



RE/MAX Professionals
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The printed portions of this form, except differentiated additions, have been approved by the Colorado Real Estate Commission (SPD29-5-09) (Mandatory 7-09)

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: 9/2/2010

Property Address: 3697 S DEPEW ST UNIT 4 LAKEWOOD 80235

Seller: THELMA MCDONOUGH

| I. IMPROVEMENTS | | | | | | | | | | |
|--------------------------|-------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------|----------------------------------|----------|----------|
| A. STRUCTURAL CONDITIONS | Do any of the following conditions now exist or have they ever existed: | | | | Yes | No | Do Not Know | N/A | COMMENTS | |
| 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"/> | | | | | | Hail storm 1998 | | |
| 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"/> | | | | | | Basement totally finished 1998 | | |
| 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 | | | | | | | | | |
| 3 | 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"/> | | | | | | Hail storm 1998-repaired by HOA | | |
| 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"/> | | | | | | Hail storm 1998 -repaired by HOA | | |
| 10 | Gutter or downspout problems | <input checked="" type="checkbox"/> | | | | | | Downspout repaired - 1998 by HOA | | |
| 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 type="checkbox"/> Leased | | | | | | <input checked="" type="checkbox"/> |
| 15 | Trash compactor | | | | | | <input checked="" type="checkbox"/> |

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 | | | | | <input checked="" type="checkbox"/> | |
| 2 | Smoke/fire detectors: <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwire | <input checked="" type="checkbox"/> | | | | | |
| 3 | Carbon Monoxide Alarm Battery <input type="checkbox"/> Hardwire | <input checked="" type="checkbox"/> | | | | | Quantity:2 |
| 4 | Light fixtures | <input checked="" type="checkbox"/> | | | | | |
| 5 | Switches & outlets | <input checked="" type="checkbox"/> | | | | | |
| 6 | Aluminum wiring (110) | | | <input checked="" type="checkbox"/> | | | |
| 7 | Electrical: Amps | | | <input checked="" type="checkbox"/> | | | |
| 8 | Telecommunications (T1, fiber, cable, satellite) | <input checked="" type="checkbox"/> | | | | | Cable |
| 9 | Inside telephone wiring & blocks/jacks | <input checked="" type="checkbox"/> | | | | | |
| 10 | Ceiling fans | <input checked="" type="checkbox"/> | | | | | One only |
| 11 | Garage door opener | <input checked="" type="checkbox"/> | | | | | |
| 12 | Garage door control(s) # 1 | <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 | | | | | <input checked="" type="checkbox"/> | |
| | Window units | | | | | <input checked="" type="checkbox"/> | |
| | 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"/> | | | | | Community |
| 8 | Steam room/shower | | | | | <input checked="" type="checkbox"/> | |
| 9 | Pool | <input checked="" type="checkbox"/> | | | | | Community |
| 10 | Heating system: Type Forced air Fuel Gas Type Fuel | <input checked="" type="checkbox"/> | | | | | |
| 11 | Water heater: Number of 1 Fuel type Capacity 40 galls | <input checked="" type="checkbox"/> | | | | | |
| 12 | Fireplace: Type Built in Fuel Wood | <input checked="" type="checkbox"/> | | | | | |

| | | | | | | | |
|----|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|--|--|--|--|-------------------------------------|
| 13 | Fireplace insert | | | | | | <input checked="" type="checkbox"/> |
| 14 | Stove: Type Fuel Electric | <input checked="" type="checkbox"/> | | | | | |
| 15 | When was fireplace/wood stove, chimney/flue last cleaned: Date: <input checked="" type="checkbox"/> Do not know | | | | | | HOA can verify last cleaning |
| 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"/> | | | | | New roller installed 2004 |
| 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 | | | | | | |
| 4 | Lift station (sewage ejector pump) | | | | | <input checked="" type="checkbox"/> | |
| 5 | Drainage, storm sewers, retention ponds | | | <input checked="" type="checkbox"/> | | | |
| 6 | Grey 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"/> | |
| 10 | Fire sprinkler system | | | | | <input checked="" type="checkbox"/> | |
| 11 | Polybutylene pipe <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do not know | | | | | | |
| 12 | Galvanized pipe <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Do not know | | | | | | |
| 13 | Backflow prevention device <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage | | | <input checked="" type="checkbox"/> | | | |
| 14 | Irrigation pump | | | <input checked="" type="checkbox"/> | | | |
| 15 | Well pump | | | <input checked="" type="checkbox"/> | | | |

| G. | OTHER DISCLOSURES—IMPROVEMENTS | Yes | No | Do Not Know | N/A | COMMENTS |
|----|------------------------------------------------------|-------------------------------------|----|-------------|-----|----------|
| 1 | Included fixtures and equipment in working condition | | | | | |
| 2 | Basement: Bath/shower/sink/lavatory | <input checked="" type="checkbox"/> | | | | |
| 3 | Basement: Bedroom finished | <input checked="" type="checkbox"/> | | | | |
| 4 | Basement: Family room finished | <input checked="" type="checkbox"/> | | | | |

II. GENERAL

| H. | USE, ZONING & LEGAL ISSUES | Yes | No | Do Not Know | N/A | COMMENTS |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------|-----|----------|
| 1 | Zoning violation, variance, conditional use, enforceable PUD or non-conforming use | | | <input checked="" type="checkbox"/> | | |
| 2 | Notice or threat of condemnation proceedings | | <input checked="" type="checkbox"/> | | | |
| 3 | Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved | | | <input checked="" type="checkbox"/> | | |
| 4 | Violation of restrictive covenants or owners' association rules or regulations | | <input checked="" type="checkbox"/> | | | |
| 5 | Any building or improvements constructed within the past one year from this Date without approval by the Association or the designated approving body | | <input checked="" type="checkbox"/> | | | |
| 6 | Notice of zoning action related to the Property | | | <input checked="" type="checkbox"/> | | |
| 7 | Other legal action | | | <input checked="" type="checkbox"/> | | |

Do Not

