

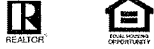


**RE/MAX<sup>®</sup>**

**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 (RESIDENTIAL)**

**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. Any changes will be disclosed by Seller to Buyer promptly after discovery. Seller hereby receipts for a copy of this Disclosure. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Broker may deliver a copy of this Disclosure to prospective buyers.

Note: If an item is not present at the Property or if an item is not to be included in the sale, mark the "N/A column. The Contract to Buy and Sell Real Estate, not this Disclosure form, determines whether an item is included or excluded; if there is an inconsistency between this form and the Contract, the Contract controls.

Date: 2/4/09

Property Address: 6040 W. PRENTICE AVENUE LITTLETON COLORADO 80123

Seller: **GABOR HEVESI and ZSUZSANNA MATE**

**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	N/A	COMMENTS
	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, birds, animals 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		X			
9	Building code, city or county violations		X			

B.	ROOF	Yes	No	Do Not Know	N/A	COMMENTS
1	Roof problems		X			
2	Roof material _____ Age <u>10</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 downspout problems		X			

The printed portions of this form, except *differentiated* additions, have been approved by the Colorado Real Estate Commission. (SPD 29-9-08) (Mandatory 1-09)

RE/MAX Professionals, Inc.

Buyer's Initials: \_\_\_\_\_  
1/21/2009 1:09 PM

Seller's Initials: JEMGH 0246 0902111350118  
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		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
C.	APPLIANCES	Yes	No	Do Not Know			
1	Built-in vacuum system & accessories					X	
2	Clothes dryer	X					
3	Clothes washer	X					
4	Dishwasher	X					
5	Disposal	X					
6	Freezer					X	
7	Gas Grill					X	
8	Hood					X	
9	Microwave oven	X					
10	Oven	X					
11	Range	X					
12	Refrigerator	X					
13	T.V. antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			X			
14	Satellite system or DSS dish: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			X			cable
15	Trash Compactor					X	

		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
D.	ELECTRICAL & TELECOMMUNICATIONS	Yes	No	Do Not Know			
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					X	
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire	X					
3	Carbon Monoxide Alarm: <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwire	X					
4	Light fixtures	X					
5	Switches & outlets	X					
6	Aluminum wiring (110)					X	
7	Electrical <u>220</u> Amps	X					
8	Telecommunications (T1, fiber, cable, satellite)	X					
9	Inside telephone wiring & blocks/jacks	X					
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					X	
15	220 volt service	X					
16	Landscape lighting					X	

		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
E.	MECHANICAL	Yes	No	Do Not Know			
1	Air conditioning:	X					
	Evaporative cooler					X	
	Window units					X	
	Central	X					
2	Attic/whole house fan					X	
3	Vent fans					X	
4	Humidifier					X	
5	Air purifier					X	
6	Sauna					X	
7	Hot tub or spa					X	

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		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
E.	MECHANICAL (Continued)	Yes	No	Do Not Know			
8	Steam room/shower					X	
9	Pool					X	
10	Heating system: Type <u>forced air</u> Fuel <u>gas</u> Type _____ Fuel _____	X					
11	Water heater: Number of <u>1</u> Fuel type <u>gas</u> Capacity _____	X					
12	Fireplace: Type _____ Fuel <u>gas</u>	X					
13	Fireplace insert					X	
14	Stove: Type _____ Fuel _____					X	
15	When was fireplace/wood stove, chimney/flue last cleaned: Date: _____ <input type="checkbox"/> Do not know					X	
16	Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					X	
17	Radiant heating system: <input type="checkbox"/> Interior <input type="checkbox"/> Exterior Hose Type _____						
18	Overhead door					X	
19	Entry gate system					X	
20	Elevator					X	

		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
F.	WATER, SEWER & OTHER UTILITIES	Yes	No	Do Not Know			
1	Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					X	
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					X	
3	Sewage problems: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know					X	
4	Lift station (sewage ejector pump)					X	
5	Drainage, storm sewers, retention ponds					X	
6	Gray water storage/use					X	
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					X	
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 type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage			X			
14	Irrigation pump					X	
15	Well pump					X	

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