

PROPERTY ADDRESS: 50 Avenue of the Americas, New York, NY 10013

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 written warranty is provided;
2. Sales of real estate at auction; or
3. A court supervised foreclosure.

The information in this form is based upon the undersigned's observation and knowledge about the property during the period beginning on the date of his or her purchase of the property on 11-2007, and ending on 10-2017.
(Date of purchase) (Date of this form)

PROPERTY ADDRESS: 50 Avenue of the Americas, New York, NY 10013 10-2-17

PURPOSE OF DISCLOSURE FORM: Completion of this form shall satisfy the requirements of KRS 324.360 that mandates the seller's disclosure of information about the property he or she is about to sell. This disclosure is based solely on the seller's observation and knowledge of the property's condition and the improvements thereon. This disclosure form shall not be a warranty by the seller or seller's 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, architectural, engineering, or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owned the property, the seller possesses no greater knowledge than that which could be obtained upon a careful inspection of the property by the potential buyer. Unless otherwise advised, the seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. It is not a warranty of any kind by the seller or by any real estate agent representing any seller in this transaction. It is not a substitute for any inspections. The purchaser is encouraged to obtain his or her own professional inspections.

INSTRUCTIONS TO THE SELLER: (1) Complete all numbered items. (2) Report all known conditions affecting the property. (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 some items do not apply to your property, mark "not applicable." (6) If you do not know the answer to a question, mark "unknown."

SELLER'S DISCLOSURE: As seller, 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 authorizes 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.

Please answer all questions. If the answer is yes, please explain. If additional space is needed, use the reverse side or make attachments.

1. **HOUSE SYSTEMS** N/A YES NO UNKNOWN

Any past or current problems affecting:

(a) Plumbing	---	---	<input checked="" type="checkbox"/>	---
(b) Electrical system	---	---	<input checked="" type="checkbox"/>	---
(c) Appliances	---	---	<input checked="" type="checkbox"/>	---
(d) Floors and walls	---	<input checked="" type="checkbox"/>	---	---
(e) Doors and windows	---	<input checked="" type="checkbox"/>	---	---
(f) Ceiling and attic fans	<input checked="" type="checkbox"/>	---	---	---
(g) Security system	---	---	<input checked="" type="checkbox"/>	---
(h) Sump pump	---	---	<input checked="" type="checkbox"/>	---
(i) Chimneys, fireplaces, inserts	---	---	<input checked="" type="checkbox"/>	---
(j) Pool, hot tub, sauna	---	---	<input checked="" type="checkbox"/>	---
(k) Sprinkler system	---	---	<input checked="" type="checkbox"/>	---
(l) Heating.....age <u>10 years</u>	---	---	<input checked="" type="checkbox"/>	---
(m) Cooling/air conditioning.....age <u>10 years</u>	---	---	<input checked="" type="checkbox"/>	---
(n) Water heater.....age <u>10 years</u>	---	---	<input checked="" type="checkbox"/>	---

Explain: _____

2. **FOUNDATION/STRUCTURE/BASEMENT** N/A YES NO UNKNOWN

(a) Any defects or problems, current or past, to the foundation or slab?	---	---	<input checked="" type="checkbox"/>	---
(b) Any defects or problems, current or past, to the structure or exterior veneer?	---	---	<input checked="" type="checkbox"/>	---
Explain: _____				
(c) Has the basement leaked at any time since you have owned or lived at the property?	---	---	<input checked="" type="checkbox"/>	---
(d) When was the last time the basement leaked?	---	---	<input checked="" type="checkbox"/>	---
(e) Have you ever had any repairs done to the basement?	---	---	<input checked="" type="checkbox"/>	---
(f) If you have had basement leaks repaired, when was the repair performed?	---	---	<input checked="" type="checkbox"/>	---

Explain: _____

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- (g) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) _____
- (h) Have you experienced, or are you aware of, any water or drainage problems with regard to the crawl space?..... _____

3. ROOF N/A YES NO UNKNOWN

(a) Age of the roof covering? 7 years

(b) 1. Has the roof leaked at any time since you have owned or lived at the property?..... YES NO UNKNOWN
 2. When was the last time the roof leaked? Sept 2017 Blowing Rain

(c) 1. Have you ever had any repairs done to the roof?..... YES NO UNKNOWN
 2. If you have ever had the roof repaired, when was the repair performed? _____

(d) 1. Have you ever had the roof replaced?..... YES NO UNKNOWN
 2. If you have had the roof replaced, when was the replacement performed? _____

(e) If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.) ONLY 1x Recently After very hard Blowing Storm.

(f) 1. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering?..... YES NO UNKNOWN
 2. If yes, when was the repair performed? _____
 Explain: _____

4. LAND/DRAINAGE N/A YES NO UNKNOWN

(a) Any soil stability problems?..... YES NO UNKNOWN

(b) Has the property ever had a drainage, flooding, or grading problem?..... YES NO UNKNOWN

(c) Is the residence located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages?..... YES NO UNKNOWN
 If yes, what is the flood zone? _____

(d) Is there a retention/detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?..... YES NO UNKNOWN
 Explain: _____

5. BOUNDARIES N/A YES NO UNKNOWN

(a) 1. Have you ever received a staked or pinned survey of the property?..... YES NO UNKNOWN
 2. Are the boundaries marked in any way?..... YES NO UNKNOWN
 3. Do you know the boundaries? If yes, provide description below..... YES NO UNKNOWN
 Explain: _____

(b) Are there any encroachments or unrecorded easements relating to the property of which you are aware?..... YES NO UNKNOWN
 Explain: _____

6. WATER N/A YES NO UNKNOWN

(a) 1. Source of water supply Jess South Elkhorn
 2. Are you aware of below normal water supply or water pressure?..... YES NO UNKNOWN

(b) Is there a water purification system or softener remaining with the house?..... YES NO UNKNOWN

(c) Has your water ever been tested? If yes, provide results below..... YES NO UNKNOWN
 Explain: _____

7. SEWER SYSTEM N/A YES NO UNKNOWN

(a) Property is serviced by:

- 1. Category I. Public Municipal Treatment Facility..... YES NO UNKNOWN
- 2. Category II. Private Treatment Facility..... YES NO UNKNOWN
- 3. Category III. Subdivision Package Plant..... YES NO UNKNOWN
- 4. Category IV. Single Home Aerobic Treatment System ("Home Package Plant")..... YES NO UNKNOWN
- 5. Category V. Septic Tank with drain field, lagoon, wetland, other onsite dispersal..... YES NO UNKNOWN
- 6. Category VI. Septic Tank with dispersal to an offsite, multi-property cluster treatment system..... YES NO UNKNOWN
- 7. Category VII. No Treatment/Unknown..... YES NO UNKNOWN

Name of Servicer (if known): _____

(b) For properties with Category IV, V, or VI systems:
 Date of last inspection (sewer): Unknown
 Date of last inspection (septic): Unknown Date last cleaned (septic): 12-14-2016

(c) Are you aware of any problems with the sewer system?..... YES NO UNKNOWN
 Explain: _____

- | 8. CONSTRUCTION/REMODELING | N/A | YES | NO | UNKNOWN |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| (a) Have there been any additions, structural modifications, or other alterations made? | — | — | <input checked="" type="checkbox"/> | — |
| (b) Were all necessary permits and government approvals obtained?.....
Explain: _____ | <input checked="" type="checkbox"/> | — | <input checked="" type="checkbox"/> | — |
| 9. HOMEOWNER'S ASSOCIATION | | | | |
| (a) 1. Is the property subject to rules or regulations of a homeowner's association?..... | N/A | <input checked="" type="checkbox"/> | NO | UNKNOWN |
| 2. If yes, what is the yearly assessment? \$ _____ | — | — | — | — |
| 3. Homeowner's Association Name: _____
HOA Primary Contact Name: _____
HOA Primary Contact Phone No. _____ | — | — | — | — |
| (b) Are you aware of any condition that may result in an increase in taxes or assessments?..... | — | — | <input checked="" type="checkbox"/> | — |
| (c) Are any features of the property shared in common with adjoining landowners such as: walls, fences, driveways, etc?.....
Explain: _____ | — | — | <input checked="" type="checkbox"/> | — |
| 10. MISCELLANEOUS | | | | |
| (a) Was this house built before 1978? | N/A | YES | NO | UNKNOWN |
| (b) Are you aware of any use of urea formaldehyde, asbestos materials, or lead based paint in or on this home?..... | — | — | — | <input checked="" type="checkbox"/> |
| (c) 1. Are you aware of any testing for radon gas?.....
2. Results, if tested _____ | — | — | — | <input checked="" type="checkbox"/> |
| (d) Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns or abandoned wells on the property?..... | — | — | — | <input checked="" type="checkbox"/> |
| (e) Are there any other environmental hazards known to seller? (e.g., carbon monoxide, hazardous waste, water contamination or methamphetamine contamination)..... | — | — | — | <input checked="" type="checkbox"/> |

METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT

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.

- | | | | | |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|
| (f) Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?..... | — | — | <input checked="" type="checkbox"/> | — |
| (g) Are you aware of any damage due to wood infestation?..... | — | — | <input checked="" type="checkbox"/> | — |
| (h) 1. Has the house or other improvements ever been treated for wood infestation?
2. If yes, when, by whom, and any warranties? _____ | — | — | <input checked="" type="checkbox"/> | — |
| (i) Are you aware of any existing or threatened legal action affecting this property?..... | — | — | <input checked="" type="checkbox"/> | — |
| (j) Are there any assessments other than property assessments that apply to this property (e.g., sewer assessments)?..... | — | — | <input checked="" type="checkbox"/> | — |
| (k) Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?..... | — | — | <input checked="" type="checkbox"/> | — |
| (l) Are you aware of any other conditions that are defective with regard to this property?..... | — | — | — | <input checked="" type="checkbox"/> |
| (m) Are there any environmental hazards known to seller? E.g., methamphetamine contamination? | — | — | — | <input checked="" type="checkbox"/> |
| (n) Are there any warranties to be passed on?..... | — | — | — | <input checked="" type="checkbox"/> |
| (o) Has this house ever been damaged by fire or other disaster (e.g., tornado, hail, etc.)?
If yes, please explain: _____ | — | — | <input checked="" type="checkbox"/> | — |
| (p) Are you aware of the existence of mold or other fungi on the property?..... | — | — | <input checked="" type="checkbox"/> | — |
| (q) Has this house ever had pets living in it? | — | <input checked="" type="checkbox"/> | — | — |
| If yes, Explain _____ | — | — | — | — |
| (r) Is the property in a historic district?..... | — | — | <input checked="" type="checkbox"/> | — |

PROPERTY ADDRESS: _____

SPACE FOR ADDITIONAL INFORMATION

Seller states that the information contained in this Disclosure of Property Condition Form is complete and accurate to the best of his/her/their knowledge and belief. Seller agrees to immediately notify Buyer of any changes that may become known to Seller prior to closing by providing a written addendum hereto.

Seller _____ Date 10-7-17 Seller _____ Date 10-9-17

THE REAL ESTATE AGENT NAMED HERE, _____ HAS BEEN REQUESTED BY THE OWNER TO COMPLETE THIS FORM AND HAS DONE SO. SELLER HEREBY AGREES TO HOLD HARMLESS THE NAMED REAL ESTATE AGENT FOR ANY REPRESENTATIONS THAT APPEAR ON THIS FORM IN ACCORDANCE WITH KRS 324.360(9).

Seller: _____ Date: _____

THE SELLER REFUSES TO COMPLETE THIS FORM AND ACKNOWLEDGES THAT THE REAL ESTATE AGENT SHALL SO INFORM THE BUYER.

Seller: _____ Seller: _____
Date: _____ Date: _____

THE SELLER HAS REFUSED TO COMPLETE THIS FORM AND HAS REFUSED TO ACKNOWLEDGE HIS FAILURE TO COMPLETE THE FORM

Broker/Real estate agent: _____ Date: _____

THE BUYER ACKNOWLEDGES RECEIPT OF THIS FORM.

Buyer _____ Date _____ Buyer _____ Date _____

THIS FORM PROVIDES THE MINIMUM DISCLOSURES REQUIRED BY LAW. SELLER MAY DISCLOSE ADDITIONAL INFORMATION NOT REQUESTED ON THIS FORM AND MAY RESPOND TO ADDITIONAL INQUIRIES OF THE BUYER.

Initials (Seller) _____ Date/Time _____ Initials (Buyer) _____ Date/Time _____ Form M105 revised 3/2016 Page 4 of 4