

SELLER'S PROPERTY DISCLOSURE

This form approved by the North Dakota Association of REALTORS®, which disclaims any liability out of use or misuse of this form. This form is only for use by licensed REALTORS® in the State of North Dakota.

1 **NOTICE FOR NORTH DAKOTA PROPERTY:**

2 This form is designed to guide you, the Seller(s), in making the legally required disclosures and to assist you
3 to avoid inadvertent nondisclosures of material facts as required by statute. You must disclose all material
4 facts you are aware could adversely and significantly affect an ordinary Buyer's use and enjoyment of the
5 Property or any intended use of the Property of which you are aware, even if not specifically asked in this
6 form. Additional space for disclosure is provided on the last page of this form. You may attach any additional
7 information as necessary.

8 Refer to North Dakota Century Code 47-10-02.1 for more detail on requirements of the statute.

9 **DATE:** 10/4/2023

10 **PROPERTY ADDRESS:**

11 Name of Seller(s): Dennis & Connie Ova

12 Street Address: 600 3rd ave N

13 City: Cleveland State: ND Zip Code: 58424 County: Stutsman

14 **THIS IS NOT A WARRANTY:**

15 This disclosure is not a warranty or guarantee of any kind by Seller(s), Broker(s) or Agent(s) representing or
16 assisting any party in the transaction; and, it is not a substitute for inspections or warranties which the parties
17 may wish to obtain. Seller(s) is only providing information of which Seller(s) is aware. Broker(s)/Agent(s) is
18 not a property inspector and has little or no information regarding the condition of this Property.

19 Seller(s) authorizes Broker(s) and Agent(s) to provide the following information to prospective Buyer(s).
20 Information presented in this form is not intended to be part of any PURCHASE AGREEMENT between
21 Buyer(s) and Seller(s).

22 **SELLER(s):**

- 23 • Seller(s) is to personally complete this form. Please include the Property address on every page.
- 24 • Please answer all line items, even if the answer is "Unknown."
- 25 • If more space is needed, place additional disclosures on Page 9 and include the line number(s) being
26 referenced.
- 27 • Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the facts
28 disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing.
29 Seller(s) must disclose new or changed facts by using the AMENDMENT TO SELLER'S PROPERTY
30 DISCLOSURE.

31 **BUYER(s):**

- 32 • Buyer(s) are encouraged to thoroughly inspect the Property personally or have it inspected by a
33 third party and to inquire about any specific areas of concern.
- 34 • **NOTE:** If Seller(s) answers "Unknown" to any of the questions listed below, it does not necessarily
35 mean that it does not exist on the Property. "Unknown" may mean the Seller(s) is unaware that it
36 exists on the Property.

37 **SELLER(s) & BUYER(s):**

- 38 • THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.
- 39 • The following information applies to all structures, such as garage(s), outbuilding(s), shed(s), etc.
- 40 • Please initial by any changed answers or mistakes made on this form.

Buyer(s) Initials _____

Seller(s) Initials DO D.O.

41 GENERAL INFORMATION

		YES	NO
1	When did you purchase or build the home? <u>2012</u>		
2	Has the home been occupied continuously for the past 12 months? If No, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>Rental</u>		
3	Type of title evidence. <input type="checkbox"/> Abstract <input type="checkbox"/> Owner's Title Insurance <input type="checkbox"/> Unknown		
4	Is the Property on a public or private road? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public - not maintained If Private or Public not maintained, Explain:		

42 STRUCTURAL ELEMENTS (UNK = Unknown, NA = Not Applicable)

		YES	NO	UNK	NA
1	Has the structure been altered? (Additions, altered roof lines, changes to load bearing walls, etc.) If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Was a permit obtained to alter the structure? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>N/A</u>				
3	Have you or anyone else performed work on the Property which required a building, plumbing, electrical, or other permits? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>N/A</u>				
4	Was a permit obtained? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>N/A</u>				
5	Was the work approved by an inspector? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>N/A</u>				
6	Is there, or has there been, water seepage, sewer back up, and/or dampness? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Have waterproofing repairs been made? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>N/A</u>				
8	Type of basement/foundation. (Check One) <input type="checkbox"/> brick <input type="checkbox"/> concrete block <input type="checkbox"/> concrete poured <input type="checkbox"/> stone <input type="checkbox"/> insulated concrete forms <input type="checkbox"/> wood <input type="checkbox"/> other If Other, Explain:				
	<u>Crawl space</u>				

Buyer(s) Initials _____

Seller(s) Initials Geo D.O.

Address: 600 3rd ave N
Cleveland ND 58424

	YES	NO	UNK	NA
9 Are there cracked or bulged floors or walls in the basement? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Is drain and/or sump pump installed and working properly? If Yes, where does it drain to:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Are all structures located within the boundaries of Property? If No, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Was any structure moved to this site? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Are there cracks in the driveway, garage floor, sidewalks, patio, retaining walls, or other outside hard surface areas? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 What is the age of the roofing material on the home? _____ Year(s) <input type="checkbox"/> Unknown				
15 What is the age of the roofing material on the garage/out buildings? _____ Year(s) <input type="checkbox"/> Unknown				
16 Does the roof leak, or has the roof ever leaked? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Has there been interior damage from a roof leak, condensation, or ice buildup? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Has there been damage to any roof or shingles? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Was insulation added to the structure? If Yes, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Are you aware of dry rot in the building? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials D.O. G.O.

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Cleveland ND 58424

	YES	NO	UNK	NA
21 Has the Property or its improvements been damaged? (Check all applicable) <input type="checkbox"/> fire <input type="checkbox"/> smoke <input type="checkbox"/> wind <input type="checkbox"/> floods <input type="checkbox"/> hail <input type="checkbox"/> snow <input type="checkbox"/> frozen pipes <input type="checkbox"/> broken water line If Yes, was the damage repaired? Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Have damage claims been paid to you by insurance coverage? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Do rain gutters and downspouts work? If No, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Are exterior and interior locks operable? Will keys be provided for each?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Are all the window screens available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Are there damaged screens? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Are all the storm windows available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Are there broken windows or broken seals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Are skylights in working condition? (i.e., no leaking, condensation, or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Is the fireplace/wood burner in working order? If No, Skip to Number 33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Is the fan, chimney, or flue in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Has the fireplace/wood burner/chimney/flue been cleaned? If Yes, When:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Are you aware of any rough-in for future amenities that were added during construction or remodel of the home? (i.e., Plumbing rough-in for future wet-bar, bathroom, sprinkler. Electrical rough-in for hot tub, pool, sound system, generator. Heat rough-in for future gas, electric baseboard, garage heater. Gas for future fireplace, grill, firepits, etc.) If Yes, What types?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Are there additional Property conditions that have not been described above? (i.e., slanted floors, sticking windows, settling, distorted door frames, sagging ceilings, siding irregularities, stained or damaged floor coverings, etc.) If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials Cjo D.O.

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Cleveland ND 58424

43 UTILITIES (UNK = Unknown, NA = Not Applicable)

	YES	NO	UNK	NA
1 Are there wells on the above-described Property? If Yes, see WELL DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is there a private sewer system on or serving the Property? If Yes, see PRIVATE SEWAGE TREATMENT SYSTEM DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Utilities provided by:				
Gas: <u>City of</u>				Average Monthly Cost: <u>75</u>
Electrical: <u>City of</u>				Average Monthly Cost: <u>60</u>
Water: <u>City of</u>				Average Monthly Cost: <u>112 =</u>
Trash Pick Up: <u>City of</u>				Average Monthly Cost: <u>112 =</u>
Other: <u>SEWER Cleveland</u>				Average Monthly Cost: <u>112 =</u>
Mailbox Number: _____				Key: <input type="checkbox"/> YES <input type="checkbox"/> NO

44 LAND USE (UNK = Unknown, NA = Not Applicable)

	YES	NO	UNK	NA
1 Are there covenants, deed restrictions, or reservations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you received notice from any governmental authority of future assessments? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are there zoning infractions, non-conforming uses, or violations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there encroachments, easements, life estate, right of first refusal, or existing lease(s)? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the Property part of a Homeowner's Association? If Yes, See HOA INFORMATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the Property a Condominium? If Yes, See CONDO INFORMATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are there shared features with adjoining property such as walls, fenced, and/or driveways? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 ENVIRONMENTAL CONCERNS (UNK = Unknown, NA = Not Applicable)

46 To your knowledge, have any of the following existed or do they currently exist on the Property:

	YES	NO	UNK	NA
1 Fill dirt? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials JD DO

Address: 600 3rd ave N
Cleveland ND 58424

	YES	NO	UNK	NA
2 Asbestos? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Insect, animal, or pest infestations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hazardous wastes/substances? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Underground storage tanks? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Drainage/standing water issues? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Illicit drug production/sales? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Methamphetamine production? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Signs of soil expansion, contraction, or movement other than situations related to normal conditions? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Any suspected microbial/fungal growth? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Has there been confirmed black mold on the Property? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Is urea-formaldehyde foam insulation present? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Are there or have there been pets on the Property? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47 **RADON DISCLOSURE** (UNK = Unknown, NA = Not Applicable)

	YES	NO	UNK	NA
1 Has the Property been tested for radon? If Yes, attach the most current records and reports pertaining to radon concentrations, mitigation, or remediation. If a mitigation system has been installed, include the system description and documents. If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are you aware of any radon gas levels in the home that exceed EPA standards? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Seller(s) Initials GO D.O.

Address: 600 3rd ave N
Cleveland ND 58424

48 **FLOOD DISCLOSURE – INCLUDING OVERLAND AND RIVER FLOODING**

49 This is intended to provide information to prospective Buyer(s) concerning high water elevation flood events
50 including overland and river flooding that may impact the Property.

51 **Note:** Whether or not Seller(s) currently carries flood insurance, it may be required in the future. Flood
52 insurance premiums are increasing, and in some cases will rise by a substantial amount over the premiums
53 previously charged for flood insurance for the Property. As a result, Buyer(s) should not rely on the premiums
54 paid for flood insurance on this Property previously as an indication of the premiums that will apply after
55 Buyer(s) completes their purchase.

	YES	NO	UNK	NA
1 Is the Property in a designated floodplain? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Has the Property been impacted by high water elevation flood events including overland and river flooding? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you carry flood insurance? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the flood insurance transferrable? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

56 **PROPERTY TAX/SPECIALS DISCLOSURE**

57 Check appropriate box:

58 Yes No There is an exclusion from market value for home improvements on this Property. Any valuation
59 exclusion shall terminate upon sale of the Property, and the Property's estimated market value for property
60 tax purposes shall increase. If a valuation exclusion exists, Buyer(s) is encouraged to look into the resulting
61 tax consequences.

62 Yes No Preferential property tax treatment: Is the Property subject to any preferential property tax
63 status or any other credits affecting the Property (e.g. Disability, Green Acres, CRP, RIM, Rural Preserve,
64 etc.)?

65 If Yes, Explain:

67 If Yes, would these terminate upon the sale of the Property? Yes No If Yes, Explain:

69 Security System Equipment (Check One) Owned Leased N/A

70 Security System Service Contract is transferrable (Check One) Yes No N/A

71 Terms of Security System Contract (Explain):

Buyer(s) Initials _____

Seller(s) Initials JO D.O.

Address: 600 3rd ave N
Cleveland ND 58424

72 **SYSTEMS & APPLIANCES**

73 Answers below do not guarantee item is included or not included in sale. See PURCHASE AGREEMENT for
74 inclusions/exclusions.

75 **NI = Not Included, WK = Working, NW = Not Working, UNK = Unknown, N/A = Not applicable.**

1		NI	WK	NW	UNK	N/A		NI	WK	NW	UNK	N/A
2	Air Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Antenna & Cable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bathroom Vent Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Carbon Monoxide Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Ceiling Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Central Air Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Central Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Battery)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Doorbells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke Detector (Hardwire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Drain Tile System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solar Collector(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Dryer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Heater(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Electronic Air Purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Air Conditioner(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Freezer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Heater(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Garage Door Auto Reverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Garage Door Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Treatment System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Garage Door Openers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Air Conditioner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Treatments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Microwave Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Audio Visual System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials gjs D.O.

Address: 600 3rd ave N
Cleveland ND 58424

76 **ADDITIONAL DISCLOSURES:**

Sellers have never resided in the property. The property has always been used as a rental for hunters.

77 **FOREIGN INVESTMENT IN REAL PROPERTY TAX ACT ("FIRPTA"):**

78 As a general rule, 26 U.S. Code 1445 (hereinafter "FIRPTA") requires a transferee (Buyer(s)) of a United States
79 real property interest to withhold a tax from the proceeds of any disposition of the real property interest if the
80 transferor (Seller(s)) is a foreign person (any person other than a United States person), unless an exception
81 to the FIRPTA withholding requirements applies. Exemptions from the general rule are set forth in the
82 FIRPTA. Due to the complexity of the FIRPTA, both the Buyer(s) and the Seller(s) are advised to seek
83 appropriate legal and tax advice regarding FIRPTA compliance, since failure to adhere to the FIRPTA
84 withholding rules could result in legal liability to both the Buyer(s) and Seller(s) and their Broker(s)/Agent(s)
85 or qualified substitutes.

86 Seller(s) hereby represents and warrants that Seller(s) IS IS NOT a foreign person, as defined by the
87 FIRPTA. This representation of the Seller(s) shall survive closing. Seller's Broker(s)/Agent(s) and Buyer's
88 Broker(s)/Agent(s), and any qualified substitute, as those terms are defined by the FIRPTA, may rely upon
89 this representation.

90 If the Seller(s) represents that it is a foreign person, the Buyer(s) may be subject to income tax withholding
91 requirements, and the Buyer(s) could be personally liable for failing to withhold a tax from the proceeds of the
92 real estate disposition, if none of the enumerated exemptions to the FIRPTA apply to the transaction. If the
93 Seller(s) represents that it is a foreign person, but that one of the exemptions to the FIRPTA apply, Buyer(s)
94 may require Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify, under penalty
95 of perjury, that one of the exemptions to the FIRPTA withholding requirements applies to the transaction. If
96 the Seller(s) represents that it is not a foreign person, the Buyer(s), or its Broker(s)/Agent(s) or qualified
97 substitutes, may require the Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify,
98 under penalty of perjury, that the Seller(s) is not a foreign person. On or before closing, the Buyer(s) and
99 Seller(s) agree to complete, execute, and deliver any affidavit, instrument, or statement which may reasonably
100 be required to comply with FIRPTA requirements.

Buyer(s) Initials _____

Seller(s) Initials JD D.O.

101 **SELLER'S STATEMENT: (TO BE SIGNED AT TIME OF LISTING)**

102 Seller(s) hereby states the condition of the Property to be as stated above and authorizes any Broker(s) or
103 Agent(s) representing any parties in this transaction to provide a copy of this Statement to any person or
104 entity in connection with any actual or anticipated sale of the Property. Seller(s) hereby acknowledges that
105 the information provided in this document is true and accurate to the best of Seller's knowledge as of the date
106 listed below. Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the
107 facts disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing. See
108 SELLER'S PROPERTY DISCLOSURE AMENDMENT/ADDENDUM.

109 Dennis Ova 10-9-23 Connie Ova 10/9/23
110 Seller Signature Dennis Date Seller Signature Connie Ova Date

111 **BUYER'S ACKNOWLEDGEMENT: (TO BE SIGNED AT THE TIME OF PURCHASE AGREEMENT)**

112 Buyer(s) acknowledges receipt of this Seller's Disclosure. Buyer(s) acknowledges that Broker(s) and Agent(s)
113 representing the sale of this Property have not made statements concerning the condition of the Property other
114 than those listed in this Seller's Disclosure. Buyer(s) acknowledges that Buyer(s) has been advised to verify
115 the information listed in this Statement independently.

116 **Buyer(s) acknowledges and understands that this document is not intended to be a warranty of**
117 **any kind or a substitute for any inspection of the Property Buyer(s) may wish to obtain.**

118 _____
119 Buyer Signature Date Buyer Signature Date