



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? 7 year(s)
Is seller currently occupying the property? (Circle one) YES NO. If yes, how long has the seller occupied the property? 7 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 518 S Park St
in the city of Bassett, County of Rock, State of Nebraska and legally described as:
ROCK SUB BLK 2 LOT 7-8,15 (Partial legal obtained from county assessor site) Parcel ID# 750002950

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 "N/A" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cooktop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Microwave oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Range ventilation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Room air conditioner (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. TV antenna / Satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B - Electrical Systems	Working	Not Working	Do not know if working	None / Not included
	1. Electrical service panel capacity ___ AMP Capacity (if known) ___ fuse ___ circuit breakers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s) (___ number)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener(s) (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Garage door remote(s) (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Garage door keypad(s) (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Telephone wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cable TV wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Intercom or sound system wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Smoke detectors (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Carbon Monoxide Alarm (___ number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Room ventilation/exhaust fan (___ number)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. 220 volt service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Security System ___ Owned ___ Leased ___ Central station monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Have you experienced any problems with the electrical system or its components? ___ YES ___ NO	If YES, explain the condition in the comments section in PART III of this disclosure statement.			

Seller's Initials MSD Property Address 518 S Park St., Bassett, NE 68714 Buyer's Initials [Signature]
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Stacey Stracke Produced with zipForm® by zipLogix 18070 Fifteen Mile Road, Fraser, Michigan 48026 www.zipLogix.com

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

Section D - Water Systems	Working	Not Working	Do not Know if working	None / Not included
1. Hot tub / whirlpool				<input checked="" type="checkbox"/>
2. Plumbing (water supply)	<input checked="" type="checkbox"/>			
3. Swimming pool	<input checked="" type="checkbox"/>			
4. a. Underground sprinkler system b. Back-flow prevention system	<input checked="" type="checkbox"/>			
5. Water heater <u>2019</u> year installed (if known)	<input checked="" type="checkbox"/>			
6. Water purifier _____ year installed (if known)				<input checked="" type="checkbox"/>
7. Water softener _____ Rent _____ Own				<input checked="" type="checkbox"/>
8. Well system				<input checked="" type="checkbox"/>
Section E - Sewer Systems	Working	Not Working	Do not Know if working	None / Not included
1. Plumbing (water drainage)	<input checked="" type="checkbox"/>			
2. Sump pump (discharges to _____)				<input checked="" type="checkbox"/>
3. Septic System				<input checked="" type="checkbox"/>

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) _____ year(s)	N / A	N / A	
2. Does the roof leak?		<input checked="" type="checkbox"/>	
3. Has the roof leaked?	<input checked="" type="checkbox"/>		
4. Is there presently damage to the roof?			<input checked="" type="checkbox"/>
5. Has there been water intrusion in the basement or crawl space?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
7. Are there any structural problems with the structures on the real property?		<input checked="" type="checkbox"/>	
8. Is there presently damage to the chimney?		<input checked="" type="checkbox"/>	
9. Are there any windows which presently leak, or do any insulated windows have any broken seals?		<input checked="" type="checkbox"/>	

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

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		<input checked="" type="checkbox"/>	
2. Contaminated soil or water (including drinking water)		<input checked="" type="checkbox"/>	
3. Landfill or buried materials		<input checked="" type="checkbox"/>	
4. Lead-based paint		<input checked="" type="checkbox"/>	
5. Radon Gas		<input checked="" type="checkbox"/>	
6. Toxic materials		<input checked="" type="checkbox"/>	

Section B - Environmental Conditions	YES	NO	Do not Know
7. Underground fuel, chemical or other type of storage tank?		<input checked="" type="checkbox"/>	
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 25, Ch. 10), on the property?		<input checked="" type="checkbox"/>	
9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)		<input checked="" type="checkbox"/>	

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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 features, 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? 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?	<input checked="" type="checkbox"/>		
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?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the system operational?		<input checked="" type="checkbox"/>	<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.)?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. a. Are the dwelling(s) and the improvements connected to a public sewer system?	<input checked="" type="checkbox"/>		
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?		<input checked="" type="checkbox"/>	
b. Is the system operational?		<input checked="" type="checkbox"/>	
6. a. Are the dwelling(s) and the improvements connected to a septic system?		<input checked="" type="checkbox"/>	
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? 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 _____ public _____ 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? b. Were all repairs related to the above claims completed?	<input checked="" type="checkbox"/>		<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	2022				
4. Professional inspection of furnace A/C (HVAC) System	2022				
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"/>		<input checked="" type="checkbox"/>
9. Serviced / treated well water					<input checked="" type="checkbox"/>

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