

**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: 4/24/10

Property Address: 7400 WEST GRANT RANCH BLVD #53 DENVER COLORADO 80123

Seller: MARK E KEARNS and GALE L KEARNS

**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"/>	<input checked="" type="checkbox"/>				
5 Cracks, heaving or settling problems		<input checked="" type="checkbox"/>				
6 Exterior wall or window problems	<input checked="" type="checkbox"/>				North siding replaced 2009 Hail Storm	
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"/>				
IN WORKING CONDITION						
B. ROOF	Yes	No	Do Not Know	N/A	COMMENTS	
1 Roof problems	<input checked="" type="checkbox"/>				Hail Storm 2009	
2 Roof material <u>Comp Shingle</u> Age <u>12/09</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"/>		HOF handles roofing	
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	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 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)

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Buyer's Initials: AS  
4/16/2010 2:22 PM

Seller's Initials: MEK 0246 1010610440229  
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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 checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		<input checked="" type="checkbox"/>				needs to be reconnected in the Basement Control Panel
2	Smoke/fire detectors: <input type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire	<input checked="" type="checkbox"/>					
3	Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input checked="" 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>PHT</u> Amps <u>220</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>3</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"/>	

E.	MECHANICAL	IN WORKING CONDITION			Age If Known	N/A	COMMENTS
		Yes	No	Do Not Know			
1	Air conditioning:						
	Evaporative cooler					<input checked="" type="checkbox"/>	
	Window units					<input checked="" type="checkbox"/>	
	Central	<input checked="" type="checkbox"/>			'04		
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>Force air</u> Fuel <u>Gas</u> Type _____ Fuel _____	<input checked="" type="checkbox"/>			'04		
11	Water heater: Number of <u>1</u> Fuel type <u>Gas</u> Capacity <u>50</u>				'03		
12	Fireplace: Type _____ Fuel <u>Gas</u>						
13	Fireplace insert					<input checked="" type="checkbox"/>	
14	Stove: Type _____ Fuel <u>elec</u>	<input checked="" type="checkbox"/>					
15	When was fireplace/wood stove, chimney/flue last cleaned: Date: _____ <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 Hose Type _____					<input checked="" type="checkbox"/>	
18	Overhead door	<input checked="" type="checkbox"/>					
19	Entry gate system					<input checked="" type="checkbox"/>	
20	Elevator					<input checked="" type="checkbox"/>	

F.	WATER, SEWER & OTHER UTILITIES	IN WORKING CONDITION			Age If Known	N/A	COMMENTS
		Yes	No	Do Not Know			
1	Water filter system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased	<input checked="" type="checkbox"/>					
2	Water softener: <input checked="" 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						
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"/>	HOF maintained

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