



(This disclosure shall be completed by the seller. This is a disclosure required by law. If you do not understand this form, seek legal advice.)

Seller Makalme Diane Gibson Property Address 459 N. Royal Tron
County of Union, State of South Dakota

THIS STATEMENT IS A DISCLOSURE OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH § 43-4-38. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING ANY PART IN THIS TRANSACTION AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PARTIES MAY WISH TO OBTAIN.

Seller hereby authorizes any agent representing any part in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

IF ANY MATERIAL FACT CHANGES BEFORE CONVEYANCE OF TITLE TO THIS PROPERTY, THE SELLER MUST DISCLOSE SUCH MATERIAL FACT WITH A WRITTEN AMENDMENT TO THIS DISCLOSURE STATEMENT.

I. LOT OR TITLE INFORMATION

- When did you purchase or build the home? 1995
- If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.
- Were there any title problems when you purchased the property? Yes No
- Are there any recorded liens or financial instruments against the property, other than a first mortgage? Yes No
- Are there any unrecorded liens or financial instruments against the property, other than a first mortgage? Yes No Unknown
- Or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 449? Yes No Unknown
- Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage and sidewalks)? Yes No Unknown
- Are there any problems related to establishing the lot lines/boundaries? Yes No Unknown
- Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy. Yes No Unknown
- Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)? Yes No
- Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions. Yes No
- Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes, or changes that could affect your property? Yes No
- Is the property currently occupied by the owner? Yes No
- Does the property currently receive the owner occupied tax reduction pursuant to SDCL 10-13-39? Yes No Unknown
- Is the property currently part of a property tax freeze for any reason? Yes No Unknown
- Is the property leased? Yes No
- If leased, does the property use comply with local zoning laws? Yes No If yes, how much \$ _____
- Does this property or any portion of this property receive rent? Yes No
- Do you pay any mandatory fees or special assessments to a homeowners' or condominium association? Yes No If yes, what are the fees or assessments? \$ 1500 per mo. (i.e. annually, semi-annually, monthly) Payable to whom: _____ For what purpose? _____
- Are you aware if the property has ever had standing water in either the front, rear, or side yard more than forty-eight hours after heavy rain? Yes No
- Is the property located in or near a flood plain? Yes No Unknown No flood ins. required
- Are wetlands located upon any part of the property? Yes No Unknown

II. STRUCTURAL INFORMATION

- If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.)
- Are you aware of any water penetration problems in the walls, windows, doors, basement, or crawl space? Yes No
 - What water damage related repairs, if any, have been made? _____ If any, when? _____
 - Are you aware if drain tile is installed on the property? Yes No
 - Are you aware of any interior cracked walls or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas? Yes No What related repairs, if any, have been made? _____
 - Are you aware of any roof leakage, past or present? Yes No Type of roof covering: asphalt shingles Age: 15 yrs. What roof repairs, if any, have been made, when and by whom? _____
 - Describe any existing unrepaired damage to the roof: _____
 - Are you aware of insulation in the ceiling/attic: Yes No the walls? Yes No the floors? Yes No
 - Are you aware of any pest infestation or damage, either past or present? Yes No
 - Are you aware of the property having been treated for any pest infestation or damage? Yes No If yes, who treated it and when? _____
 - Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit? Yes No If yes, describe the work: _____
 - Was a permit obtained? Yes No Was the work approved by an inspector? Yes No Was the insurance payment received? describe: _____
 - Have any insurance claims been made? Yes No Unknown
 - Has the damage been repaired? Yes No If yes, describe in detail: _____
 - Are you aware of any problems with sewer blockage or backup, past or present? Yes No
 - Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream or waterway? Yes No If yes, describe in detail: _____

III. SYSTEMS/UTILITIES INFORMATION

(The following are in the conditions indicated)

	None/Not Included	Working	Not Working
1. 220 Volt Service	<input checked="" type="checkbox"/>		
2. Air Exchanger	<input checked="" type="checkbox"/>		
3. Air Purifier	<input checked="" type="checkbox"/>		
4. Attic Fan	<input checked="" type="checkbox"/>		
5. Burglar Alarm & Security System	<input checked="" type="checkbox"/>		
6. Ceiling Fan	<input checked="" type="checkbox"/>		
7. Central Air - Electric	<input checked="" type="checkbox"/>		
8. Central Air - Water Cooled			

III. SYSTEMS/UTILITIES INFORMATION (Cont.)

(The following are in the conditions indicated) continued

	None/Not Included	Working	Not Working
9. Cistern	<input checked="" type="checkbox"/>		
10. Dishwasher		<input checked="" type="checkbox"/>	
11. Disposal		<input checked="" type="checkbox"/>	
12. Doorbell		<input checked="" type="checkbox"/>	
13. Fireplace		<input checked="" type="checkbox"/>	
14. Fireplace Insert		<input checked="" type="checkbox"/>	
15. Garage Door/Opener Control(s)		<input checked="" type="checkbox"/>	
16. Garage Wiring		<input checked="" type="checkbox"/>	
17. Heating System		<input checked="" type="checkbox"/>	
18. Hot Tub, Whirlpool, and Controls		<input checked="" type="checkbox"/>	
19. Humidifier		<input checked="" type="checkbox"/>	
20. Intercom		<input checked="" type="checkbox"/>	
21. Light Fixtures		<input checked="" type="checkbox"/>	
22. Microwave/Hood		<input checked="" type="checkbox"/>	
23. Plumbing and Fixtures		<input checked="" type="checkbox"/>	
24. Pool and Equipment			
25. Propane Tank			
26. Radon System			
27. Sauna			
28. Septic/Leaching Field			
29. Sewer Systems/Drains			
30. Smoke/Fire Alarm		<input checked="" type="checkbox"/>	
31. Solar House - Heating		<input checked="" type="checkbox"/>	
32. Sump Pump(s)		<input checked="" type="checkbox"/>	
33. Switches and Outlets		<input checked="" type="checkbox"/>	
34. Underground Sprinkler and Heads		<input checked="" type="checkbox"/>	
35. Vent Fan		<input checked="" type="checkbox"/>	
36. Water Heater - Electric or Gas		<input checked="" type="checkbox"/>	
37. Water Purifier		<input checked="" type="checkbox"/>	
38. Water Softener - Leased or Owned		<input checked="" type="checkbox"/>	
39. Well and Pump			
40. Wood Burning Stove			

IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?

	Existing Conditions		Tests Performed	
	Yes	No	Yes	No
1. Methane Gas		<input checked="" type="checkbox"/>		
2. Lead Paint		<input checked="" type="checkbox"/>		
3. Radon Gas (House)		<input checked="" type="checkbox"/>		
4. Radon Gas (Well)		<input checked="" type="checkbox"/>		
5. Radioactive Materials		<input checked="" type="checkbox"/>		
6. Landfill, Mineshaft		<input checked="" type="checkbox"/>		
7. Expansive Soil		<input checked="" type="checkbox"/>		
8. Mold		<input checked="" type="checkbox"/>		
9. Toxic Materials		<input checked="" type="checkbox"/>		
10. Urea Formaldehyde Foam Insulations		<input checked="" type="checkbox"/>		
11. Asbestos Insulation		<input checked="" type="checkbox"/>		
12. Buried Fuel Tanks		<input checked="" type="checkbox"/>		
13. Chemical Storage Tanks		<input checked="" type="checkbox"/>		
14. Fire Retardant Treated Plywood		<input checked="" type="checkbox"/>		
15. Production of Methamphetamine		<input checked="" type="checkbox"/>		

If the answer is yes to any of the questions above, please explain in additional comments or on an attached separate sheet.

V. MISCELLANEOUS INFORMATION

1. Is the street or road located at the end of the driveway to the property public or private? Public Private _____
2. Is there a written road maintenance agreement? Yes _____ No If yes, attach a copy of the maintenance agreement.
3. When was the fireplace/wood stove/chimney flue last cleaned? Date: _____
4. Within the previous twelve months prior to signing this document, are you aware of the following occurring on the subject property?
 - a. A human death by homicide or suicide? Yes _____ No If yes, explain: _____
 - b. Other felony committed against the property or a person on the property? Yes _____ No If yes, explain: _____
5. Is the water source (select one) public or private?
6. If private, what is the date and result of the last water test? _____
7. Is the sewer system (select one) public or private?
8. If private, what is the date of the last time the septic tank was pumped? _____
9. Are there broken window panes or seals? Yes _____ No If yes, specify: _____
10. Are there any items attached to the property that will not be left, such as: towel bars, mirrors, swag lamps and hooks, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, etc.
 Yes _____ No If yes, please list _____
11. Are you aware of any other material facts or problems that have not been disclosed on this form? Yes _____ No If yes, explain: _____

VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)

CLOSING SECTION

The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information, knowledge, and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of title to this property, the change will be disclosed in a written amendment to this disclosure statement.

Seller: Michael Johnson Date: 8-14-09

Seller: Sharon Johnson Date: 8-14-09

THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.

I/We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent representing any party to this transaction makes no representations and is not responsible for any conditions existing in the property.

Buyer _____

Date _____

Buyer _____

Date _____