



RE/MAX Professionals Inc.
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The printed portions of this form, except differentiated additions, have been approved by the Colorado Real Estate Commission (SPD29-09-08) (Mandatory 1-09)

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: 3/19/2009

Property Address: 7198 S MOUNT HOLY CROSS LITTLETON CO 80127

Seller: MARK BOTT and ANNA BOTT

I. IMPROVEMENTS						
<input type="checkbox"/> If this box is checked, there are no structures or improvements on the Property; do not complete Sections A-G						
A. STRUCTURAL CONDITIONS	Do any of the following conditions now exist or have they ever existed:					
	Yes	No	Do Not Know	N/A	COMMENTS	
1	Structural problems		<input checked="" type="checkbox"/>			
2	Moisture and/or water problems		<input checked="" type="checkbox"/>			
3	Damage due to termites, other insects, birds, animals or rodents		<input checked="" type="checkbox"/>			
4	Damage due to hail, wind, fire or flood		<input checked="" type="checkbox"/>			
5	Cracks, heaving or settling problems		<input checked="" type="checkbox"/>			
6	Exterior wall or window problems		<input checked="" type="checkbox"/>			
7	Exterior Artificial Stucco (EIFS)		<input checked="" type="checkbox"/>			
8	Any additions or alterations made		<input checked="" type="checkbox"/>			
9	Building code, city or county violations		<input checked="" type="checkbox"/>			
B. ROOF	Yes	No	Do Not Know	N/A	COMMENTS	
1	Roof problems		<input checked="" type="checkbox"/>			
2	Roof material Age					
2	Roof material Age					
3	Roof leak: Past					
4	Roof leak: Present		<input checked="" type="checkbox"/>			
5	Damage to roof: Past			<input checked="" type="checkbox"/>		
6	Damage to roof: Present		<input checked="" type="checkbox"/>			
7	Roof under warranty until Transferable		<input checked="" type="checkbox"/>			
8	Roof work done while under current roof warranty				<input checked="" type="checkbox"/>	
9	Skylight problems				<input checked="" type="checkbox"/>	
10	Gutter or downspout problems		<input checked="" type="checkbox"/>			
C. APPLIANCES	IN WORKING CONDITION				N/A	COMMENTS
	Yes	No	Do Not Know	Age If Known		
1	Built-in vacuum system & accessories					<input checked="" type="checkbox"/>
2	Clothes dryer	<input checked="" type="checkbox"/>				
3	Clothes washer	<input checked="" type="checkbox"/>				
4	Dishwasher					
5	Disposal	<input checked="" type="checkbox"/>				

Buyer(s) Initials _____ Seller(s) Initials _____

6	Freezer						<input checked="" type="checkbox"/>
7	Gas grill						<input checked="" type="checkbox"/>
8	Hood	<input checked="" type="checkbox"/>					
9	Microwave oven	<input checked="" type="checkbox"/>					
10	Oven	<input checked="" type="checkbox"/>					
11	Range	<input checked="" type="checkbox"/>					
12	Refrigerator	<input checked="" type="checkbox"/>					
13	T.V. antenna <input type="checkbox"/> Owned <input type="checkbox"/> Leased					<input checked="" type="checkbox"/>	
14	Satellite system or DSS dish <input type="checkbox"/> Owned <input type="checkbox"/> Leased					<input checked="" type="checkbox"/>	
15	Trash compactor						<input checked="" type="checkbox"/>

		IN WORKING CONDITION					COMMENTS
D.	ELECTRICAL & TELECOMMUNICATIONS	Yes	No	Do Not Know	Age If Known	N/A	
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased						<input checked="" type="checkbox"/>
2	Smoke/fire detectors: <input type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire	<input checked="" type="checkbox"/>					
3	Carbon Monoxide Alarm Battery <input type="checkbox"/> Hardwire						<input checked="" type="checkbox"/>
4	Light fixtures	<input checked="" type="checkbox"/>					
5	Switches & outlets	<input checked="" type="checkbox"/>					
6	Aluminum wiring (110)		<input checked="" type="checkbox"/>				
7	Electrical: Phase single Voltage 110 Amps 60?	<input checked="" type="checkbox"/>					
8	Telecommunications (T1, fiber, cable, satellite)						
9	Inside telephone wiring & blocks/jacks	<input checked="" type="checkbox"/>					
10	Ceiling fans		<input checked="" type="checkbox"/>				
11	Garage door opener	<input checked="" type="checkbox"/>					
12	Garage door control(s) # 2	<input checked="" type="checkbox"/>					
13	Intercom/doorbell	<input checked="" type="checkbox"/>					
14	In-wall speakers						<input checked="" type="checkbox"/>
15	220 volt service	<input checked="" type="checkbox"/>					
16	Landscape lighting						<input checked="" type="checkbox"/>

		IN WORKING CONDITION					COMMENTS
E.	MECHANICAL	Yes	No	Do Not Know	Age If Known	N/A	
1	Air conditioning:						
	Evaporative cooler						
	Window units						
	Central	<input checked="" type="checkbox"/>					
2	Attic/whole house fan		<input checked="" type="checkbox"/>				
3	Vent fans	<input checked="" type="checkbox"/>					
4	Humidifier		<input checked="" type="checkbox"/>				
5	Air purifier		<input checked="" type="checkbox"/>				
6	Sauna		<input checked="" type="checkbox"/>				
7	Hot tub or spa		<input checked="" type="checkbox"/>				
8	Steam room/shower		<input checked="" type="checkbox"/>				
9	Pool		<input checked="" type="checkbox"/>				
10	Heating system:						
	Type forced air Fuel gas	<input checked="" type="checkbox"/>					
	Type Fuel						
11	Water heater: Number of 1	<input checked="" type="checkbox"/>					
	Fuel type gas Capacity 40 gal. ?						
12	Fireplace: Type built-in Fuel wood	<input checked="" type="checkbox"/>					
13	Fireplace insert						<input checked="" type="checkbox"/>
14	Stove: Type Fuel						<input checked="" type="checkbox"/>
15	When was fireplace/wood stove, chimney/flue last cleaned: Date: 2007 <input type="checkbox"/> Do not know	<input checked="" type="checkbox"/>					
16	Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased						<input checked="" type="checkbox"/>
17	Radiant heating system <input type="checkbox"/> Interior <input type="checkbox"/> Exterior						<input checked="" type="checkbox"/>
18	Hose Type						<input checked="" type="checkbox"/>
	Overhead door						<input checked="" type="checkbox"/>

Buyer(s) Initials _____ Seller(s) Initials _____

19	Entry gate system						<input checked="" type="checkbox"/>	
20	Elevator/escalators						<input checked="" type="checkbox"/>	
IN WORKING CONDITION								
F.	WATER, SEWER & OTHER UTILITIES	Yes	No	Do Not Know	Age If Known	N/A	COMMENTS	
1	Water filter system <input type="checkbox"/> Owned <input type="checkbox"/> Leased						<input checked="" type="checkbox"/>	
2	Water softener <input type="checkbox"/> Owned <input type="checkbox"/> Leased							
3	Sewage problems <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know							
4	Lift station (sewage ejector pump)						<input checked="" type="checkbox"/>	
5	Drainage, storm sewers, retention ponds						<input checked="" type="checkbox"/>	
6	Grey water storage/use						<input checked="" type="checkbox"/>	
7	Plumbing problems <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know							
8	Sump pump						<input checked="" type="checkbox"/>	
9	Underground sprinkler system						<input checked="" type="checkbox"/>	
10	Fire sprinkler system						<input checked="" type="checkbox"/>	
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			<input checked="" type="checkbox"/>				
14	Irrigation pump						<input checked="" type="checkbox"/>	
15	Well pump						<input checked="" type="checkbox"/>	
G.	OTHER DISCLOSURES—IMPROVEMENTS	Yes	No	Do Not Know	N/A	COMMENTS		
1	Included fixtures and equipment in working condition							
2								
3								
4								

II. GENERAL								
H.	USE, ZONING & LEGAL ISSUES	Yes	No	Do Not Know	N/A	COMMENTS		
1	Zoning violation, variance, conditional use, enforceable PUD or non-conforming use		<input checked="" type="checkbox"/>					
2	Notice or threat of condemnation proceedings		<input checked="" type="checkbox"/>					
3	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		<input checked="" type="checkbox"/>					
4	Violation of restrictive covenants or owners' association rules or regulations		<input checked="" type="checkbox"/>					
5	Any building or improvements constructed within the past one year from this Date without approval by the Association or the designated approving body		<input checked="" type="checkbox"/>					
6	Notice of zoning action related to the Property		<input checked="" type="checkbox"/>					
7	Other legal action		<input checked="" type="checkbox"/>					
I.	ACCESS, PARKING, DRAINAGE & SIGNAGE	Yes	No	Do Not Know	N/A	COMMENTS		
1	Any access problems		<input checked="" type="checkbox"/>					
2	Roads, driveways, trails or paths through the Property used by others		<input checked="" type="checkbox"/>					
3	Public highway or county road bordering the Property		<input checked="" type="checkbox"/>					
4	Any proposed or existing transportation project that affects or is expected to affect the Property		<input checked="" type="checkbox"/>					
5	Encroachments, boundary disputes or unrecorded easements		<input checked="" type="checkbox"/>					
6	Shared or common areas with adjoining properties		<input checked="" type="checkbox"/>					
7	Requirements for curb, gravel/paving, landscaping			<input checked="" type="checkbox"/>				
8	Flooding or drainage problems: Past		<input checked="" type="checkbox"/>					
9	Flooding or drainage problems: Present		<input checked="" type="checkbox"/>					

Buyer(s) Initials _____ Seller(s) Initials _____

J. WATER & SEWER SUPPLY		Yes	No	Do Not Know	N/A	COMMENTS
1	Water Rights Type				<input checked="" type="checkbox"/>	
2	Water tap fees paid in full	<input checked="" type="checkbox"/>				
3	Sewer tap fees paid in full	<input checked="" type="checkbox"/>				
4	Subject to augmentation plan					
5	Well required to be metered					
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 If the Property is served by a Well, a copy of the Well Permit <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Well Permit #: _____ <input type="checkbox"/> Drilling Records <input type="checkbox"/> Are <input type="checkbox"/> Are Not attached. Shared Well Agreement <input type="checkbox"/> Yes <input type="checkbox"/> Not The Water Provider for the Property can be contacted at: Name: _____ Address: _____ Web Site: _____ Phone No.: _____ <input type="checkbox"/> There is neither a Well nor a Water Provider for the Property. The source of potable water for the Property is [describe source]: SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. YOU MAY WISH TO CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.					
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 <input type="checkbox"/> 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		Yes	No	Do Not Know	N/A	COMMENTS
Do any of the following conditions now exist or have they ever existed:						
1	Hazardous materials on the Property, such as radioactive, toxic, or biohazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		<input checked="" type="checkbox"/>			
2	Underground storage tanks		<input checked="" type="checkbox"/>			
3	Aboveground storage tanks		<input checked="" type="checkbox"/>			
4	Underground transmission lines			<input checked="" type="checkbox"/>		
5	Pets kept on the Property			<input checked="" type="checkbox"/>		
6	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		<input checked="" type="checkbox"/>			
7	Monitoring wells or test equipment		<input checked="" type="checkbox"/>			
8	Sliding, settling, upheaval, movement or instability of earth or expansive soils of the Property		<input checked="" type="checkbox"/>			
9	Mine shafts, tunnels or abandoned wells on the Property		<input checked="" type="checkbox"/>			
10	Within governmentally designated geological hazard or sensitive area		<input checked="" type="checkbox"/>			
11	Within governmentally designated flood plain or wetland area		<input checked="" type="checkbox"/>			
12	Dead, diseased or infested trees or shrubs		<input checked="" type="checkbox"/>			
13	Environmental assessments, studies or reports done involving the physical condition of the Property		<input checked="" type="checkbox"/>			
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		<input checked="" type="checkbox"/>			
15	Interior of Improvements of Property Tobacco smoke-free	<input checked="" type="checkbox"/>				
16	Other environmental problems		<input checked="" type="checkbox"/>			
L. COMMON INTEREST COMMUNITY - ASSOCIATION PROPERTY		Yes	No	Do Not Know	N/A	COMMENTS
1	Property is part of an owners' association	<input checked="" type="checkbox"/>				
2	Special assessments or increases in regular assessments approved by owners' association but not yet implemented			<input checked="" type="checkbox"/>		
3	Has the Association made demand or commenced a lawsuit against a builder or contractor alleging defective construction of improvements of the Association Property (common area or property owned or controlled by the Association but outside the Seller's Property or Unit).		<input checked="" type="checkbox"/>			
M. OTHER DISCLOSURES — GENERAL		Yes	No	Do Not Know	N/A	COMMENTS
1	Any part of the Property leased to others (written or oral)	<input checked="" type="checkbox"/>				Renters to be out 6/01/09 sooner if need to be

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