

# 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: July 21, 2010

Property Address: 7400 WEST GRANT RANCH BLVD #47 DENVER COLORADO 80123

Seller: MARK BERGDALE and MARY BERGDALE

### 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"/>				July 2009 - repairs completed
5 Cracks, heaving or settling problems	<input checked="" type="checkbox"/>				Corner floor repaired
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>Asphalt Comp</u> Age <u>2009-new</u>					
Roof material _____ Age _____					
3 Roof leak: Past	<input checked="" type="checkbox"/>				Hail Storm - repaired
4 Roof leak: Present		<input checked="" type="checkbox"/>			
5 Damage to roof: Past	<input checked="" type="checkbox"/>				Hail Storm - replaced 2009-Dec
6 Damage to roof: Present		<input checked="" type="checkbox"/>			
7 Roof under warranty until _____ Transferable <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				HOA
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"/>			New - 2009

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"/>					ICE MAKER NOT CONNECTED
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)

		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
D.	ELECTRICAL & TELECOMMUNICATIONS	Yes	No	Do Not Know			
1	Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			✓			<i>Hardware not connected since new windows</i>
2	Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwire	✓					
3	Carbon Monoxide Alarm: <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwire	✓					
4	Light fixtures	✓					
5	Switches & outlets	✓					
6	Aluminum wiring (110)					✓	
7	Electrical <i>Phase 1</i> Amps <u>150</u>	✓					
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/ <u>doorbell</u>	✓					
14	In-wall speakers	✓					
15	220 volt service	✓					
16	Landscape lighting					✓	

		IN WORKING CONDITION			Age If Known	N/A	COMMENTS
E.	MECHANICAL	Yes	No	Do Not Know			
1	Air conditioning:						
	Evaporative cooler					✓	
	Window units					✓	
	Central	✓					
2	Attic/whole house fan					✓	
3	Vent fans	✓					
4	Humidifier			✓			<i>Not hooked up</i>
5	Air purifier					✓	
6	Sauna					✓	
7	Hot tub or spa					✓	
8	Steam room/shower					✓	
9	Pool					✓	
10	Heating system:						
	Type <u>forced Air</u> Fuel <u>Gas</u>	✓					
	Type _____ Fuel _____						
11	Water heater: Number of <u>1</u>						
	Fuel type <u>Gas</u> Capacity <u>50 gal</u>	✓					
12	Fireplace: Type <u>Gas</u> 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			Age If Known	N/A	COMMENTS
F.	WATER, SEWER & OTHER UTILITIES	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:						
	<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	✓					<i>HOA Controlled</i>

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