

NEBRASKA REAL ESTATE COMMISSION
Seller Property Condition Disclosure Statement
Residential Real Property

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. §76-2,120).

Seller _____ is is not occupying the real property.
 How long has Seller owned the real property? _____ 2 year(s)

This Disclosure Statement concerns the real property located at 17207 HICKORY PLAZA, OMAHA, NE 68130

in the City of Omaha, County of Douglas, State of Nebraska legally described as
ANNE & JIM BILLUPS

APRIL 23, 2010
17207 HICKORY PLAZA, OMAHA, NE 68130

Merrifield Village Lot 34
Block 0 IRREG

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE REAL PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH THIS STATEMENT IS SIGNED. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTION OR WARRANTY THAT THE PURCHASER MAY WISH TO OBTAIN. EVEN THOUGH THE INFORMATION PROVIDED IN THIS STATEMENT IS NOT A WARRANTY, THE PURCHASER MAY RELY ON THE INFORMATION CONTAINED HEREIN IN DECIDING WHETHER AND ON WHAT TERMS TO PURCHASE THE REAL PROPERTY. ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION MAY PROVIDE A COPY OF THIS STATEMENT TO ANY OTHER PERSON IN CONNECTION WITH ANY ACTUAL OR POSSIBLE SALE OF THE REAL PROPERTY. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY AGENT, AND IS NOT INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE SELLER AND PURCHASER.

Seller please note: You are required to complete this Disclosure Statement in full. If any particular item or matter does not apply and there is no provision or space for so indicating, insert "N/A".

SELLER STATES THAT, TO THE BEST OF SELLER'S BELIEF AND KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I - If there is more than one of each item listed in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement. If an item in this Part is not on the property or will not be included in the sale, check only the "None/Not Included" column for that item.

SECTION A. Appliances.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Microwave oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Room air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. TV antenna/satellite dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Range ventilation systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION B. Electrical Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Electrical service panel (Capacity _____ amp, if known) _____ Fuse _____ Circuit Breakers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke/fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ceiling fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Room vent fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remote controller(s) (number of controllers, if included _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. 220 volt service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Security system <input checked="" type="checkbox"/> owned <input type="checkbox"/> leased _____ Central station monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Cable TV wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes If yes, explain the condition in the Comments section, PART III of this Disclosure Statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. Heating and Cooling Systems.	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Gas log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Gas starter (fireplace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Whole house fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fireplace/fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Propane tank (____ rent ____ own).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Heating system (<input checked="" type="checkbox"/> gas ____ electric ____ other, specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					13. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

JB *AR*

SECTION D. Water Systems.

- 1. Hot tub/whirlpool
- 2. Plumbing
- 3. Swimming pool
- 4. Underground sprinkler
 backflow preventer

WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5. Water heater
- 6. Water purifier
- 7. Water softener (Rent Own)
- 8. Well system
- 9. Other (Specify) _____

WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION E. Sewer Systems.

- 1. Plumbing
- 2. Sump pump
 (Discharges to _____)

WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 3. Septic System
- 4. Other (Specify) _____
- 5. Other (Specify) _____

WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART II - In this part, in Sections A, B, and C, if the answer to any item is "Yes", explain the condition in the Comments section, PART III of this Disclosure Statement.

Section A. Structural Conditions. If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement.

- 1. Age of Roof (if known) 9 years
- 2. Does the roof leak?
- 3. Has the roof leaked?
- 4. Is there presently damage to the roof?
- 5. Has there been leakage/seepage in the basement or crawl space?
- 6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or rodents?
- 7. Are there any structural problems with the structures on the real property?

DO NOT KNOW

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 8. Is there presently damage to the chimney?
- 9. Are there any windows which presently leak, or do any insulated windows have broken seals?
- 10. Have you experienced any moving or settling of the following:

- foundation?
- floor?
- wall?
- sidewalk?
- patio?
- driveway?
- retaining wall?

Some prior to purchase 2 years ago.

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION B. Environmental Conditions. Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

- 1. Asbestos
- 2. Contaminated soil or water (including drinking water)
- 3. Landfill or buried materials
- 4. Lead-based paint
- 5. Radon gas
- 6. Toxic materials

Mitigated in '08

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 7. Underground fuel, chemical or other type of storage tank
- 8. Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION C. Title Conditions. - Do any of the following conditions exist with regard to the real property?

- 1. Any features, such as walls, fences and driveways, which are shared?
- 2. Any easements, other than normal utility easements?
- 3. Any encroachments?
- 4. Any zoning violations, nonconforming uses, or violations of "setback" requirements?
- 5. Any lot-line disputes?
- 6. Have you been notified, or are you aware, of any work planned or to be performed by a utility or municipality close to the real property including but not limited to sidewalks, streets, sewers, water, power, or gas lines?
- 7. Any condominium, homeowners', or other type of association which has any authority over the real property?
- 8. Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas?

DO NOT KNOW

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 9. Any lawsuits regarding this property during the ownership of the seller?
- 10. Any notices from any governmental or quasi-governmental agency affecting the real property?
- 11. Any planned road or street expansions, improvements or widenings adjacent to the real property?
- 12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?
- 13. Any deed restrictions or other restrictions of recording affecting the real property?
- 14. Any unsatisfied judgments against Seller?
- 15. Any dispute regarding a right of access to the real property?
- 16. Any other title conditions which might affect the real property?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION D. Other Conditions.

- 1. Are the dwelling and the improvements connected to a public water system?
 Is the system operational?
- 2. Are the dwelling and the improvements connected to a public sewer system?
 Is the system operational?
- 3. Are the dwelling and the improvements connected to a private or community (non-public) water system?
 Is the system operational?
 Year last tested _____
- 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system?
 Is the system operational?
- 5. Are the dwelling and the improvements connected to a septic system?
 Is the system operational?
- 6. Is the real property in a: ___ flood plain? ___ floodway?

DO NOT KNOW

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 7. Is trash removal service provided to the real property?
 If so, the trash service is public ___ private
- 8. Have the structures been mitigated for radon?
 If yes, when? 2008
- 9. Is the property connected to a natural gas system?
- 10. Has a pet been domiciled in the dwelling?
 type(s) cat, dog, bird

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the following items is "Yes", explain in the Comment section, PART III of this Disclosure Statement.

- 11. Are any trees or shrubs on the real property diseased or dead?
 Are any trees or shrubs scheduled to be removed?
- 12. Are there any flooding, drainage, or grading problems in connection with the real property?
- 13. Have you made any insurance or manufacturer claims with regard to the property?
- 14. Are you aware of any problems to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

17207 HICKORY PLAZA, OMAHA, NE 68130

Property Address

228703.2

[Handwritten signatures]

SECTION E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year:

	YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED		YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED
1. Servicing of air conditioner	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Treatment for wood-destroying insects or rodents	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cleaning of fireplace, including chimney	2009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Tested well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Servicing of furnace	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Serviced/treated well water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Servicing of septic system	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
5. Cleaning of woodburning stove, including chimney	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

PART III - Comments. Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

Part II Section A#5

April 2010 S.E. corner basement slight moisture
downspout was off - replaced downspout
no further moisture

6-1 leakage around windows/caulking
and sealing done by Jerry's waterproofing
on 7/10

If checked here, PART III is continued on a separate page(s).

SELLER'S CERTIFICATION

Seller hereby certifies that this Disclosure Statement, which consists of 3 pages, has been completed by Seller; that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller James Billups Date 4-26-10
 Seller Gene Reed / Billups Date 4-26-10

ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I/We: acknowledge receipt of a photocopy of the above Seller Property Condition Disclosure Statement; understand that such Disclosure Statement is not a warranty of any kind by the Seller or any agent representing any principal in the transaction; understand that such Disclosure Statement should not be accepted as a substitute for any inspection or warranty that I/we may wish to obtain; understand the information provided in this Disclosure Statement is the representation of the Seller and not the representation of any agent, and is not intended to be part of any contract between the Seller and Purchaser; and certify that such Disclosure Statement was delivered to me/us or my/our agent on or before the effective date of any contract entered into by me/us relating to the real property described in such Disclosure Statement.

Purchaser _____ Receipt Date _____
 Purchaser _____ Receipt Date _____

**ENVIRONMENTAL CONDITIONS
LEAD IN SOIL**

Yes AB AR No _____ This property lies in the area from Ames Avenue south to "L" Street and from 45th Street east to the Missouri River. ("Omaha Lead Site focus area"). The Omaha Lead Site has been included on the EPA's Superfund National Priorities List.

The EPA has determined that properties in the Omaha Lead Site focus area may contain concentrations of lead in the soil that pose an unacceptable risk to health and the environment. However, the boundaries of the Omaha Lead Site focus area are used as guidelines only. The Omaha Superfund Lead Site includes any residential property that has become lead-contaminated as a result of historic industrial emissions. The Omaha Superfund Lead Site is defined on a property by property basis and is not defined by a discrete boundary.

Properties in The Omaha Superfund Lead Site are subject to inspection and remediation by the EPA for lead soil contamination.

If the property is within or near the Omaha Lead Site focus area, an EPA risk assessment or inspection for lead-based soil hazards prior to purchase is recommended. If lead-based soil hazards are discovered on the property, inclusion of the property on the Superfund List prior to purchase is recommended. Call the EPA at 1.800.223.0425 for more information. Purchaser acknowledges receipt and understanding of this information.

Purchaser _____ Date _____
 Purchaser _____ Date _____

Property Address: 17207 HICKORY PLAZA, OMAHA, NE 68130