



**NEW MEXICO ASSOCIATION OF REALTORS®
SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2020**

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

Seller states that the information contained in this Disclosure is correct to Seller's ACTUAL KNOWLEDGE as of the date set forth below. Any changes to the information provided in this Disclosure of which seller becomes aware will be disclosed by Seller to Buyer promptly after discovery. 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. Seller hereby authorizes Broker to deliver a copy of this Disclosure to any and all prospective buyers.

NOTE: If an item is not present at the Property, or if an item is not to be included in the sale, mark the "N/A" column. The Purchase Agreement, not this Disclosure form, determines whether an item is included in or excluded from the sale.

Date 07/18/2020
149 Peña Blanca Loop **Las Cruces** **NM** **88011-8353**
 Property Address State Zip Code

David N. Hull **Ruth A. Hull**
 Seller's Name (Print) Seller's Name (Print)

OCCUPANCY: Has the Seller ever occupied the Property? ☒ Yes ☐ No If "Yes", provide the beginning and ending ending dates of occupancy: Apr 2006 Present
 Beginning Date Ending Date

A	STRUCTURAL CONDITIONS Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Structural problems		X		
2	Moisture and/or water problems	X			Exterior scources leaked down the <u>ICE</u> . Faulted. OK now.
3	History of wood infestation, insects, pests, birds or tree root problems affecting the structure		X		
4	Damage due to hail, wind, fire or flood		X		
5	Cracks, heaving or settling problems				
6	Exterior wall or window problems	X			Defective Coating. Replaced
7	Building code, city or county violations		X		

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A	STRUCTURAL CONDITIONS – CON'T
8	Were all necessary permits, approvals and inspections obtained for all construction, repairs, and improvements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", explain _____
9	House is built on: <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input checked="" type="checkbox"/> Basement
10	Type of Construction:
11	Type of Exterior: <input type="checkbox"/> Synthetic (EIFS) <input type="checkbox"/> Synthetic <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other <u>ICF, stucco</u> Any current or past problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
12	Type of floor under carpets, linoleum, etc.: <u>sub flooring</u>
13	Any additions or alterations made:
Additional Comments: _____	

NOTE: If an item is not present at the Property, mark the "N/A" column.

B	ROOF Do any of the following conditions currently exist or is Seller aware of them ever existing :	N/A	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Roof problems		<input checked="" type="checkbox"/>			
2	Roof leak: Past	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<u>Replaced</u>
3	Roof leak: Present			<input checked="" type="checkbox"/>		
4	Damage to roof: Past			<input checked="" type="checkbox"/>		
5	Damage to roof: Present			<input checked="" type="checkbox"/>		
6	Skylight problems			<input checked="" type="checkbox"/>		
7	Gutter or downspout problems		<input checked="" type="checkbox"/>			<u>Replaced</u>
8	Is roof under warranty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", when does warranty expire? <u>Limited</u> If "yes", is warranty transferable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", has roof work been performed while under current roof warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", describe work done: <u>Entire roof + canals replaced 0.8 Mil TPO white</u>					
9	Roof Material: <u>0.8 mil TPO</u> Age <u>2 yr</u> Roof Material: _____ Age _____					
Additional Comments: _____						



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C	APPLIANCES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Built-in vacuum system & accessories		X			14yr	
2	Clothes dryer: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Vented Outside		X			14yr	
3	Type of clothes dryer hook-up available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
4	Clothes washer		X			14yr	
5	Dishwasher		X			2yr	
6	Disposal		X			15yr	
7	Freezer	X		X			
8	Gas grill		X			14yr	
9	Range Hood		X			14yr	
10	Microwave oven		X			14yr	
11	Oven		X			14yr	
12	Type of oven hookup available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
13	Range <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane		X			14yr	
14	Refrigerator		X			14yr	
15	Refrigerator Water Line		X			14yr	
16	Trash Compactor		X			14yr	
Additional Comments: _____ _____ _____							



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D	ELECTRICAL & TELECOMMUNICATIONS	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Transferable	N/A		NA			
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwired		X			14yr	
3	Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired	X		NA			
4	Light fixtures		X			14yr	Lutron smart home
5	Switches & outlets		X				
6	Aluminum wiring: <input type="checkbox"/> Pig-tailing _____	X		NA			
7	Electrical: <input type="checkbox"/> Amps _____		X				
8	Telecommunications (T-1, fiber, cable, satellite, DSL) <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased		X				Fastwave
9	Satellite System or DSS Dish <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Leased		X				DISH
10	Inside telephone wiring & blocks/jacks	X		NA			
11	Ceiling fans		X				
12	Garage Door <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Manual If electric, number of garage door remote control(s) _____		X				
13	Intercom/doorbell		X				9 ea
14	In-wall / Built-in speakers		X				
15	220 volt service		X				
16	Landscape lighting		X				
Additional Comments: _____							



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E	MECHANICAL	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Cooling: <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Refrigerated Air <input type="checkbox"/> Window Units <input checked="" type="checkbox"/> Central Duct Location: <u>LIV 3rd bedrm 2nd BR media</u> Number of Units: <u>Living/MBR 1 central, 3- other</u>		X				
2	Humidifier	X					
3	Air purifier		X				
4	Sauna	X		X			
5	Steam room/shower	X		X			
6	Water heater: # of <u>2</u> Capacity <u>40 gal</u> Fuel Type <u>Elec</u>		X				
7	Heating: <input checked="" type="checkbox"/> Central Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <input type="checkbox"/> Solar <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Other Type of Piping: <input type="checkbox"/> Entran <input type="checkbox"/> Other if "other", type: <u>LIV/Master Bedrm Other</u> Number of Units: <u>1 central 3 mini-split</u> Type of duct work: <u>metal NA</u> Solar Power System/Panels: <u>24</u> <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		X				
8	Fireplace # _____ Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Log Lighter <input type="checkbox"/> Electric	X		X			
9	Stove: Fuel Type: <input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Other	X		X			
10	Fireplace Insert	X		X			
11	Fuel Tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	X		X			
12	Entry gate system	X					
13	If known, date of last fireplace/wood stove, chimney/flue cleaning: _____						
14	Are there any rooms without a direct heat source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", explain: <u>Vestibute</u>						
Additional Comments: <u>Humidifier - Retract indoor pool cover. Open registers (AN OPTION)</u>							



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F	WATER, SEWER & OTHER UTILITIES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	X		X			
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	X		X			
3	Lift station (sewage ejector pump)	X		X			
4	Drainage, storm sewers, retention ponds		X				
5	Grey water Storage /use		X	X			
6	Sump pump	X					
7	Underground sprinkler system: <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full Coverage		X				
8	Fire sprinkler system	X					
9	Water Pipes: Type(s): <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Kitec <input type="checkbox"/> Copper <input checked="" type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Pex <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____		X				
10	Backflow prevention device: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage		X				
11	Irrigation pump	X		X			
12	Well pump		X				
13	Reverse Osmosis: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Lease Information: _____	X		X			
14	Plumbing Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
15	Sewage Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
16	Water Pressure Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
Additional Comments: _____							



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G	POOL, SAUNA, HOT TUB, WATER FEATURE	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Pool		X				
2	Pool Material: <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other						
3	Pool Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Saltwater <input type="checkbox"/> Bromine <input type="checkbox"/> Other						
4	Pool Filter		X				
5	Pool Heater		X				
6	In-Pool Cleaning Equipment		X				
7	Pool Cover: Type: <u>Manual Roll-up</u>		X				
8	Hot Tub		X				
9	Sauna Room	X		X			
10	Steam Room	X		X			
11	Water Features Type: <u>Well</u>		X				
12	Is Pool Service Company being used? If "yes", name of company <u>Discount Pools, Spas & Supplies</u>						
13	Has Pool been winterized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>(winter)</u>						
14	Does Property have a Pool that has been filled-in? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know						
Additional Comments: _____							

H	USE, ZONING & LEGAL ISSUES Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Zoning violations, variances, conditional use restrictions, violations of an enforceable PUD or non-conforming use		X		
2	Liens or judgments against the Property		X		
3	Proposed bonds, assessments, or impact fee's against the Property		X		
4	Notice or threat of condemnation proceedings		X		
5	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		X		



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H	USE, ZONING & LEGAL ISSUES – CON'T – Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
6	Violation of restrictive covenants or owners' association rules or regulations		X		
7	Any building or improvements constructed without approval by the owners' association or the designated approving body, if approval is required		X		
8	Notice of zoning action		X		
9	Other legal action		X		
Additional Comments: _____ _____ _____					

I	ACCESS, PARKING, DRAINAGE & SIGNAGE Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
1	Access problems		X		
2	Roads, driveways, trails or paths through the Property used by others		X		
3	Public highway or county road bordering the Property		X		
4	Proposed or existing transportation project that affects or is expected to affect the Property		X		
5	Encroachments, boundary disputes or unrecorded easements		X		
6	Shared or common areas with adjoining properties		X		
7	Requirements for curb, gravel/paving, landscaping		X		
8	Flooding or drainage problems: Past		X		
9	Flooding or drainage problems: Present		X		
Additional Comments: _____ _____ _____					



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J	WATER & SEWER SUPPLY
1	<p>Does seller own all water rights to the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "no", what water rights have been transferred? <input type="checkbox"/> Surface Rights <input type="checkbox"/> Irrigation Rights <input type="checkbox"/> Ditch Rights <input type="checkbox"/> Other</p> <p>Additional details of transfer: _____</p> <p>NOTE: Use of City Water is NOT a water right.</p> <p>If "no", are sales/lease/transfer agreements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable and if not otherwise identified in the agreement(s) attached, contact information for third-party or parties who/which currently hold water rights to the Property: _____</p>
2	<p>Type of water supply: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Private (If Property has well, see Section J(3) below)</p> <p>Name and address of service providers: _____</p> <p>Fees per month: _____ Transfer Fee: _____</p> <p>Restrictions and/or regulations _____</p> <p>Water Supply or Yield Problems _____</p>
3	<p>WELL(S) <input type="checkbox"/> N/A</p> <p>TYPE: <input checked="" type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Other _____</p> <p>If the Property is served by a Well, Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached.</p> <p>Shared Well Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", Well-Share Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached</p> <p>Well location and address _____</p> <p>Separate electric meter (private or shared) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Is well required to be metered <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Restrictions and/or regulations _____</p> <p>Well Registered with the State Engineers Office <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____</p> <p>Additional Well Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Any other water source for any other use? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", describe: _____</p>
5	<p>If there is neither a Well, nor a Water Provider for the Property, then describe the source of potable water for the Property: _____</p> <p>_____</p> <p>_____</p> <p>SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.</p>
6	<p>If other than City/Municipal/Community water, is there a requirement to connect to the City/Municipal/Community water?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "yes", requirement: _____</p>
SEE NMAR FORM 2307 INFORMATION SHEET – WATER RIGHTS AND DOMESTIC WELLS	



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J	WATER AND SEWER SUPPLY - CON'T
7	<p>Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Septic (If Property has an onsite liquid waste system see Section J(8) below) <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p>Any problems: <u>None</u></p> <p>Names and address of service providers: <u>Johnny's</u></p> <p>Is there a written service agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached.</p> <p>Fee's per month \$ _____ Transfer Fee \$ _____</p> <p>Restrictions and/or regulations: _____</p>
8	<p>WASTEWATER TREATMENT</p> <p><input type="checkbox"/> N/A</p> <p>TYPE: <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Advanced Treatment System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Outdoor Latrine</p> <p><input type="checkbox"/> Cesspool <input type="checkbox"/> Gray Water Storage <input type="checkbox"/> Liquid Waste Storage Tank</p> <p>Any problems: _____</p> <p>Name and Address of Service Providers: _____</p> <p><u>Johnny's 2155 Santa Ana Rd, Las Cruces NM 88007</u></p> <p>Date of last service: <u>Dec 17, 2019</u></p> <p>NMED (EID#) Permit System Certification Number: _____</p> <p>Requirement to Connect to a sewer system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____</p>
9	<p>Any problems with septic or sewer lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____</p>
SEE NMAR FORM 2308 INFORMATION SHEET – SEPTIC SYSTEMS	
<p>Additional Comments: _____</p> <p>_____</p> <p>_____</p>	

K	ENVIRONMENTAL CONDITIONS Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Hazardous materials on the Property, such as radioactive, toxic, or bio-hazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		X		
2	Storage tanks <input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> Under Ground				Gray water
3	Underground transmission lines	X			
4	Animals kept in the residence		X		
5	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		X		
6	Monitoring wells or test equipment		X		



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K	ENVIRONMENTAL CONDITIONS – CON'T Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property		X		
8	Land on the Property that has been filled in		X		
9	Mine shafts, tunnels or abandoned wells or cisterns		X		
10	Within governmentally designated flood plain or wetland area		X		
11	Dead, diseased or infested trees or shrubs		X		
12	Environmental assessments, studies or reports done involving the physical condition of the Property		X		
13	Noticeable continuous or periodic odors		X		
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		X		
15	Wood infestation, insects, pests, rodents or tree root problems		X		
16	Flooding on any portion of the Property		X		
17	History of mold conditions or treatment for mold.		X		
SEE NMAR FORM 2309 – INFORMATION SHEET MOLD					
Additional Comments: _____					

NOTE: If question does not apply to Property, mark the “N/A” column.

L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY	N/A	YES	NO	DO NOT KNOW	COMMENTS
1	Is Property part of an owners' association If “yes”, name of Association _____			X		
2	Does Property have its own designated parking spot(s)? If “yes”, how many? _____			X		



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L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY – CON'T	N/A	YES	NO	DO NOT KNOW	COMMENTS
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).			X		
4	Is Property in a Public Improvement District (PID)?			X		
SEE NMAR FORM 4600 – INFORMATION SHEET HOME OWNERS ASSOCIATION SEE NMAR FORM 4500 INFORMATION SHEET PUBLIC IMPROVEMENT DISTRICT						
Additional Comments: _____						

M	OTHER RIGHTS	YES	NO	DO NOT KNOW	COMMENTS
1	Has Seller established solar rights on the Property?	X		X	
2	With the exception of water rights, already addressed in Section J, does seller own all other rights to the Property (i.e. wind, mineral, solar, etc)? NOTE: Use of City Water is NOT a water right.			X	
3	If "no", what other rights does seller NOT own? <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Hard-rock minerals (Gold, silver, copper & other metals) <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other _____				
4	If "no", what is the reason that Seller does not own all other rights? a. <input type="checkbox"/> United States (US) patent did not convey some/all other rights, and therefore, no owner in the chain of title since the US patent ever owned all mineral rights; OR b. <input type="checkbox"/> Other rights were severed by Seller or a former owner of the Property (other than the United States government) and <input type="checkbox"/> SOLD or <input type="checkbox"/> LEASED to a third-party.				
5	If applicable, all sale/lease and/or transfer agreements within Seller's possession <input type="checkbox"/> Are <input type="checkbox"/> Are Not attached If not otherwise identified in the sales and/or lease agreements attached, identity and provide contact information for third-party or parties who/which currently hold other rights to the Property: _____				
Additional Comments: _____					



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N	OTHER DISCLOSURES - GENERAL	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Any damage to flooring (e.g. carpet stains, cracks in tile, damage to wood floors, etc.) or walls (e.g. holes, stains, etc.)?		X		
2	Is any part of the Property leased to others (written or oral)?		X		
3	Does the seller have any written reports of any building, site, roofing, soils or engineering investigations or studies of the Property?		X		
4	Has the seller submitted any property insurance claims? (Whether paid or not.) If yes, did Seller receive proceeds from that claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, did Seller use proceeds to repair or correct the issue that was the subject matter of the claim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X			Re roof 2018 No problem.
5	Does the seller have any structural, architectural and engineering plans and/or specifications for any existing improvements?	X			House plans Roof Stucco
6	Has Property been used as a methamphetamine laboratory? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
7	Has cannabis been grown on the Property? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
8	Are there any government special improvements approved, but not yet installed, that may become a lien against the Property?		X		
9	Is Seller currently or has Seller ever been a party to a lawsuit, individually or as part of a class action, involving any component or feature of the Property? If yes, did Seller receive any proceeds from such lawsuit/settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were proceeds used to repair or correct the component or feature at issue? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
SEE NMAR FORM 2306 – INFORMATION SHEET CLANDESTINE DRUG LABORATORY REMEDIATION					
Additional Comments: _____ _____ _____					



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SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2020**

O	PRIOR INSPECTION REPORT	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Is Seller in possession of any pre-listing or current home inspection reports regarding the Property? If yes, report(s) <input type="checkbox"/> IS <input type="checkbox"/> IS NOT attach as exhibit to this Seller's Disclosure Statement.		X		
2	Issues identified in report that have since been resolved by Seller: _____ _____				

If attached or provided, Seller is not attesting to the accuracy or thoroughness of the report(s) and the report(s) is not intended to replace Buyer's own inspection(s) of and due diligence on the Property. Additionally, Buyer should be aware that he/she would not be entitled to pursue a claim against the inspector(s) who performed the inspection(s) and provided the attached/provided report(s) because the buyer did not contract with that inspector(s).

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the information contained in this Seller's Property Disclosure.


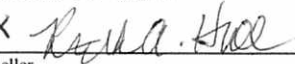
THE BUYER IS ADVISED TO EXERCISE ALL HIS/HER RIGHTS UNDER AND IN ACCORDANCE WITH THE PURCHASE AGREEMENT TO INVESTIGATE AND INSPECT THE PROPERTY.

This form is **NOT** intended as a substitute for an inspection of the Property.

ADVISORY TO SELLER: Seller has a legal duty to disclose material defects in the Property to Buyer. The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's **ACTUAL KNOWLEDGE**.

PLEASE NOTE: THIS IS NOT A CONTRACT

SELLER

 _____ Seller David N. Hull	07/18/2020 _____ Date
X  _____ Seller Ruth A. Hull	07/18/2020 _____ Date

BUYER

_____ Buyer	_____ Date
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_____ Buyer	_____ Date
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