

**SELLER'S PROPERTY  
DISCLOSURE STATEMENT**

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1. Date 12/20/11  
2. Page 1 of \_\_\_\_\_ pages

**3. THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.**

4. **NOTICE:** This Disclosure Statement satisfies the disclosure requirements of MN Statutes 513.52 through 513.60.  
5. Under Minnesota law, Sellers of residential property, with limited exceptions listed on page nine (9), are obligated to  
6. disclose to prospective Buyers all material facts of which Seller is aware that could adversely and significantly affect  
7. an ordinary Buyer's use or enjoyment of the property or any intended use of the property of which Seller is aware.  
8. MN Statute 513.58 requires Seller to notify Buyer in writing as soon as reasonably possible, but in any event  
9. before closing, if Seller learns that Seller's disclosure was inaccurate. Seller has disclosure alternatives allowed  
10. by MN Statutes. See *Seller's Disclosure Alternatives* form for further information regarding disclosure alternatives. This  
11. disclosure is not a warranty or a guarantee of any kind by Seller or licensee representing or assisting any party in the  
12. transaction.

13. **INSTRUCTIONS TO BUYER:** Buyers are encouraged to thoroughly inspect the property personally or have it inspected  
14. by a third party, and to inquire about any specific areas of concern. **NOTE:** If Seller answers NO to any of the questions  
15. listed below, it does not necessarily mean that it does not exist on the property. NO may mean that Seller is unaware  
16. that it exists on the property.

17. **INSTRUCTIONS TO SELLER:** (1) Complete this form yourself. (2) Consult prior disclosure statement(s) and/or  
18. inspection report(s) when completing this form. (3) Describe conditions affecting the property to the best of your  
19. knowledge. (4) Attach additional pages, with your signature, if additional space is required. (5) Answer all questions.  
20. (6) If any items do not apply, write "NA" (not applicable).

21. Property located at \_\_\_\_\_  
22. City of \_\_\_\_\_, County of \_\_\_\_\_, State of Minnesota.

**23. A. GENERAL INFORMATION:**

24. (1) When did you  Acquire  Build the home? Acquired Nov-1986, Current House Built 1991  
(Check one.)

25. (2) Type of title evidence:  Abstract  Registered (Torrens) By Danberry Construction  
26. Location of Abstract: Beacon Bank Safe Deposit Box

27. To your knowledge, is there an existing Owner's Title Insurance Policy?  Yes  No

28. (3) Have you occupied this home continuously for the past 12 months?  Yes  No

29. If "No," explain: FL residents - here 5-6 months in summer

30. (4) Is the home suitable for year-round use? JRP  Yes  No

31. (5) To your knowledge, is the property located in a designated flood plain?  Yes  No

32. (6) Are you in possession of prior seller's disclosure statement(s)? (If "Yes," please attach.)  Yes  No

33. (7) Is the property located on a public or a private road?  Public  Private

34. Are you aware of any  
35. (8) encroachments?  Yes  No

36. (9) association, covenants, historical registry, reservations or restrictions that affect or  
37. may affect the use or future resale of the property?  Yes  No

38. (10) easements, other than utility or drainage easements?  Yes  No

39. (11) Comments: Property was subdivided by previous owner with  
40. easement to allow access to lake along south edge of property

41. **ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**

SELLER'S PROPERTY  
DISCLOSURE STATEMENT

42. Page 2

43. THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.

44. Property located at \_\_\_\_\_

45. B. GENERAL CONDITION: To your knowledge, have any of the following conditions previously existed or do they  
46. currently exist?

47. (1) Has there been any damage by wind, fire, flood, hail or other cause(s)?  Yes  No

48. If "Yes," give details of what happened and when: HAIL DAMAGE was Spring of  
49. 2001. Roof was totally replaced June 2001.

52. (2) (a) Has/Have the structure(s) been altered?

53. (e.g., additions, altered roof lines, changes to load-bearing walls)  Yes  No

54. If "Yes," please specify what was done, when and by whom (owner or contractor):  
55. Original home was demolished and current  
56. structure built in 1991

58. (b) Has any work been performed on the property? (e.g., additions to the property, wiring, plumbing,  
59. retaining wall, general finishing.)  Yes  No

60. If "Yes," please explain: Basement Finished in 1999  
62. Water damage repaired + lead scraped + bent house 2007

64. (c) Were appropriate permits pulled for any work performed on the property?  Yes  No

65. (3) Has there been any damage to flooring or floor covering?  Yes  No

66. If "Yes," give details of what happened and when: Laundry room doorway  
67. scratched by  
68. dog 11-12 years ago. J.B.P.

70. (4) Are you aware of any insect/animal/pest infestation?  Yes  No

71. (5) Do you have or have you previously had any pets?  Yes  No

72. If "Yes," indicate type Golden Retrievers + Schnoodle and number 2 + 1

73. (6) Comments: Last Golden died in 2005

74. Schnoodle Mini Schnauzer/Poodle currently living in the  
75. house

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**SELLER'S PROPERTY  
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**79. THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.**

80. Property located at \_\_\_\_\_  
 81. **C. STRUCTURAL SYSTEMS:** To your knowledge, have any of the following conditions previously existed or do they  
 82. currently exist?

(ANSWERS APPLY TO ALL STRUCTURES, SUCH AS GARAGE AND OUTBUILDINGS.)

**(1) THE BASEMENT, CRAWLSPACE, SLAB:**

- |                             |                              |  |                      |   |  |
|-----------------------------|------------------------------|--|----------------------|---|--|
| 85. (a) cracked floor/walls | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (e) leakage/seepage  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 86. (b) drain tile problem  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (f) sewer backup     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 87. (c) flooding            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (g) wet floors/walls | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 88. (d) foundation problem  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | (h) other            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

89. Give details to any questions answered "Yes": 6) - Floor under stairway (water  
 90. stairway) in storage closet can get wet under heavy rain  
 91. conditions. We have never had any wet carpet. Also the east  
 92. wall in the large storage area in the basement can have  
 93. a limited amount of moisture sometimes, the floor in this  
 94. area doesn't get wet.  
 95. A) Laundry Room leak caused ceiling damage in basement by Egress window fixed  
 96. H) Prior to finishing basement the egress window drain plugged  
 97. damaging the window and getting the unfinished basement  
 98. wall and floor wet. The window was replaced as part of the basement  
 99. completion

**(2) THE ROOF:** To your knowledge,

100. (a) what is the age of the roofing material? 8 years
101. (b) has there been any interior or exterior damage?  Yes  No
102. (c) has there been interior damage from ice buildup?  Yes  No
103. (d) has there been any leakage?  Yes  No
104. (e) have there been any repairs or replacements made to the roof?  Yes  No

105. Give details to any questions answered "Yes": As previously noted the roof was  
 106. entirely replaced in 2001 due to hail damage 2001  
 107. \_\_\_\_\_  
 108. \_\_\_\_\_  
 109. \_\_\_\_\_  
 110. \_\_\_\_\_  
 111. \_\_\_\_\_  
 112. \_\_\_\_\_  
 113. \_\_\_\_\_  
 114. \_\_\_\_\_

**115. ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**

**SELLER'S PROPERTY DISCLOSURE STATEMENT**

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117. **THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.**

118. Property located at \_\_\_\_\_

**D. APPLIANCES, HEATING, PLUMBING, ELECTRICAL AND OTHER MECHANICAL SYSTEMS:**

120. **NOTE:** This section refers only to the working condition of the following items. Answers apply to all such items unless otherwise noted in comments below. Personal property is included in the sale **ONLY IF** specifically referenced in the *Purchase Agreement*.

123. **Cross out only those items not physically located on the property.**

In Working Order			In Working Order			In Working Order				
	Yes	No		Yes	No		Yes	No		
126. Air-conditioning	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV antenna system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
127. <input checked="" type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Window						<input type="checkbox"/> Heating system (supplemental)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> TV cable system	<input type="checkbox"/>
128. Air exchange system	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Incinerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TV satellite dish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
129. Ceiling fan	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intercom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rented <input type="checkbox"/> Owned			
130. Dishwasher		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lawn sprinkler system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV satellite receiver	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
131. Doorbell	<i>PHONE SYSTEM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rented <input checked="" type="checkbox"/> Owned	-1		
132. Drain tile system		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer		<input checked="" type="checkbox"/>	<input type="checkbox"/>
133. Dryer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>Pool and equipment</del>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
134. Electrical system		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range/oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>Water treatment system</del>		<input type="checkbox"/>	<input type="checkbox"/>
135. Exhaust system		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rented <input type="checkbox"/> Owned			
136. <del>Fire sprinkler system</del>		<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows		<input checked="" type="checkbox"/>	<input type="checkbox"/>
137. Fireplace		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window treatments		<input checked="" type="checkbox"/>	<input type="checkbox"/>
138. Fireplace mechanisms		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Rented <input checked="" type="checkbox"/> Owned			<del>Wood burning stove</del>		<input type="checkbox"/>	<input type="checkbox"/>
139. Furnace humidifier	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>Smoke detectors (battery)</del>	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
140. Freezer		<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors (hardwired)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
141. Garage door opener (GDO)	<i>2-1-1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solar collectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
142. Garage auto reverse		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<del>Swamp pump</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
143. GDO remote		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet mechanisms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>
144. Garbage disposal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>	<input type="checkbox"/>

145. Comments: *2-Furnaces, 2-AC, 2 Van E systems, 1 Garage door opener not working*  
 146. *in separate garage not working, 3rd garage doesn't have a GDO or lock. Trash compactor*  
 147. *bin garage. Entire house is pre-wired for cable, furnace in workshop*

**E. PRIVATE SEWER SYSTEM DISCLOSURE:**

149. (A private sewer system disclosure is required by MN Statute 115.55.)  
 150. (Check appropriate box.)

- 151.  Seller does not know of a private sewer system on or serving the above-described real property.
- 152.  There is a private sewer system on or serving the above-described real property.
- 153. (See *Private Sewer System Disclosure Statement*.)
- 154.  There is an abandoned private sewer system on the above-described real property.
- 155. (See *Private Sewer System Disclosure Statement*.)

*Furnace in workshop is 2 years old*

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158. THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.

159. Property located at \_\_\_\_\_

160. **F. PRIVATE WELL DISCLOSURE:** (A well disclosure and Certificate are required by MN Statute 1031.235.)

161. (Check appropriate box.)

162.  Seller certifies that Seller does not know of any wells on the above-described real property.

163.  Seller certifies there are one or more wells located on the above-described real property.

164. (See Well Disclosure Statement.)

165. Are there any wells serving the above-described property that are not located on the property?  Yes  No

166. To your knowledge, is this property in a Special Well Construction Area?  Yes  No

167. **G. PROPERTY TAX TREATMENT:**

168. **Valuation Exclusion Disclosure** (Required by MN Statute 273.11, Subd. 16.)

169. (Check appropriate box.)

170. There  IS  IS NOT an exclusion from market value for home improvements on this property. Any

171. valuation exclusion shall terminate upon sale of the property, and the property's estimated market value for

172. property tax purposes shall increase. If a valuation exclusion exists, Buyers are encouraged to look into the

173. resulting tax consequences.

174. Additional comments: \_\_\_\_\_

175. **Preferential Property Tax Treatment**

176. Is the property subject to any preferential property tax status or any other credits affecting the property which

177. would terminate upon the sale of the property?  Yes  No

178. (e.g., Disability, Green Acres, CRP, RIM)

179. If "Yes," please explain: \_\_\_\_\_

180. \_\_\_\_\_

181. **H. METHAMPHETAMINE PRODUCTION DISCLOSURE:**

182. (A Methamphetamine Production Disclosure is required by MN Statute 152.0275, Subd. 2 (m).)

183.  Seller is not aware of any methamphetamine production that has occurred on the property.

184.  Seller is aware that methamphetamine production has occurred on the property.

185. (See Methamphetamine Production Disclosure Statement.)

186. **I. NOTICE REGARDING AIRPORT ZONING REGULATIONS:** The property may be in or near an airport safety

187. zone with zoning regulations adopted by the governing body that may affect the property. Such zoning regulations

188. are filed with the county recorder in each county where the zoned area is located. If you would like to determine

189. if such zoning regulations affect the property, you should contact the county recorder where the zoned area is

190. located.

191. **J. CEMETERY ACT:**

192. MN Statute 307.08 prohibits any damage or illegal molestation of human remains, burials or cemeteries. A person

193. who intentionally, willfully and knowingly destroys, mutilates, injures, disturbs or removes human skeletal remains

194. or human burial grounds is guilty of a felony.

195. To your knowledge, are you aware of any human remains, burials or cemeteries located

196. on the property?  Yes  No

197. If "Yes," please explain: \_\_\_\_\_

198. \_\_\_\_\_

199. All unidentified human remains or burials found outside of platted, recorded or identified cemeteries and in contexts

200. which indicate antiquity greater than 50 years shall be dealt with according to the provisions of MN Statute 307.08,

201. Subd. 7.

202. **ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**

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204. **THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.**

205. Property located at \_\_\_\_\_

**206. K. ENVIRONMENTAL CONCERNS:**

207. To your knowledge, have any of the following environmental concerns previously existed or do they currently exist  
208. on the property?

- |                                    |                              |  |                            |                              |  |
|------------------------------------|------------------------------|--|----------------------------|------------------------------|--|
| 209. Asbestos?                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Mold?                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 210. Diseased trees?               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Radon?                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 211. Formaldehyde?                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Soil problems?             | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 212. Hazardous wastes/substances?  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Underground storage tanks? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 213. Lead? (e.g., paint, plumbing) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Other?                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

214. Are you aware if there are currently, or have previously been, any orders issued on the property by any governmental  
215. authority ordering the remediation of a public health nuisance on the property?  Yes  No

216. If answer above is "Yes," seller certifies that all orders  HAVE  HAVE NOT been vacated.  
----- (Check one.) -----

217. Give details to any question answered "Yes": \_\_\_\_\_

218. \_\_\_\_\_

219. \_\_\_\_\_

220. \_\_\_\_\_

221. \_\_\_\_\_

222. \_\_\_\_\_

**223. L. OTHER DEFECTS/MATERIAL FACTS:**

224. Are you aware of any other material facts that could adversely and significantly affect an ordinary buyer's use or  
225. enjoyment of the property or any intended use of the property?  Yes  No

226. If "Yes," explain below: \_\_\_\_\_

227. \_\_\_\_\_

228. \_\_\_\_\_

229. \_\_\_\_\_

230. \_\_\_\_\_

231. \_\_\_\_\_

**232. M. ADDITIONAL COMMENTS:**

233. \_\_\_\_\_

234. \_\_\_\_\_

235. \_\_\_\_\_

236. \_\_\_\_\_

237. \_\_\_\_\_

238. \_\_\_\_\_

239. **ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**

SELLER'S PROPERTY  
DISCLOSURE STATEMENT

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276. THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.

277. Property located at \_\_\_\_\_

278. **O. NOTICE REGARDING PREDATORY OFFENDER INFORMATION:** Information regarding the predatory  
279. offender registry and persons registered with the predatory offender registry under MN Statute 243.166  
280. may be obtained by contacting the local law enforcement offices in the community where the property  
281. is located or the Minnesota Department of Corrections at (651) 361-7200, or from the Department of  
282. Corrections web site at [www.corr.state.mn.us](http://www.corr.state.mn.us).

283. **LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS AND ARE**  
284. **NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**

285. **P. SELLER'S STATEMENT:**

286. *(To be signed at time of listing.)*

287. Seller(s) hereby states the material facts as stated above are true and accurate and authorizes any licensee(s)  
288. representing or assisting any party(les) in this transaction to provide a copy of this Disclosure to any person or  
289. entity in connection with any actual or anticipated sale of the property.

290. \_\_\_\_\_  
(Seller)

8/27/09  
(Date)

Julie B. Peterson 8/27/09  
(Seller) (Date)

291. **Q. BUYER'S ACKNOWLEDGEMENT:**

292. *(To be signed at time of purchase agreement.)*

293. I/We, the Buyer(s) of the property, acknowledge receipt of this Seller's Property Disclosure Statement and agree  
294. that no representations regarding material facts have been made other than those made above.

295. \_\_\_\_\_  
(Buyer)

(Date)

(Buyer)

(Date)

296. **R. SELLER'S ACKNOWLEDGMENT:**

297. *(To be signed at time of purchase agreement.)*

298. **AS OF THE DATE BELOW, I/we, the Seller(s) of the property, state that the material facts stated above are the**  
299. **same, except for changes as indicated below, which have been signed and dated.**

300. \_\_\_\_\_

301. \_\_\_\_\_

302. \_\_\_\_\_

303. \_\_\_\_\_

304. \_\_\_\_\_

305. \_\_\_\_\_  
(Seller)

(Date)

(Seller)

(Date)

306. For purposes of the seller disclosure requirements of MN Statutes 513.52 through 513.60:

307. "Residential real property" or "residential real estate" means property occupied as, or intended to be occupied as, a  
308. single-family residence, including a unit in a common interest community as defined in MN Statute 515B.1-103, clause  
309. (10), regardless of whether the unit is in a common interest community not subject to chapter 515B.

310. The seller disclosure requirements of MN Statutes 513.52 through 513.60 apply to the transfer of any interest in  
311. residential real estate, whether by sale, exchange, deed, contract for deed, lease with an option to purchase or any  
312. other option.

313. **ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**



### WELL DISCLOSURE STATEMENT

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- 1. Date December 19, 2011
- 2. Page 1 of \_\_\_\_\_ pages: THE REQUIRED MAP IS
- 3. ATTACHED HERETO AND MADE A PART HEREOF.

- 4. Minnesota Statute 1031.235 requires that, before signing an agreement to sell or transfer real property, Seller must disclose information in writing to Buyer about the status and location of all known wells on the property. This requirement is satisfied by delivering to Buyer either a statement by Seller that Seller does not know of any wells on the property, or a disclosure statement indicating the legal description and county, and a map showing the location of each well. In the disclosure statement Seller must indicate, for each well, whether the well is in use, not in use or sealed.
- 9. Unless Buyer and Seller agree to the contrary in writing, before the closing of the sale, a Seller who fails to disclose the existence or known status of a well at the time of sale, and knew or had reason to know of the existence or known status of the well, is liable to Buyer for costs relating to sealing of the well and reasonable attorneys' fees for collection of costs from Seller, if the action is commenced within six years after the date Buyer closed the purchase of the real property where the well is located.
- 14. Legal requirements exist relating to various aspects of location and status of wells. Buyer is advised to contact the local unit(s) of government, state agency or qualified professional which regulates wells for further information about these issues.

17. Instructions for completion of this form are on the reverse side.

18. PROPERTY DESCRIPTION: Street Address: 60 Wildhurst Rd

19. Tonka Bay (City) 55331 (Zip) Hennepin (County)

20. LEGAL DESCRIPTION:

- 21.
- 22.
- 23.
- 24.
- 25.

26. WELL DISCLOSURE STATEMENT:

- 27. (Check appropriate box.)
- 28.  Seller certifies that Seller does not know of any wells on the above described real property.
- 29. (If this option is checked, then skip to the last line and sign and date this Statement.)

30.  Seller certifies that the following wells are located on the above described real property.

	MN Unique Well No.	Well Depth	Year of Const.	Well Type	IN USE	NOT IN USE	SEALED
33. Well 1	_____	<u>310 Ft</u>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34. Well 2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Well 3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. NOTE: See definition of terms "IN USE," "NOT IN USE," and "SEALED" on lines 89-100. If a well is not in use, it must be sealed by a licensed well contractor or a well owner must obtain a maintenance permit from the Minnesota Department of Health and pay an annual maintenance fee. Maintenance permits are not transferable. If a well is operable and properly maintained, a maintenance permit is not required.

41. ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.

WELL DISCLOSURE STATEMENT

42. Page 2

43. Property located at 60 Wildhurst Rd Tonka Bay 55331

44. OTHER WELL INFORMATION:

45. Date well water last tested for contaminants: N/A Test results attached? [ ] Yes [X] No

46. Comments:

- 47.
48.
49.
50.
51.
52.

53. Contaminated Well: Is there a well on the property containing contaminated water? [ ] Yes [X] No

54. SEALED WELL INFORMATION: For each well designated as sealed above, complete this section.

55. When was the well sealed? 3/16/11

56. Who sealed the well? Leuthner's Well Disc # 10125

57. Was a Sealed Well Report filed with the Minnesota Department of Health? [X] Yes [ ] No

58. MAP: Complete the attached MAP showing the location of each well on the real property.

59. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any part(ies) in this transaction and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.

61. CERTIFICATION BY SELLER: I certify that the information provided above is accurate and complete to the best of my knowledge.

63. Julie B. Peterson 12/20/11 [Signature] 12/20/11
(Seller or Designated Representative) (Date) (Seller or Designated Representative) (Date)

64. BUYER'S ACKNOWLEDGEMENT:

65. (Buyer) (Date) (Buyer) (Date)

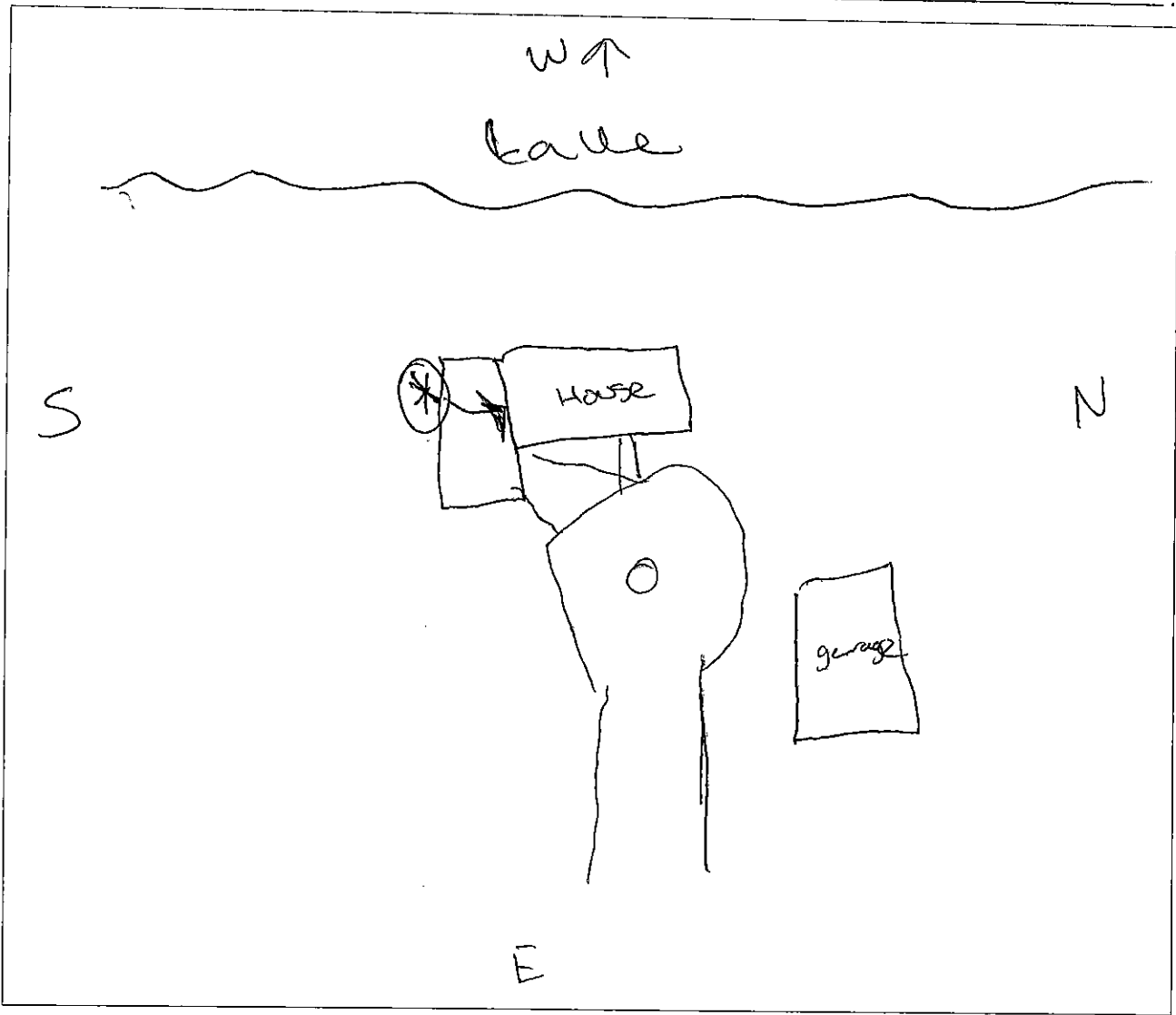
66. ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.



### LOCATION MAP

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- 1. Page \_\_\_\_\_ of \_\_\_\_\_ pages
- 2. Please use the space below to sketch the real property being sold and, to Seller's knowledge, the approximate location of any of the following on the property.
- 3.
- 4.  SUBSURFACE SEWAGE TREATMENT SYSTEM  WELL  METHAMPHETAMINE PRODUCTION AREA  
(Check all that apply.)
- 5. Include approximate distances from fixed reference points such as streets, buildings and landmarks.
- 6. Property located at 60 Wildhurst Rd
- 7. Tonka Bay MN 55331



- 8. ATTACH ADDITIONAL SHEETS AS NEEDED.
- 9. Seller and Buyer initial: \_\_\_\_\_  
(Seller) (Date) (Buyer) (Date)
- 10. \_\_\_\_\_  
(Seller) (Date) (Buyer) (Date)

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11. MN-IM (8/09)

## WELL DISCLOSURE STATEMENT

67. Page 3

### 68. INSTRUCTIONS FOR COMPLETING THE WELL DISCLOSURE STATEMENT

69. **DEFINITION:** A "well" means an excavation that is drilled, cored, bored, washed, driven, dug, jetted or otherwise  
70. constructed if the excavation is intended for the location, diversion, artificial recharge or acquisition of groundwater.

71. **MINNESOTA UNIQUE WELL NUMBER:** All new wells constructed AFTER January 1, 1975, should have been  
72. assigned a Minnesota unique well number by the person constructing the well. If the well was constructed after this  
73. date, you should have the unique well number in your property records. If you are unable to locate your unique well  
74. number and the well was constructed AFTER January 1, 1975, contact your well contractor. If no unique well number  
75. is available, please indicate the depth and year of construction for each well.

76. **WELL TYPE:** Use one of the following terms to describe the well type.

77. **WATER WELL:** A water well is any type of well used to extract groundwater for private or public use. Examples  
78. of water wells are: domestic wells, drive-point wells, dug wells, remedial wells and municipal wells.

79. **IRRIGATION WELL:** An irrigation well is a well used to irrigate agricultural lands. These are typically  
80. large-diameter wells connected to a large pressure distribution system.

81. **MONITORING WELL:** A monitoring well is a well used to monitor groundwater contamination. The well is  
82. typically used to access groundwater for the extraction of samples.

83. **DEWATERING WELL:** A dewatering well is a well used to lower groundwater levels to allow for construction  
84. or use of underground spaces.

85. **INDUSTRIAL/COMMERCIAL WELL:** An industrial/commercial well is a nonpotable well used to extract  
86. groundwater for any nonpotable use, including groundwater thermal exchange wells (heat pumps and heat  
87. loops).

88. **WELL USE STATUS:** Indicate the use status of each well. CHECK ONLY ONE (1) BOX PER WELL.

89. **IN USE:** A well is "in use" if the well is operated on a daily, regular or seasonal basis. A well in use includes  
90. a well that operates for the purpose of irrigation, fire protection or emergency pumping.

91. **NOT IN USE:** A well is "not in use" if the well does not meet the definition of "in use" above and has not been  
92. sealed by a licensed well contractor.

93. **SEALED:** A well is "sealed" if a licensed contractor has completely filled a well by pumping grout material  
94. throughout the entire bore hole after removal of any obstructions from the well. A well is "capped" if it has  
95. a metal or plastic cap or cover which is threaded, bolted or welded into the top of the well to prevent entry  
96. into the well. A "capped" well is not a "sealed" well.

97. If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing  
98. contractor, check the well status as "not in use."

99. If you have any questions, please contact the Minnesota Department of Health, Well Management Section,  
100. at (651) 201-4587 (metropolitan Minneapolis–St. Paul) or 1-800-383-9808 (greater Minnesota).

101. **ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER.**

MN-WDS-3 (8/07)