



NEBRASKA REAL ESTATE COMMISSION  
SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT  
Residential Real Property

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. §76-2,120).

How long has the seller owned the property? 1 year(s)  
Is seller currently occupying the property? (Circle one) YES  NO  If yes, how long has the seller occupied the property? \_\_\_\_\_ year(s)  
If no, has the seller ever occupied the property? (Circle one) YES  NO  If yes when? From \_\_\_\_\_ (year) to \_\_\_\_\_ (year)

This disclosure statement concerns the real property located at 214 E Fremont St.  
in the city of O'Neill, County of Holt, State of Nebraska and legally described as:  
O'Neill W.D. Block 29 Lot 12-14 15' Lot 13 (partial) Obtained from Holt County  
Assessors) parcel #450022166

This statement is a disclosure of the condition of the real property known by the seller on the date on which this statement is signed. This statement is NOT a warranty of any kind by the seller or any agent representing a principal in the transaction, and should NOT be accepted as a substitute for any inspection or warranty that the purchaser may wish to obtain. Even though the information provided in this statement is NOT a warranty, the purchaser may rely on the information contained herein in deciding whether and on what terms to purchase the real property. Any agent representing a principal in the transaction may provide a copy of this statement to any other person in connection with any actual or possible sale of the real property. The information provided in this statement is the representation of the seller and NOT the representation of any agent, and is NOT intended to be part of any contract between the seller and purchaser.

Seller please note: you are required to complete this disclosure statement IN FULL. If any particular item or matter does not apply and there is no provision or space for indicating, insert "NA" in the appropriate box. If age of items is unknown, write "UNK" on the blank provided. If the property has more than one item as listed below please put the numbered in the appropriate box. For example - if the home has three room air conditioners, one working, one not working, and one not included, put a "1" in each of the "Working", "Not Working", and "None/Not Included" boxes for that item, and a "3" on the line provided next to the item description to indicate total number of item. You may also provide additional explanation of any item in the comments section in PART III.

SELLER STATES THAT, TO THE BEST OF THE SELLER'S KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I - If there is more than one of any item in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section in PART III of this disclosure statement, or number separately as provided in the instructions above. If an item in this Part is not on the property, or will not be included in the sale, check only the "None/Not included" column for that item.

| Section A - Appliances                   | Working | Not Working | Do not know if working | None / Not included |
|------------------------------------------|---------|-------------|------------------------|---------------------|
| 1. Refrigerator                          | X       |             |                        |                     |
| 2. Clothes Dryer                         |         |             | X                      |                     |
| 3. Clothes Washer                        |         |             | X                      |                     |
| 4. Dishwasher                            | X       |             |                        |                     |
| 5. Garbage Disposal                      | X       |             |                        |                     |
| 6. Freezer                               |         |             |                        | X                   |
| 7. Oven                                  | X       |             |                        |                     |
| 8. Range                                 | X       |             |                        |                     |
| 9. Cooktop                               |         |             |                        | X                   |
| 10. Microwave oven                       | X       |             |                        |                     |
| 11. Built-in vacuum system and equipment |         |             |                        | X                   |
| 12. Range ventilation systems            | X       |             |                        |                     |
| 13. Gas grill                            |         |             |                        | X                   |
| 14. Room air conditioner (____ number)   |         |             |                        | X                   |
| 15. TV antenna / Satellite dish          |         |             |                        | X                   |
| 16. Trash compactor                      |         |             |                        | X                   |

| Section B - Electrical Systems                                                                          | Working | Not Working | Do not know if working | None / Not included |
|---------------------------------------------------------------------------------------------------------|---------|-------------|------------------------|---------------------|
| 1. Electrical service panel capacity<br>____ AMP Capacity (if known)<br>____ fuse ____ circuit breakers | X       |             |                        |                     |
| 2. Ceiling fan(s) ( <u>3</u> number)                                                                    | X       |             |                        |                     |
| 3. Garage door opener(s) ( <u>0</u> number)                                                             |         |             |                        | X                   |
| 4. Garage door remote(s) ( <u>0</u> number)                                                             |         |             |                        | X                   |
| 5. Garage door keypad(s) ( <u>0</u> number)                                                             |         |             |                        | X                   |
| 6. Telephone wiring and jacks                                                                           |         |             |                        | X                   |
| 7. Cable TV wiring and jacks                                                                            |         |             |                        | X                   |
| 8. Intercom or sound system wiring                                                                      |         |             |                        | X                   |
| 9. Built-in speakers                                                                                    |         |             |                        | X                   |
| 10. Smoke detectors (____ number)                                                                       |         |             |                        | X                   |
| 11. Fire alarm                                                                                          |         |             |                        | X                   |
| 12. Carbon Monoxide Alarm ( <u>0</u> number)                                                            |         |             |                        | X                   |
| 13. Room ventilation/exhaust fan ( <u>1</u> number)                                                     | X       |             |                        |                     |
| 14. 220 volt service                                                                                    | X       |             |                        |                     |
| 15. Security System<br>____ Owned ____ Leased<br>____ Central station monitoring                        |         |             |                        | X                   |
| 16. Have you experienced any problems with the electrical system or its components?<br>____ YES ____ NO | X       |             |                        |                     |

Seller's Initials EW Property Address 214 E Fremont St O'Neill Ne 68768 Buyer's Initials    /

| Section C - Heating and Cooling Systems                                                             | Working | Not Working | Do not Know if working | None / Not included |
|-----------------------------------------------------------------------------------------------------|---------|-------------|------------------------|---------------------|
| 1. Air purifier                                                                                     |         |             |                        | X                   |
| 2. Attic fan                                                                                        |         |             |                        | X                   |
| 3. Whole house fan                                                                                  |         |             |                        | X                   |
| 4. Central air conditioning<br>year installed (if known)                                            | X       |             |                        |                     |
| 5. Heating system<br>year installed (if known)<br>Gas _____ Electric _____<br>Other (specify _____) | X       |             |                        |                     |
| 6. Fireplace / Fireplace insert                                                                     |         |             |                        | X                   |
| 7. Gas log (fireplace)                                                                              |         |             |                        | X                   |
| 8. Gas starter (fireplace)                                                                          |         |             |                        | X                   |
| 9. Heat pump<br>year installed (if known)                                                           |         |             |                        |                     |
| 10. Humidifier                                                                                      |         |             |                        | X                   |
| 11. Propane Tank<br>year installed (if known)<br>Rent _____ Own _____                               |         |             |                        | X                   |
| 12. Wood-burning stove<br>year installed (if known)                                                 |         |             |                        | X                   |

| Section D - Water Systems                         | Working | Not Working | Do not Know if working | None / Not included |
|---------------------------------------------------|---------|-------------|------------------------|---------------------|
| 1. Hot tub / whirlpool                            |         |             |                        | X                   |
| 2. Plumbing (water supply)                        | X       |             |                        |                     |
| 3. Swimming pool                                  |         |             |                        | X                   |
| 4. a. Underground sprinkler system                |         |             |                        | X                   |
| b. Back-flow prevention system                    |         |             |                        | X                   |
| 5. Water heater _____ year installed (if known)   | X       |             |                        |                     |
| 6. Water purifier _____ year installed (if known) |         |             |                        | X                   |
| 7. Water softener _____ Rent _____ Own _____      |         |             |                        | X                   |
| 8. Well system                                    |         |             |                        | X                   |
| Section E - Sewer Systems                         | Working | Not Working | Do not Know if working | None / Not included |
| 1. Plumbing (water drainage)                      | X       |             |                        |                     |
| 2. Sump pump (discharges to _____)                |         |             |                        | X                   |
| 3. Septic System                                  |         |             |                        | X                   |

**PART II** - In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in PART III of this disclosure statement

**Section A. Structural Conditions** - If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the comment section in PART III of this disclosure statement.

| Section A - Structural Conditions                                                                                                                                                                                | YES | NO  | Do not Know |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-------------|
| 1. Age of roof (if known) <u>&lt; 1</u> year(s)                                                                                                                                                                  | N/A | N/A |             |
| 2. Does the roof leak?                                                                                                                                                                                           |     | X   |             |
| 3. Has the roof leaked?                                                                                                                                                                                          |     | X   |             |
| 4. Is there presently damage to the roof?                                                                                                                                                                        |     | X   |             |
| 5. Has there been water intrusion in the basement or crawl space?                                                                                                                                                |     | X   |             |
| 6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents? |     | X   |             |
| 7. Are there any structural problems with the structures on the real property?                                                                                                                                   |     | X   |             |
| 8. Is there presently damage to the chimney?                                                                                                                                                                     |     | X   |             |
| 9. Are there any windows which presently leak, or do any insulated windows have any broken seals?                                                                                                                |     | X   |             |

| Section A - Structural Conditions                                         | YES | NO  | Do not Know |
|---------------------------------------------------------------------------|-----|-----|-------------|
| 10. Year property was built _____ (if known)                              | N/A | N/A |             |
| 11. Has the property experienced any moving or settling of the following: |     |     |             |
| - Foundation                                                              |     | X   |             |
| - Floor                                                                   |     | X   |             |
| - Wall                                                                    |     | X   |             |
| - Sidewalk                                                                |     |     | X           |
| - Patio                                                                   |     |     | X           |
| - Driveway                                                                |     |     | X           |
| - Retaining wall                                                          |     | X   |             |
| 12. Any room additions or structural changes?                             |     | X   |             |

**Section B. Environmental Conditions** - Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available

| Section B - Environmental Conditions                     | YES | NO | Do not Know |
|----------------------------------------------------------|-----|----|-------------|
| 1. Asbestos                                              |     |    | X           |
| 2. Contaminated soil or water (including drinking water) |     |    | X           |
| 3. Landfill or buried materials                          |     |    | X           |
| 4. Lead based paint                                      |     |    | X           |
| 5. Radon Gas                                             |     |    | X           |
| 6. Toxic materials                                       |     |    | X           |

| Section B - Environmental Conditions                                                                                                                                                         | YES | NO | Do not Know |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|
| 7. Underground fuel, chemical or other type of storage tank?                                                                                                                                 |     | X  |             |
| 8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law (N.A.C. Title 29, Ch. 10), on the property? |     | X  |             |
| 9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)                 |     | X  |             |

Seller's Initials EW, JW Property Address 214 E Fremont St O'Neill, NE 68763 Buyer's Initials \_\_\_\_\_

**Section C. Title Conditions - Do any of the following conditions exist with regard to the real property?**

| Section C - Title Conditions                                                                                                                                                                                                      | YES | NO                                  | Do not Know |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------|
| 1. Any fixtures, such as walls, fences and driveways which are shared?                                                                                                                                                            |     | <input checked="" type="checkbox"/> |             |
| 2. Any easements, other than normal utility easements?                                                                                                                                                                            |     | <input checked="" type="checkbox"/> |             |
| 3. Any encroachments?                                                                                                                                                                                                             |     | <input checked="" type="checkbox"/> |             |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?                                                                                                                                           |     | <input checked="" type="checkbox"/> |             |
| 5. Any lot-line disputes?                                                                                                                                                                                                         |     | <input checked="" type="checkbox"/> |             |
| 6. Have you been notified, or are you aware of, any work planned or to be performed by a utility or municipality close to the real property including, but not limited to sidewalks, streets, sewers, water, power, or gas lines? |     | <input checked="" type="checkbox"/> |             |
| 7. Any planned road or street expansions, improvements, or widening adjacent to the real property?                                                                                                                                |     | <input checked="" type="checkbox"/> |             |
| 8. Any condominium, homeowners', or other type of association which has any authority over the real property?                                                                                                                     |     | <input checked="" type="checkbox"/> |             |
| 9. Any private transfer fee obligation upon sale?                                                                                                                                                                                 |     | <input checked="" type="checkbox"/> |             |

| Section C - Title Conditions                                                                                                                                | YES | NO                                  | Do not Know |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------|
| 10. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas? |     | <input checked="" type="checkbox"/> |             |
| 11. Is there a common wall or walls?<br>b. Is there a party wall agreement?                                                                                 |     | <input checked="" type="checkbox"/> |             |
| 12. Any lawsuits regarding this property during the ownership of the seller?                                                                                |     | <input checked="" type="checkbox"/> |             |
| 13. Any notices from any governmental or quasi-governmental agency affecting the real property?                                                             |     | <input checked="" type="checkbox"/> |             |
| 14. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?                                                  |     | <input checked="" type="checkbox"/> |             |
| 15. Any deed restrictions or other restrictions of record affecting the real property?                                                                      |     | <input checked="" type="checkbox"/> |             |
| 16. Any unsatisfied judgments against the seller?                                                                                                           |     | <input checked="" type="checkbox"/> |             |
| 17. Any dispute regarding a right of access to the real property?                                                                                           |     | <input checked="" type="checkbox"/> |             |
| 18. Any other title conditions which might affect the real property?                                                                                        |     | <input checked="" type="checkbox"/> |             |

**Section D. Other Conditions - Do any of the following conditions exist with regard to the real property?**

| Section D - Other Conditions                                                                                                                                                                              | YES                                 | NO                                  | Do not Know |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------|
| 1. a. Are the dwelling(s) and the improvements connected to a public water system?<br>b. Is the system operational?                                                                                       | <input checked="" type="checkbox"/> |                                     |             |
| 2. a. Are the dwelling(s) and the improvements connected to a private, community (non-public), or Sanitary Improvement District (SID) water system?<br>b. Is the system operational?                      |                                     | <input checked="" type="checkbox"/> |             |
| 3. If the dwelling(s) and the improvements are connected to a private, community (non-public) or SID water system is there adequate water supply for regular household use (i.e. showers, laundry, etc.)? |                                     |                                     |             |
| 4. a. Are the dwelling(s) and the improvements connected to a public sewer system?<br>b. Is the system operational?                                                                                       | <input checked="" type="checkbox"/> |                                     |             |
| 5. a. Are the dwelling(s) and the improvements connected to a community (non-public) or SID sewer system?<br>b. Is the system operational?                                                                |                                     | <input checked="" type="checkbox"/> |             |
| 6. a. Are the dwelling(s) and the improvements connected to a septic system?<br>b. Is the system operational?                                                                                             |                                     | <input checked="" type="checkbox"/> |             |
| 7. Has the main sewer line from the house ever backed up or exhibited slow drainage?                                                                                                                      |                                     | <input checked="" type="checkbox"/> |             |

| Section D - Other Conditions                                                                                                                                            | YES                                 | NO                                  | Do not Know |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------|
| 8. a. Is the real property in a flood plain?<br>b. Is the real property in a floodway?                                                                                  |                                     | <input checked="" type="checkbox"/> |             |
| 9. Is trash removal service provided to the real property? If so, are the trash services <input checked="" type="checkbox"/> public <input type="checkbox"/> private    | <input checked="" type="checkbox"/> |                                     |             |
| 10. Have the structures been mitigated for radon? If yes, when? _____                                                                                                   |                                     | <input checked="" type="checkbox"/> |             |
| 11. Is the property connected to a natural gas system?                                                                                                                  | <input checked="" type="checkbox"/> |                                     |             |
| 12. Has a pet lived on the property? Type(s) _____                                                                                                                      |                                     | <input checked="" type="checkbox"/> |             |
| 13. Are there any diseased or dead trees, or shrubs on the real property?                                                                                               |                                     | <input checked="" type="checkbox"/> |             |
| 14. Are there any flooding, drainage, or grading problems in connection to the real property?                                                                           |                                     | <input checked="" type="checkbox"/> |             |
| 15. a. Have you made any insurance or manufacturer claims with regard to the real property?<br>b. Were all repairs related to the above claims completed?               |                                     | <input checked="" type="checkbox"/> |             |
| 16. Are you aware of any problem with the exterior wall-covering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials? |                                     | <input checked="" type="checkbox"/> |             |

**Section E. Cleaning / Servicing Conditions - Have you ever performed or had performed the following? (State most recent year performed)**

| Section E - Cleaning / Servicing                        | YEAR | YES                                 | NO | Do not know                         | None / Not Included                 |
|---------------------------------------------------------|------|-------------------------------------|----|-------------------------------------|-------------------------------------|
| 1. Servicing of air conditioner                         |      |                                     |    | <input checked="" type="checkbox"/> |                                     |
| 2. Cleaning of fireplace, including chimney             |      |                                     |    |                                     | <input checked="" type="checkbox"/> |
| 3. Servicing of furnace                                 |      |                                     |    | <input checked="" type="checkbox"/> |                                     |
| 4. Professional inspection of furnace A/C (HVAC) System |      | <input checked="" type="checkbox"/> |    |                                     |                                     |
| 5. Servicing of septic system                           |      |                                     |    |                                     | <input checked="" type="checkbox"/> |

| Section E - Cleaning / Servicing                     | YEAR | YES | NO                                  | Do not know | None / Not Included                 |
|------------------------------------------------------|------|-----|-------------------------------------|-------------|-------------------------------------|
| 6. Cleaning of wood-burning stove, including chimney |      |     |                                     |             | <input checked="" type="checkbox"/> |
| 7. Treatment for wood-destroying insects or rodents  |      |     | <input checked="" type="checkbox"/> |             |                                     |
| 8. Tested well water                                 |      |     |                                     |             | <input checked="" type="checkbox"/> |
| 9. Serviced / treated well water                     |      |     |                                     |             | <input checked="" type="checkbox"/> |

Seller's Initials EW / W Property Address 214 E Fremont St O'Neil NE 68763 Buyer's Initials  /

PART III - Comments. Please reference comments on items responded to above in PART I or II, with Section letter and item number.

Note: Use additional pages if necessary.

Multiple horizontal lines for handwritten comments.

If checked here \_\_\_\_\_ PART III is continued on a separate page(s)

SELLER'S CERTIFICATION

Seller hereby certifies that this disclosure statement, which consists of \_\_\_\_\_ pages (including additional comment pages), has been completed by Seller; that Seller has completed this disclosure statement to the best of Seller's belief and knowledge as the date hereof, which is the date this disclosure statement is completed and signed by the Seller.

Seller's Signature Ethel Wilby Date 5/5/23

Seller's Signature [Signature] Date 5/5/23

ACKNOWLEDGEMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I/We acknowledge receipt of a photocopy of the above Seller Property Condition Disclosure Statement; understand that such disclosure statement is NOT a warranty of any kind by the seller or any agent representing any principal in the transaction; understand that such disclosure statement should not be accepted as a substitute for any inspection or warranty that I/we may wish to obtain; understand the information provided in this disclosure statement is the representation of the seller and not the representation of any agent, and is not intended to be part of any contract between the seller and purchaser; and certify that disclosure statement was delivered to me/us or my/our agent on or before the effective date of any contract entered into by me/us relating to the real property described in such disclosure statement.

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

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