

The printed portions of this form, except **differentiated additions**, have been approved by the Colorado Real Estate Commission. (SPD19-8-07) (Mandatory 1-08)

**THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.**

## SELLER'S PROPERTY DISCLOSURE (ALL TYPES OF PROPERTIES)

**THIS DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.**

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of this Date. **Any changes will be disclosed by Seller to Buyer promptly after discovery.** Seller hereby receipts for a copy of this Disclosure. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Broker may deliver a copy of this Disclosure to prospective buyers.

**Note: If an item is not present at the Property insert "N/A" in the Comments column. The Contract to Buy and Sell Real Estate, not this Disclosure form, determines whether an item is included or excluded.**

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Seller: \_\_\_\_\_

### I. IMPROVEMENTS

If this box is checked, there are no structures or improvements on the Property; do not complete Sections A-G.

A.	STRUCTURAL CONDITIONS To Seller's current actual knowledge, do any of the following conditions <b>now exist or have they ever existed:</b>	Yes	No	Do Not Know	COMMENTS
1	Structural problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
2	Moisture and/or water problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3	Damage due to termites, other insects or rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
4	Damage due to hail, wind, fire or flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5	Cracks, heaving or settling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
6	Exterior wall or window problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
7	Exterior Artificial Stucco (EIFS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
8	Any additions or alterations made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
9	Building Code violations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
B.	ROOF	Yes	No	Do Not Know	COMMENTS
1	Roof problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
2	Roof Material: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	Roof Material: _____ Age: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3	Roof leak: Past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
4	Roof leak: Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5	Damage to roof: Past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
6	Damage to roof: Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
7	Roof under warranty until _____ Transferable _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
8	Roof work done while under current roof warranty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

9	Skylight problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
10	Gutter or downspout problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
		<b>IN WORKING CONDITION</b>				
<b>C.</b>	<b>APPLIANCES</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>	<b>Age If Known</b>	<b>COMMENTS</b>
1	Built-in vacuum system & accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
2	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
3	Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
4	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
5	Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
6	Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
7	Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
8	Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
9	Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
10	Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
11	Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
12	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
13	T.V. Antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
14	Satellite system or DSS dish: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
15	Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
		<b>IN WORKING CONDITION</b>				
<b>D.</b>	<b>ELECTRICAL &amp; TELECOMMUNICATIONS</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>	<b>Age If Known</b>	<b>COMMENTS</b>
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
2	Smoke/fire detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
3	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
4	Switches & Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
5	Aluminum wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
6	Electrical: Phase: _____ Voltage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
7	Telecommunications (T1, fiber, cable, satellite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
8	Inside telephone wiring & blocks/jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
9	Abandoned communication cables: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
10	Ceiling fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
11	Garage door opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
12	Garage door control(s) # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
13	Intercom/doorbell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
14	In-wall speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
15	220 volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
16	Landscape lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
		<b>IN WORKING CONDITION</b>				
<b>E.</b>	<b>MECHANICAL</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>	<b>Age If Known</b>	<b>COMMENTS</b>
1	Air Conditioning:					N/A

	Evaporative cooler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Window units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Computer room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
2	Attic/whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
3	Vent fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
4	Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
5	Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
6	Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
7	Hot tub or Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
8	Steam room/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
9	Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
10	Heating System:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Type: _____ Fuel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Type: _____ Fuel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
11	Water Heater: _____ Number of : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
	Fuel Type: _____ Capacity: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
12	Fireplace: _____ Type: _____ Fuel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
13	Fireplace insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
14	Stove: _____ Type: _____ Fuel: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
15	When was fireplace/wood stove chimney/flue last cleaned: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
16	Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
17	Radiant heating system: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior Hose Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
18	Overhead door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
19	Entry gate system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
20	Elevator/Escalators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
21	Lift/Hoist/Crane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A

		IN WORKING CONDITION			Age If Known	COMMENTS
F.	WATER, SEWER, & OTHER UTILITIES	Yes	No	Do Not Know		
1	Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
3	Sewage problems: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know					N/A
4	Lift station (sewage ejector pump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
5	Drainage, Storm sewers, Retention ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
6	Grey water storage/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
7	Plumbing problems: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know					N/A
8	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
9	Underground sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
10	Fire Sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
11	Polybutylene Pipe: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know					N/A
12	Galvanized pipe: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know					N/A
13	Backflow prevention device: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A

14	Irrigation pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
15	Well pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
<b>G. OTHER DISCLOSURES-IMPROVEMENTS</b>						
		<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>		<b>COMMENTS</b>
1	Included fixtures and equipment in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		N/A

## II. GENERAL

<b>H.</b>	<b>USE, ZONING &amp; LEGAL ISSUES</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>	<b>COMMENTS</b>
1	Current use of Property			<input type="checkbox"/>	<b>Residential R-10</b>
2	Zoning violation, variance, conditional use, enforceable PUD or non-conforming use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Notice or threat of condemnation proceedings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Violation of restrictive covenants or owners' association rules or regulations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Notice of zoning action related to the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Notice of ADA complaint or report	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Other legal action	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>I.</b>	<b>ACCESS, PARKING, DRAINAGE &amp; SIGNAGE</b>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>	<b>COMMENTS</b>
1	Any access problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Roads, driveways, trails or paths through the Property used by others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Drainage easement on rear property line</b>
3	Public highway or county road bordering the Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Public Street</b>
4	Encroachments, boundary disputes or unrecorded easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Shared or common areas with adjoining properties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Cross-parking agreement, covenants, easements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Requirements for curb, gravel/paving, landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Buyer responsible for landscaping per Design Guidelines</b>
8	Flooding or drainage problems: Past	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Flooding or drainage problems: Present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Signs: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
11	Signs: Government or private restriction problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

J.	WATER & SEWER SUPPLY	Yes	No	Do Not Know	COMMENTS
1	Water Rights: Type _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Water tap fees paid in full	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Sewer tap fees paid in full	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Subject to augmentation plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5	Well required to be metered	<input type="checkbox"/>	<input type="checkbox"/>		<b>Buyer to secure Water Tap and meter from Town of Bayfield.</b>
6	Type of water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> None				
	If the Property is served by a well, a copy of the well permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached Well Permit# <u>N/A</u>				
	<input type="checkbox"/> Drilling Records <input type="checkbox"/> Are <input type="checkbox"/> Are Not attached.				
	The <b>Water Provider</b> for the Property can be contacted at:				
	Name:	<u>Town of Bayfield</u>		Address:	<u>11 Mill Street, Bayfield, CO 81122</u>
	Web Site:	<u>http://bayfield.govoffice.com</u>		Phone No:	<u>970-884-9544</u>
	<input type="checkbox"/> There is neither a Well nor a Water Provider for the Property. The source of potable water for the Property is [describe source]: <u>N/A</u>				
	<b>SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. YOU MAY WISH TO CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES</b>				
7	Type of sanitary sewer service: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Septic System <input type="checkbox"/> None <input type="checkbox"/> Other				<u>Town of Bayfield</u>
	If the Property is served by and on-site septic system, supply to buyer a copy of the permit.				
	Type of septic system: <input type="checkbox"/> Tank <input type="checkbox"/> Leach <input type="checkbox"/> Lagoon <u>N/A</u>				
K.	ENVIRONMENTAL CONDITIONS	Yes	No	Do Not Know	COMMENTS
	Do any of the following conditions <b>now exist or have they existed:</b>				
1	Hazardous materials on the Property, such as radioactive, toxic, or biohazardous materials, asbestos, pesticides, herbicides, wastewater and other sludge, radon, methane, solvents or petroleum products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Underground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Aboveground storage tanks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Underground transmission lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Underground utilities and natural gas facilities.</b>
5	Pets kept on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Monitoring wells or test equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Sliding, settling, upheaval, movement or instability of earth or expansive soils of the Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Soils are potentially expansive, typical of area. Refer to soils report for subdivision improvements for general</b>
9	Mine shafts, tunnels or abandoned wells on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Within governmentally designated geological hazard or	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	sensitive area				
11	Within governmentally designated flood plain or wetland area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Governmentally designated noxious weeds (within last 3 years only) If yes, see Section O.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Dead, diseased or infested trees or shrubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Environmental assessments, studies or reports done involving the physical condition of the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Endangered species on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17	Archeological features, fossils, or artifacts on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18	Interior of Improvements of Property Smoke-free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
19	Other environmental problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

L.	COMMON INTEREST COMMUNITY - ASSOCIATION PROPERTY	Yes	No	Do Not Know	COMMENTS
1	Property is part of an owners' association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dove Ranch Homeowners Association.
2	Special assessments or increases in regular assessments approved by owners' association but not yet implemented	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Has the Association made demand or commenced a lawsuit against a builder or contractor alleging defective construction of improvements of the Association Property (common area or property owned or controlled by the Association but outside the Seller's Property or Unit).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

M.	OTHER DISCLOSURES-GENERAL	Yes	No	Do Not Know	COMMENTS
1	Any part of the Property leased to others (written or oral)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Written reports of any building, site, roofing, soils, or engineering investigations or studies of the Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soils Report for subdivision improvements not specific to this property.
3	Any property insurance claim submitted (whether paid or not)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Structural, architectural and engineering plans and/or specifications for any existing improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5	Property was previously used as a methamphetamine laboratory and not remediated to state standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Government special improvements approved, but not yet installed, that may become a lien against the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

III. LAND					
N.	CROPS, LIVESTOCK & LEASES	Yes	No	Do Not Know	COMMENTS
1	Crops being grown on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

2	Seller owns all crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
3	Livestock on the Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Any land leased from others: <input type="checkbox"/> State <input type="checkbox"/> BLM <input type="checkbox"/> Federal <input type="checkbox"/> Private <input type="checkbox"/> Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**O. NOXIOUS WEEDS**

The Colorado Weed Management Act became law on January 1, 1992. The law requires that every county or municipality in Colorado adopt a weed management plan outlining the rules governing identification and method of eradication. The State of Colorado has identified PURPLE LOOSESTRIFE, SPOTTED KNAPWEED, MUSK THISTLE, LEAFY SPURGE, CANADIAN THISTLE, DIFFUSE KNAPWEED, RUSSIAN KNAPWEED, DALMATION TOADFLAX and YELLOW TOADFLAX, among others, as noxious weeds.

Have any of the following occurred to the Property within the last 3 years:		Yes	No	Do Not Know	COMMENTS
1	Identification of noxious weeds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Subject to written weed control plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Herbicides applied	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Biological agents or insects released on any of the noxious weeds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

P.	OTHER DISCLOSURES-LAND	Yes	No	Do Not Know	COMMENTS
1	Any part of the Property enrolled in any governmental programs such as Conservation Reserve Program (CRP), Wetlands Reserve Program (WRP), etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Conservation easement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the above information on the Property. Property inspection services may be purchased. This form is **not** intended as a substitute for an inspection of the Property.

**ADVISORY TO SELLER:**

**Failure to disclose a known material defect may result in legal liability.**

The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's CURRENT ACTUAL KNOWLEDGE.

Date: 12/21/07

Date: \_\_\_\_\_

\_\_\_\_\_  
Seller Dove Ranch III, LLC  
By: Bradley Elder

\_\_\_\_\_  
Seller

**ADVISORY TO BUYER:**

**Even though Seller has answered the above questions to the best of Seller's current actual knowledge, Buyer should obtain expert assistance to accurately and fully evaluate the Property regarding use and access, water, sewer, utilities, environmental and geological conditions, noxious weeds and other matters that may affect Buyer's use of the Property.**

Valuable information may be obtained from various local/state/federal agencies, and other experts may perform more specific evaluations of the Property.

Boundaries, location and ownership or fences, driveways, hedges, and similar items may become matters of dispute. A survey may be used to determine such matters.

Whether any item is included or excluded is determined by the contract between Buyer and Seller and not this Seller's Property Disclosure.

Buyer acknowledges that Seller does not warrant that the Property is fit for Buyer's intended purposes or use of the Property. Buyer acknowledges that Seller's indication that an item is "working" is not to be construed as a warranty of its continued operability or as a representation or warranty that such item is fit for Buyer's intended purposes. Buyer hereby receipts for a copy of this Disclosure.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Buyer

SAMPLE