



RE/MAX[®]
Professionals, Inc.
 Littleton, Colorado
 (303) 932-3306

THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.

SELLER'S PROPERTY DISCLOSURE
 (ALL TYPES OF PROPERTIES)

THIS DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.

Seller states that the information contained in this Disclosure is correct to the best of Seller's CURRENT ACTUAL KNOWLEDGE as of this Date. Broker may deliver a copy of this Disclosure to prospective buyers.

Note: If an item is not present at the Property insert "N/A" in the Comments column. The Contract to Buy and Sell Real Estate, not this Disclosure form, determines whether an item is included or excluded.

Date: Sept. 18, 2007

Property Address:
4981 KIOWA CREEK COURT CASTLE ROCK COLORADO 80109
 (Street Address) City State Zip

Seller:
STEVEN A. MIELE AND LYNNE MIELE

I. IMPROVEMENTS

If this box is checked, there are no structures or improvements on the Property; do not complete Sections A - G.

A. STRUCTURAL CONDITIONS	Yes	No	Do Not Know	COMMENTS
To Seller's current actual knowledge, do any of the following conditions now exist or have they ever existed:				
1 Structural problems		X		
2 Moisture and/or water problems		X		
3 Damage due to termites, other insects or rodents		X		
4 Damage due to hail, wind, fire or flood		X		
5 Cracks, heaving or settling problems		X		
6 Exterior wall or window problems		X		
7 Exterior Artificial Stucco (EIFS)		X		
8 Any additions or alterations made without a required building permit		X		
9 Building code violations		X		

B. ROOF	Yes	No	Do Not Know	COMMENTS
1 Roof problems		X		
2 Roof material <u>Asphalt Comp</u> Age <u>11</u>				
Roof material _____ Age _____				
3 Roof leak: Past		X		
4 Roof leak: Present		X		
5 Damage to roof: Past		X		
6 Damage to roof: Present		X		
7 Roof under warranty until _____ Transferable _____		X		
8 Roof work done while under current roof warranty		X		
9 Skylight problems		X		
10 Gutter or down spout problems		X		

IN WORKING CONDITION

C. APPLIANCES	Yes	No	Do Not Know	Age If Known	COMMENTS
1 Built-in vacuum system & accessories					<u>N/A</u>
2 Clothes dryer					<u>N/A</u>
3 Clothes washer					<u>N/A</u>
4 Dishwasher	X				
5 Disposal	X				
6 Freezer					<u>N/A</u>
7 Gas Grill					<u>N/A</u>
8 Hood	X				
9 Microwave oven	X				
10 Oven	X				
11 Range	X				

The printed portions of this form, except *differentiated* additions, have been approved by the Colorado Real Estate Commission. (SPD 19-10-06) (Mandatory 1-07)

		IN WORKING CONDITION				
C. APPLIANCES (Continued)		Yes	No	Do Not Know	Age If Known	COMMENTS
12	Refrigerator <i>N/A</i>					
13	T.V. antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <i>N/A</i>					
14	Satellite system or DSS dish: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					
15	Trash Compactor <i>N/A</i>					

		IN WORKING CONDITION				
D. ELECTRICAL & TELECOMMUNICATIONS		Yes	No	Do Not Know	Age If Known	COMMENTS
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <i>N/A</i>					
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire					
3	Light fixtures	X				
4	Switches & outlets	X				
5	Aluminum wiring <i>N/A</i>					
6	Electrical: Phase <u>1</u> Voltage <u>220</u>	X				
7	Telecommunications (T1 <u>fiber/cable</u> satellite)	X				
8	Inside telephone wiring & blocks/jacks	X				
9	Abandoned communication cables: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10	Ceiling fans	X				
11	Garage door opener	X				
12	Garage door control(s) # <u>2</u>	X				
13	Intercom/ <u>doorbell</u>	X				
14	In-wall speakers <i>N/A</i>					
15	220 volt service	X				
16	Landscape lighting <i>N/A</i>					

		IN WORKING CONDITION				
E. MECHANICAL		Yes	No	Do Not Know	Age If Known	COMMENTS
1	Air conditioning:					
	Evaporative cooler					
	Window units					
	Central	X				
	Computer room					
2	Attic/whole house fan	X				
3	Vent fans	X				
4	Humidifier					
5	Air purifier					
6	Sauna					
7	Hot tub or spa					
8	Steam room/shower					
9	Pool					
10	Heating system:					
	Type <u>Forced Air</u> Fuel <u>GAS</u>	X				
	Type _____ Fuel _____					
11	Water heater: Number of <u>1</u>	X				
	Fuel type <u>GAS</u> Capacity _____					
12	Fireplace: Type <u>GAS</u> Fuel <u>GAS</u>	X				
13	Fireplace insert					
14	Stove: Type _____ Fuel _____ <i>N/A</i>					
15	When was fireplace/wood stove, chimney/flue last cleaned:					
	Date: _____ <input type="checkbox"/> Do not know <i>N/A</i>					
16	Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					
17	Radiant heating system: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior					
	Hose Type _____ <i>N/A</i>					
18	Overhead door	X				
19	Entry gate system					
20	Elevator/escalators					
21	Lift/hoist/crane					

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		IN WORKING CONDITION				
F. WATER, SEWER & OTHER UTILITIES		Yes	No	Do Not Know	Age If Known	COMMENTS
1	Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <i>N/A</i>					
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <i>N/A</i>					
3	Sewage problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know					
4	Lift station (sewage ejector pump) <i>N/A</i>					
5	Drainage, storm sewers, retention ponds <i>N/A</i>					
6	Gray water storage/use <i>N/A</i>					
7	Plumbing problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know					
8	Sump pump	X				
9	Underground sprinkler system	X				
10	Fire sprinkler system <i>N/A</i>					
11	Polybutylene pipe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know					
12	Galvanized pipe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know					
13	Backflow prevention device: <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage	X				
14	Irrigation pump					
15	Well pump					

G. OTHER DISCLOSURES - IMPROVEMENTS	Yes	No	Do Not Know	COMMENTS
1				Included fixtures and equipment in working condition
2				
3				
4				

II. GENERAL

H. USE, ZONING & LEGAL ISSUES	Yes	No	Do Not Know	COMMENTS
1				Current use of the Property
2		X		Zoning violation, variance, conditional use, enforceable PUD or non-conforming use
3		X		Notice or threat of condemnation proceedings
4		X		Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved
5		X		Violation of restrictive covenants or owners' association rules or regulations
6		X		Notice of zoning action related to the Property
7		X		Notice of ADA complaint or report
8		X		Other legal action

I. ACCESS, PARKING, DRAINAGE & SIGNAGE	Yes	No	Do Not Know	COMMENTS
1		X		Any access problems
2		X		Roads, driveways, trails or paths through the Property used by others
3		X		Public highway or county road border the Property
4		X		Encroachments, boundary disputes or unrecorded easements
5		X		Shared or common areas with adjoining properties
6		X		Cross-parking agreement, covenants, easements
7		X		Requirements for curb, gravel/paving, landscaping
8		X		Flooding or drainage problems: Past
9		X		Flooding or drainage problems: Present
10		X		Signs: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
11		X		Signs: Government or private restriction problems

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J. WATER & SEWER SUPPLY		Yes	No	Do Not Know	COMMENTS
1	Water rights Type _____		X		
2	Water tap fees paid in full	X			
3	Sewer tap fees paid in full	X			
4	Subject to augmentation plan		X		
5	Well required to be metered		X		
6 Type of water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> None <input type="checkbox"/> Other _____ If the Property is served by a well, supply to Buyer a copy of the well permit and drilling records. Well Permit #: _____ Water Company Name: _____					
7 Type of sanitary sewer service: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Septic System <input type="checkbox"/> None <input type="checkbox"/> Other _____ If the Property is served by an on-site septic system, supply to buyer a copy of the permit. Type of septic system: <input type="checkbox"/> Tank <input type="checkbox"/> Leach <input type="checkbox"/> Lagoon					

K. ENVIRONMENTAL CONDITIONS (other than a methamphetamine laboratory) Note 1 To Seller's current actual knowledge, do any of the following conditions now exist or have they existed:		Yes	No	Do Not Know	COMMENTS
1	Hazardous materials on the Property, such as radioactive, toxic, or biohazardous materials, asbestos, pesticides, herbicides, wastewater and other sludge, radon, methane, solvents or petroleum products		X		
2	Underground storage tanks		X		
3	Aboveground storage tanks		X		
4	Underground transmission lines		X		
5	Pets kept on the Property	X			
6	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		X		
7	Monitoring wells or test equipment		X		
8	Sliding, settling, upheaval, movement or instability of earth or expansive soils of the Property		X		
9	Mine shafts, tunnels or abandoned wells on the Property		X		
10	Within governmentally designated geological hazard or sensitive area		X		
11	Within governmentally designated flood plain or wetland area		X		
12	Governmentally designated noxious weeds (within last 3 years only) If yes, see Section O.		X		
13	Dead, diseased or infested trees or shrubs		X		
14	Environmental assessments, studies or reports done involving the physical condition of the Property		X		
15	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		X		
16	Endangered species on the Property		X		
17	Archeological features, fossils, or artifacts on the Property		X		
18	Property previously used as a methamphetamine laboratory				Note 1
19	Interior of Improvements of Property Smoke-free	X			
20	Other environmental problems		X		

L. ASSESSMENTS & LIENS		Yes	No	Do Not Know	COMMENTS
1	Property is part of an owners' association	X			
2	Special assessments or increases in regular assessments approved by owners' association but not yet implemented		X		
3	Government special improvements approved, but not yet installed, that may become a lien against the Property		X		

M. OTHER DISCLOSURES - GENERAL		Yes	No	Do Not Know	COMMENTS
1	Any part of the Property leased to others (written or oral)		X		
2	Written reports of any building, site, roofing, soils or engineering investigations or studies of the Property		X		
3	Work done under an insurance claim		X		
4	Structural, architectural and engineering plans and/or specifications for any existing improvements		X		
5	Property was previously used as a methamphetamine laboratory and not remediated to state standards (Note 1)		X		
6					
7					
8					

Note 1: change per CREC interim language approved 4/3/2007

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**SQUARE FOOTAGE
 DISCLOSURE**

This disclosure is made to Buyer and Seller pursuant to the requirements of Colorado Real Estate Commission and applies to improved residential real estate. Check applicable boxes below.

Property Address:

4981 KIOWA CREEK COURT CASTLE ROCK COLORADO 80109
 Street Address City State Zip

1. Licensee Measurement

Listing Licensee Has Has Not measured the square footage of the residence according to the following standard, methodology or manner:

<u>Standard / Methodology / Manner</u>	<u>Date Measured</u>	<u>Square Footage</u>
<input type="checkbox"/> Exterior measurement		
<input type="checkbox"/> FHA		
<input type="checkbox"/> ANSI		
<input type="checkbox"/> Local standard		
<input type="checkbox"/> Other		

2. Other Source of Measurement

Listing Licensee Is Is Not providing information on square footage of the residence from another source(s) as indicated below:

<u>Source of Square Footage Information</u>	<u>Date</u>	<u>Square Footage</u>
<input checked="" type="checkbox"/> Prior appraisal (Date of document)	1/1999	2,487
<input type="checkbox"/> Building plans (Date of document)		
<input checked="" type="checkbox"/> Assessor's office (Date obtained)	8/2007	2,968
<input type="checkbox"/> Other		

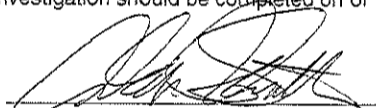
Measurement is for the purpose of marketing, may not be exact and is not for loan, valuation or other purpose. If exact square footage is a concern, the property should be independently measured.

Buyer and Seller are advised to verify this information. Any independent measurement or investigation should be completed on or before the Inspection Objection Deadline of the contract.

RE/MAX Professionals, Inc.
 8500 West Bowles Avenue
 Littleton, Colorado 80123-3200

Listing Broker

By:


 Alan J. Smith, CRS, GRI

Telephone No: (303) 932-3306
 Fax No: (303) 973-3439

e-mail:

Date:

9/18/07

The undersigned acknowledge receipt of this disclosure.


 Seller: STEVEN A. MIELE Date of signature 9/18/07


 Seller: LYNNE MIELE Date of signature 9-18-07

Buyer: _____ Date of signature _____

Buyer: _____ Date of signature _____

