



**NEBRASKA REAL ESTATE COMMISSION**  
**SELLER 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? 5 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 212 S HELEN ST  
in the city of VALENTINE, County of CHERRY, State of Nebraska and legally described as:  
IOLL - 1977 MH MAGNOLIA 24X64 LOCATED ON 160013631 LOT 2  
Partial Legal description obtained from the County Assessor's. Parcel # \_\_\_\_\_

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

| Section B - Electrical Systems                                                                                     | Working                             | Not Working | Do Not Know If Working              | None / Not Included                                                                             |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|-------------------------------------|-------------------------------------------------------------------------------------------------|
| 1. Electrical service panel capacity<br><u>200</u> AMP Capacity (if known)<br>____ fuse <u>22</u> circuit breakers | <input checked="" type="checkbox"/> |             |                                     |                                                                                                 |
| 2. Ceiling fan(s) (____ number)                                                                                    |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 3. Garage door opener(s) (____ number)                                                                             |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 4. Garage door remote(s) (____ number)                                                                             |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 5. Garage door keypad(s) (____ number)                                                                             |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 6. Telephone wiring and jacks                                                                                      |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 7. Cable TV wiring and jacks                                                                                       |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 8. Intercom or sound system wiring                                                                                 |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 9. Built-in speakers                                                                                               |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 10. Smoke detectors (____ number)                                                                                  |                                     |             | <input checked="" type="checkbox"/> |                                                                                                 |
| 11. Fire alarm                                                                                                     |                                     |             | <input checked="" type="checkbox"/> |                                                                                                 |
| 12. Carbon Monoxide Alarm (____ number)                                                                            |                                     |             | <input checked="" type="checkbox"/> |                                                                                                 |
| 13. Room ventilation/exhaust fan (____ number)                                                                     |                                     |             | <input checked="" type="checkbox"/> |                                                                                                 |
| 14. 220 volt service                                                                                               | <input checked="" type="checkbox"/> |             |                                     |                                                                                                 |
| 15. Security System<br>____ Owned ____ Leased<br>____ Central station monitoring                                   |                                     |             |                                     | <input checked="" type="checkbox"/>                                                             |
| 16. Have you experienced any problems with the electrical system or its components?<br>____ YES ____ NO            |                                     |             |                                     | If YES, explain the condition in the comments section in PART III of this disclosure statement. |

Seller's Initials JS / \_\_\_\_\_ Property Address 212 S HELEN ST, VALENTINE NE 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 _____ year installed (if known)                                              | X       |             |                        |                     |
| 5. Heating system _____ year installed (if known)<br>_____ Gas X Electric<br>_____ Other (specify _____) | X       |             |                        |                     |
| 6. Fireplace / Fireplace Insert                                                                          |         |             |                        | X                   |
| 7. Gas log (fireplace)                                                                                   |         |             |                        | X                   |
| 8. Gas starter (fireplace)                                                                               |         |             |                        | X                   |
| 9. Heat pump _____ year installed (if known)                                                             |         |             |                        | X                   |
| 10. Humidifier                                                                                           |         |             |                        | X                   |
| 11. Propane Tank _____ year installed (if known)<br>_____ Rent _____ Own                                 |         |             |                        | X                   |
| 12. Wood-burning stove _____ 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) _____ year(s)                                                                                                                                                                          | N / A | N / A | X           |
| 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 | X           |
| 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 25, 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  |             |

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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?                                                                                                                                                            |     | X  |             |
| 2. Any easements, other than normal utility easements?                                                                                                                                                                            |     | X  |             |
| 3. Any encroachments?                                                                                                                                                                                                             |     | X  |             |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?                                                                                                                                           |     | X  |             |
| 5. Any lot-line disputes?                                                                                                                                                                                                         |     | X  |             |
| 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? |     | X  |             |
| 7. Any planned road or street expansions, improvements, or widening adjacent to the real property?                                                                                                                                |     | X  |             |
| 8. Any condominium, homeowners', or other type of association which has any authority over the real property?                                                                                                                     |     | X  |             |
| 9. Any private transfer fee obligation upon sale?                                                                                                                                                                                 |     | X  |             |

| 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? |     | X  |             |
| 11. Is there a common wall or walls?                                                                                                                        |     | X  |             |
| b. Is there a party wall agreement?                                                                                                                         |     | X  |             |
| 12. Any lawsuits regarding this property during the ownership of the seller?                                                                                |     | X  |             |
| 13. Any notices from any governmental or quasi-governmental agency affecting the real property?                                                             |     | X  |             |
| 14. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?                                                  |     | X  |             |
| 15. Any deed restrictions or other restrictions of record affecting the real property?                                                                      |     | X  |             |
| 16. Any unsatisfied judgments against the seller?                                                                                                           |     | X  |             |
| 17. Any dispute regarding a right of access to the real property?                                                                                           |     | X  |             |
| 18. Any other title conditions which might affect the real property?                                                                                        |     | X  |             |

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?                                                                                                                        | X   |    |             |
| b. Is the system operational?                                                                                                                                                                             | X   | X  |             |
| 2. a. Are the dwelling(s) and the improvements connected to a private, community (non-public), or Sanitary Improvement District (SID) water system?                                                       |     | X  |             |
| b. Is the system operational?                                                                                                                                                                             |     |    | X           |
| 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.)? |     |    | X           |
| 4. a. Are the dwelling(s) and the improvements connected to a public sewer system?                                                                                                                        | X   |    |             |
| b. Is the system operational?                                                                                                                                                                             | X   |    |             |
| 5. a. Are the dwelling(s) and the improvements connected to a community (non-public) or SID sewer system?                                                                                                 | X   |    |             |
| b. Is the system operational?                                                                                                                                                                             | X   |    |             |
| 6. a. Are the dwelling(s) and the improvements connected to a septic system?                                                                                                                              |     | X  |             |
| b. Is the system operational?                                                                                                                                                                             |     |    | X           |
| 7. Has the main sewer line from the house ever backed up or exhibited slow drainage?                                                                                                                      |     |    | X           |

| Section D - Other Conditions                                                                                                                                            | YES | NO | Do Not Know |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|
| 8. a. Is the real property in a flood plain?                                                                                                                            |     | X  |             |
| b. Is the real property in a floodway?                                                                                                                                  |     | X  |             |
| 9. Is trash removal service provided to the real property? If so, are the trash services <u>X</u> public <u>      </u> private                                          | X   |    |             |
| 10. Have the structures been mitigated for radon? If yes, when? <u>      </u> / <u>      </u> / <u>      </u>                                                           |     | X  |             |
| 11. Is the property connected to a natural gas system?                                                                                                                  |     | X  |             |
| 12. Has a pet lived on the property? Type(s) <u>      </u>                                                                                                              | X   |    |             |
| 13. Are there any diseased or dead trees, or shrubs on the real property?                                                                                               |     | X  |             |
| 14. Are there any flooding, drainage, or grading problems in connection to the real property?                                                                           |     | X  |             |
| 15. a. Have you made any insurance or manufacturer claims with regard to the real property?                                                                             |     | X  |             |
| b. Were all repairs related to the above claims completed?                                                                                                              |     |    | X           |
| 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? |     | X  |             |

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

| Section E - Cleaning / Servicing Conditions             | YEAR | YES | NO | Do Not Know | None / Not Included |
|---------------------------------------------------------|------|-----|----|-------------|---------------------|
| 1. Servicing of air conditioner                         |      |     | X  |             |                     |
| 2. Cleaning of fireplace, including chimney             |      |     |    |             | X                   |
| 3. Servicing of furnace                                 |      |     | X  |             |                     |
| 4. Professional inspection of furnace A/C (HVAC) System |      |     |    |             | X                   |
| 5. Servicing of septic system                           |      |     |    |             | X                   |

| Section E - Cleaning / Servicing Conditions          | YEAR | YES | NO | Do Not Know | None / Not Included |
|------------------------------------------------------|------|-----|----|-------------|---------------------|
| 6. Cleaning of wood-burning stove, including chimney |      |     |    |             | X                   |
| 7. Treatment for wood-destroying insects or rodents  |      |     |    |             | X                   |
| 8. Tested well water                                 |      |     |    |             | X                   |
| 9. Serviced / treated well water                     |      |     |    |             | X                   |

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Seller's Signature \_\_\_\_\_ Date \_\_\_\_\_

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