

Seller's Property Condition Disclosure Statement

(This disclosure shall be completed by the Seller. This is a disclosure required by law. If you do not understand this form, seek legal advice.)

Seller _____ Property Address _____

This Disclosure Statement concerns the real property identified above situated in the City of _____

County of _____, State of South Dakota

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH SDCL 43-4-38. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING ANY PARTY IN THIS TRANSACTION AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PARTIES MAY WISH TO OBTAIN.

Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

IF ANY MATERIAL FACT CHANGES BEFORE CONVEYANCE OF TITLE TO THIS PROPERTY, THE SELLER MUST DISCLOSE SUCH MATERIAL FACT WITH A WRITTEN AMENDMENT TO THIS DISCLOSURE STATEMENT.

I. LOT OR TITLE INFORMATION

1. When did you purchase or build the home? _____

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

- | Yes | No | Unkn | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | 2. Were there any title problems when you purchased the property? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 3. Are there any recorded liens or financial instruments against the property, other than a first mortgage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 44-9? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage, and sidewalks)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are there any problems related to establishing the lot lines/boundaries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings or other improvements)? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 9. Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 10. 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 11. Is the property currently occupied by the owner? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 12. Does the property currently receive the owner occupied tax reduction pursuant to SDCL 10-13-39? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Is the property currently part of a property tax freeze for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 14. Is the property leased? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 15. If leased, does the property use comply with local zoning laws? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 16. Does this property or any portion of this property receive rent? If yes, how much \$ _____ and how often _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 17. Do you pay any mandatory fees or special assessments to a homeowners' or condominium association?
If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly)
Payable to whom: _____
For what purpose? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | 18. Are you aware if the property has ever had standing water in either the front, rear, or side yard more than forty-eight hours after heavy rain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is the property located in or near a flood plain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are wetlands located upon any part of the property? |

II. STRUCTURAL INFORMATION

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

- | Yes | No | Unkn | |
|--------------------------|--------------------------|------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | 1. Are you aware of any water penetration problems in the walls, windows, doors, basement, or crawl space? |
| | | | 2. What water damage related repairs, if any, have been made? _____
_____ If any, when? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | 3. Are you aware if drain tile is installed on the property? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 4. Are you aware of any interior cracked walls or floors, or cracks or defects in exterior driveways, sidewalks, patios or other hard surface areas?
What related repairs, if any, have been made? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | | 5. Are you aware of any roof leakage, past or present? Type of roof covering: _____
Age: _____ What roof repairs, if any, have been made, when and by whom? _____

Describe any existing unrepaired damage to the roof: _____ |

Property Address: _____

II. STRUCTURAL INFORMATION CONTINUED

6. Are you aware of insulation in the:
 ceiling/attic? Yes No the walls? Yes No the floors? Yes No
7. Are you aware of any pest infestation or damage, either past or present?
8. Are you aware of the property having been treated for any pest infestation or damage?
 If yes, who treated it and when? _____
9. Are you aware of any work upon the property which required a building, plumbing, electrical or any other permit?
 If yes, describe the work: _____
 Was a permit obtained?
 Was the work approved by an inspector?
10. Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail, or snow)?
 If yes, describe: _____
 Have any insurance claims been made?
 Was an insurance payment received?
 Has the damage been repaired?
 If yes, describe in detail: _____
11. Are you aware of any problems with sewer blockage or backup, past or present?
12. 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? If yes, describe in detail: _____

III. SYSTEMS/UTILITIES INFORMATION

	None/Not Included	Working	Not Working		None/Not Included	Working	Not Working
1. 220 Volt Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Air Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Microwave/Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Air Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Plumbing and Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Pool and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burglar Alarm Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Propane Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Radon System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Central Air - Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Central Air - Water Cooled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Septic/Leaching Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cistern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Sewer Systems/Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Smoke/Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Solar House - Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Doorbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Sump Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Switches and Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fireplace Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Underground Sprinkler and Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Garage Door/Opener Control(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Vent Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Garage Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Water Heater - Electric or Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Water Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hot Tub, Whirlpool, and Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Water Softener - Leased or Owned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Well and Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. HAZARDOUS CONDITIONS

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

	Existing Conditions		Tests Performed			Existing Conditions		Tests Performed	
	Yes	No	Yes	No		Yes	No	Yes	No
1. Methane Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Toxic Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Urea Formaldehyde Foam Insulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radon Gas (House)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Asbestos Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radon Gas (Well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Buried Fuel Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Chemical Storage Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Landfill, Mineshaft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Fire Retardant Treated Plywood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Expansive Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Production of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

