLER.

I have read the above representations and hereby expressly confirm them.

The undersigned Seller hereby acknowledges receipt of this Addendum this 2 day of July, 20 08.

SELLER	<u>Graig N. Marris</u>	DATE	<u>7/3/08</u>
	Graig N. Marris		
SELLER	<u>Nola A. Marris</u>	DATE	<u>7/3/08</u>
	Nola A. Marris		

ANY REPRESENTATION AS TO SQUARE FOOTAGE OF SUBJECT PROPERTY IS APPROXIMATE ONLY. IT IS BUYER'S RESPONSIBILITY TO VERIFY THE ACCURACY OF SAID APPROXIMATE SQUARE FOOTAGE. BUYER HEREBY ACKNOWLEDGES THAT BUYER HAS INDEPENDENTLY VERIFIED, TO BUYER'S SATISFACTION, THE SQUARE FOOTAGE OF THE PROPERTY.

The undersigned prospective Buyer hereby acknowledges receipt of this Addendum.

BUYER _____ DATE _____