

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).

Seller _____ is _____ is not occupying the real property.

How long has Seller owned the real property? _____ year(s)

This Disclosure Statement concerns the real property located at _____

in the City of _____, County of _____, State of Nebraska legally described as _____

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 so indicating, insert "N/A".

SELLER STATES THAT, TO THE BEST OF SELLER'S BELIEF AND 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 each item listed in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement. 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		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Room air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. TV antenna/satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Range ventilation systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B. Electrical Systems.		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Electrical service panel (Capacity _____ amp, if known) _____ Fuse _____ Circuit Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke/fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Room vent fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remote controller(s) (number of controllers, if included _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. 220 volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring and jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Security system _____ owned _____ leased _____ Central station monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cable TV wiring and jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? _____ no _____ yes If yes, explain the condition in the Comments section, PART III of this Disclosure Statement.				

SECTION C. Heating and Cooling Systems.		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Gas log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Gas starter (fireplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fireplace/fireplace insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Propane tank (____ rent ____ own).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heating system (____ gas ____ electric ____ other, specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						13. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year:

	YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED		YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED
1. Servicing of air conditioner	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Treatment for wood-destroying insects or rodents	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning of fireplace, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Tested well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Servicing of furnace	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Serviced/treated well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Servicing of septic system	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. Cleaning of woodburning stove, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

PART III - Comments. Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

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, has been completed by Seller; that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller _____ Date _____

Seller _____ Date _____

ACKNOWLEDGMENT 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 such 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 _____ Receipt Date _____

Purchaser _____ Receipt Date _____

ENVIRONMENTAL CONDITIONS

05/03

Lead in Soil

Seller's Disclosure (initial)

_____ The housing is located in an area of Omaha Nebraska (generally east of 45th Street, south of Ames Avenue, and north of L Street) which EPA tests have shown may contain concentrations of lead in the soil that may pose an unacceptable risk to human health and the environment (the "Omaha Nebraska Lead Site"). The Omaha Lead Site has been included on EPA's Superfund National Priorities List. However, the housing will only become part of the Omaha Lead Site if soils in its yard are tested and contain lead concentrations in excess of applicable EPA action levels.

Purchaser's Acknowledgment (initial)

Property Address: _____