

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 X is            is not occupying the real property.  
 How long has Seller owned the real property? 5 year(s)

This Disclosure Statement concerns the real property located at  
3504 S. 191st. Ave. Omaha, NE 68130  
 in the City of Omaha, County of Douglas, State of Nebraska legally described as  
Oakmont Lot 340 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.

	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
<b>SECTION A. Appliances.</b>									
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>
7. Gas grill	<input checked="" 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 checked="" 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"/>
<b>SECTION B. Electrical Systems.</b>									
1. Electrical service panel (Capacity <u>N/A</u> amp, if known) <u>          </u> Fuse <u>X</u> 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 <u>2</u> )	<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 <u>X</u> owned <u>          </u> leased <u>No</u> 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 checked="" 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? <u>X</u> no <u>          </u> yes If yes, explain the condition in the Comments section, PART III of this Disclosure Statement.				
<b>SECTION C. Heating and Cooling Systems.</b>									
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 checked="" 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 checked="" type="checkbox"/>
4. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	11. Propane tank ( <u>          </u> rent <u>          </u> own).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Heating system ( <u>X</u> gas <u>          </u> electric <u>          </u> other, specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Woodburning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					13. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECTION D. Water Systems.**

- |  | WORKING                             | NOT WORKING              | DO NOT KNOW IF WORKING   | NONE/NOT INCLUDED                   |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Hot tub/whirlpool                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Plumbing                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Swimming pool                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Underground sprinkler<br>backflow preventer | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- |                               | WORKING                             | NOT WORKING              | DO NOT KNOW IF WORKING   | NONE/NOT INCLUDED                   |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 5. Water heater               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Water purifier             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Water softener ( Rent Own) | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Well system                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Other (Specify) _____      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**SECTION E. Sewer Systems.**

- |   | WORKING                             | NOT WORKING              | DO NOT KNOW IF WORKING   | NONE/NOT INCLUDED        |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Plumbing                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sump pump<br>(Discharges to <u>outside</u> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                          | WORKING                  | NOT WORKING              | DO NOT KNOW IF WORKING   | NONE/NOT INCLUDED                   |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 3. Septic System         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Other (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Other (Specify) _____ | <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.

- |  | YES                                 | NO                                  | DO NOT KNOW              |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Age of Roof (if known) <u>5</u> years   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Does the roof leak?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the roof leaked?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there presently damage to the roof?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been leakage/seepage in the basement or crawl space?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any structural problems with the structures on the real property?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |   | YES                      | NO                                  | DO NOT KNOW              |
|---|--------------------------|-------------------------------------|--------------------------|
| 8. Is there presently damage to the chimney?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there any windows which presently leak, or do any insulated windows have broken seals? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you experienced any moving or settling of the following:                             |                          |                                     |                          |
| foundation?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| floor?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| wall?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| sidewalk?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| patio?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| driveway?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| retaining wall?   | <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.

- |  | YES                      | NO                       | DO NOT KNOW                         |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Asbestos  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Contaminated soil or water (including drinking water) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Landfill or buried materials                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Lead-based paint                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Radon gas   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Toxic materials                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- |   | YES                      | NO                       | DO NOT KNOW                         |
|---|--------------------------|--------------------------|-------------------------------------|
| 7. Underground fuel, chemical or other type of storage tank   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <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?

- |  | YES                                 | NO                                  | DO NOT KNOW              |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Any features, such as walls, fences and driveways, which are shared?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Any easements, other than normal utility easements?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Any encroachments?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Any zoning violations, nonconforming uses, or violations of "setback" requirements?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Any lot-line disputes?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Any condominium, homeowners', or other type of association which has any authority over the real property?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

- |  | YES                      | NO                                  | DO NOT KNOW              |
|--|--------------------------|-------------------------------------|--------------------------|
| 9. Any lawsuits regarding this property during the ownership of the seller?                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Any notices from any governmental or quasi-governmental agency affecting the real property?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Any planned road or street expansions, improvements or widenings adjacent to the real property?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Any deed restrictions or other restrictions of recording affecting the real property?                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Any unsatisfied judgments against Seller?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Any dispute regarding a right of access to the real property?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Any other title conditions which might affect the real property?                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**SECTION D. Other Conditions.**

- |   | YES                                 | NO                                  | DO NOT KNOW              |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 1. Are the dwelling and the improvements connected to a public water system?<br>Is the system operational?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Are the dwelling and the improvements connected to a public sewer system?<br>Is the system operational?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Are the dwelling and the improvements connected to a private or community (non-public) water system?<br>Is the system operational?<br>Year last tested _____ | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the dwelling and the improvements connected to a private or community (non-public) sewer system?<br>Is the system operational?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the dwelling and the improvements connected to a septic system?<br>Is the system operational?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the real property in a: _____ flood plain? _____ floodway?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

- |   | YES                                 | NO                                  | DO NOT KNOW              |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 7. Is trash removal service provided to the real property?<br>If so, the trash service is public _____ private <u>X</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 8. Have the structures been mitigated for radon?<br>If yes, when? _____   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the property connected to a natural gas system?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 10. Has a pet been domiciled in the dwelling?<br>type(s) <u>1 Dog</u>   | <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.**
- |   | YES                      | NO                                  | DO NOT KNOW              |
|---|--------------------------|-------------------------------------|--------------------------|
| 11. Are any trees or shrubs on the real property diseased or dead?<br>Are any trees or shrubs scheduled to be removed?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Are there any flooding, drainage, or grading problems in connection with the real property?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you made any insurance or manufacturer claims with regard to the property?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

3504 S. 191st. Ave. Omaha, NE 68130

Property Address

**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	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Treatment for wood-destroying insects or rodents	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Cleaning of fireplace, including chimney	_____	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. Cleaning of woodburning stove, including chimney	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

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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.

X Seller [Signature] Date 12-12-11  
 X Seller Andrea Jarosik Date 12-12-11

**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 1 / X AGS (Sellers' Initials) This property lies in the area from Ames Avenue south to "L" Street and from 45<sup>th</sup> 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: 3504 S. 191st. Ave. Omaha, NE 68130