

**RE/MAX Professionals**

COLORADO'S MOST *P*RESTIGIOUS 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: 1/2/2009

Property Address: 4157 WEST GRAND AVENUE DENVER COLORADO 80123

Seller: **KARILYN LEE FELDMAN**

**I. IMPROVEMENTS**

| A. STRUCTURAL CONDITIONS  |  |                                     |                                     |                                     |  |     |    | COMMENTS    |              |          |          |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|--|-----|----|-------------|--------------|----------|----------|
| Do any of the following conditions now exist or have they ever existed: |  |                                     |                                     |                                     |  | Yes | No |             | Do Not Know  | N/A      |          |
| 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 _____<br>Roof material _____ Age _____                               |                                     |                                     | <input checked="" type="checkbox"/> |  |     |    |             |              |          |          |
| 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"/> |                                     |  |     |    |             |              |          |          |
| 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 checked="" 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"/> |                                     |  |     |    |             |              |          |          |

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| D. | ELECTRICAL & TELECOMMUNICATIONS   | IN WORKING CONDITION |    |             | Age If Known | N/A | COMMENTS |
|----|---|----------------------|----|-------------|--------------|-----|----------|
|    |   | Yes                  | No | Do Not Know |              |     |          |
| 1  | Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased                     |                      | ✓  |             |              |     |          |
| 2  | Smoke/fire detectors: <input checked="" 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) # <u>2</u>   | ✓                    |    |             |              |     |          |
| 13 | Intercom/doorbell   | ✓                    |    |             |              |     |          |
| 14 | In-wall speakers  |                      | ✓  |             |              |     |          |
| 15 | 220 volt service  | ✓                    |    |             |              |     |          |
| 16 | Landscape lighting  | ✓                    |    |             |              |     |          |

| E. | MECHANICAL   | IN WORKING CONDITION |              |             | Age If Known | N/A | COMMENTS |
|----|--|----------------------|--------------|-------------|--------------|-----|----------|
|    |  | Yes                  | No           | Do Not Know |              |     |          |
| 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:<br>Type <u>AIR</u> Fuel <u>GAS</u><br>Type _____ Fuel _____                                      | ✓                    |              |             |              |     |          |
| 11 | Water heater: Number of <u>1</u><br>Fuel type <u>GAS</u> Capacity <u>50</u>                                      | ✓                    |              |             |              |     |          |
| 12 | Fireplace: Type <u>BRICK</u> Fuel <u>WOOD</u>  | ✓                    |              |             |              |     |          |
| 13 | Fireplace insert   | ✓                    | <del>✓</del> |             |              |     |          |
| 14 | Stove: Type _____ Fuel _____   |                      |              |             |              |     |          |
| 15 | When was fireplace/wood stove,<br>chimney/flue last cleaned:<br>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<br>Hose Type _____   |                      |              |             |              |     |          |
| 18 | Overhead door  | ✓                    |              |             |              |     |          |
| 19 | Entry gate system  |                      | ✓            |             |              |     |          |
| 20 | Elevator   |                      | ✓            |             |              |     |          |

| F. | WATER, SEWER & OTHER UTILITIES   | IN WORKING CONDITION |    |             | Age If Known | N/A | COMMENTS |
|----|--|----------------------|----|-------------|--------------|-----|----------|
|    |  | Yes                  | No | Do Not Know |              |     |          |
| 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:<br><input type="checkbox"/> Yes <input 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:<br><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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