



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 (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: April 10, 2009

Property Address: 5704 SOUTH INGALLS STREET LITTLETON COLORADO 80123

Seller: KAREN C. BALLARD

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
1 Structural problems		X			
2 Moisture and/or water problems		X			vapor barrier installed
3 Damage due to termites, other insects, birds, animals or rodents		X			
4 Damage due to hail, wind, fire or flood	X				Small fire in North West Bedroom
5 Cracks, heaving or settling problems		X			
6 Exterior wall or window problems		X			
7 Exterior Artificial Stucco (EIFS)		X		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 <u>Asphalt Comp</u> 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			

IN WORKING CONDITION

C. APPLIANCES	Yes	No	Do Not Know	Age if Known	N/A	COMMENTS
1 Built-in vacuum system & accessories					X	
2 Clothes dryer	X					
3 Clothes washer	X			<u>2008</u>		
4 Dishwasher	X			<u>2008</u>		
5 Disposal	X			<u>2008</u>		
6 Freezer	X				X	
7 Gas Grill	X				X	
8 Hood	X					
9 Microwave oven	X			<u>2008</u>		
10 Oven	X			<u>2008</u>		
11 Range	X			<u>2008</u>		
12 Refrigerator	X			<u>2008</u>		
13 T.V. antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased					X	
14 Satellite system or DSS dish: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased			X			
15 Trash Compactor					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: _____ Seller's Initials: KCB 0246 0906211230131
 3/17/2009 1:52 PM

		IN WORKING CONDITION					
D.	ELECTRICAL & TELECOMMUNICATIONS	Yes	No	Do Not Know	Age If Known	N/A	COMMENTS
1	Security system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		<input checked="" type="checkbox"/>				
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire	<input checked="" type="checkbox"/>			2008		
3	Carbon Monoxide Alarm: <input type="checkbox"/> 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 <u>Panel #</u> Amps <u>150</u>	<input checked="" type="checkbox"/>					
8	Telecommunications (T1, fiber, cable, satellite)	<input checked="" type="checkbox"/>					
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) # <u>1</u>	<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					
E.	MECHANICAL	Yes	No	Do Not Know	Age If Known	N/A	COMMENTS
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 <u>Forced Air</u> Fuel <u>gas</u>	<input checked="" type="checkbox"/>					
	Type _____ Fuel _____						
11	Water heater: Number of <u>1</u>	<input checked="" type="checkbox"/>					
	Fuel type <u>gas</u> Capacity _____						
12	Fireplace: Type <u>gas</u> Fuel <u>gas</u>	<input checked="" type="checkbox"/>					
13	Fireplace insert			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
14	Stove: Type _____ Fuel _____	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
15	When was fireplace/wood stove, chimney/flue last cleaned:						
	Date: _____ <input checked="" type="checkbox"/> Do not know						
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"/>	
	Hose Type _____						
18	Overhead door	<input checked="" type="checkbox"/>					
19	Entry gate system					<input checked="" type="checkbox"/>	
20	Elevator					<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					<input checked="" type="checkbox"/>	
3	Sewage problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know		<input checked="" type="checkbox"/>				
4	Lift station (sewage ejector pump)					<input checked="" type="checkbox"/>	
5	Drainage, storm sewers, retention ponds					<input checked="" type="checkbox"/>	
6	Gray 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"/>					

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