

RE/MAX Professionals

COLORADO'S MOST PRESTIGIOUS REAL ESTATE COMPANY

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: 8/28/09

Property Address: 7700 WEST GRANT RANCH BLVD #1E DENVER COLORADO 80123

Seller: BENTON R. EAGAR and GEORGANNA R. EAGAR

I. IMPROVEMENTS

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		<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 <u>Composition</u> Age <u>11 yrs.</u>					
Roof material _____ Age _____					
3 Roof leak: Past		<input checked="" type="checkbox"/>			
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"/>		<u>HOA responsibility</u>
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"/>			

IN WORKING CONDITION						
C. APPLIANCES	Yes	No	Do Not Know	Age If Known	N/A	COMMENTS
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	<input checked="" type="checkbox"/>					
5 Disposal	<input checked="" type="checkbox"/>					
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 checked="" type="checkbox"/> Leased					<input checked="" type="checkbox"/>	
15 Trash Compactor					<input checked="" type="checkbox"/>	

The printed portions of this form, except *differentiated* additions, have been approved by the Colorado Real Estate Commission. (SPD 29-5-09) (Mandatory 7-09)

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

		IN WORKING CONDITION						
E.	MECHANICAL	Yes	No	Do Not Know	Age If Known	N/A	COMMENTS	
1	Air conditioning:							
	Evaporative cooler							
	Window units							
	Central	✓						
2	Attic/whole house fan						✓	
3	Vent fans	✓						
4	Humidifier	✓						
5	Air purifier	✓						
6	Sauna						✓	
7	Hot tub or spa						✓	
8	Steam room/shower						✓	
9	Pool						✓	
10	Heating system:							
	Type <u>Central</u> Fuel <u>gas</u>	✓						
	Type _____ Fuel _____							
11	Water heater: Number of <u>1</u>							
	Fuel type <u>gas</u> Capacity <u>40 gallons</u>	✓						
12	Fireplace: Type _____ Fuel <u>gas</u>	✓						
13	Fireplace insert						✓	
14	Stove: Type _____ Fuel _____						✓	
15	When was fireplace/wood stove, chimney/flue last cleaned:							
	Date: _____ <input type="checkbox"/> Do not know						✓	
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 _____							
18	Overhead door						✓	
19	Entry gate system						✓	
20	Elevator						✓	

		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						✓	
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased						✓	
3	Sewage problems:							
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know							
4	Lift station (sewage ejector pump)						✓	
5	Drainage, storm sewers, retention ponds						✓	
6	Gray water storage/use						✓	
7	Plumbing problems:							
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do not know							
8	Sump pump						✓	
9	Underground sprinkler system						✓	

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