

SELLER'S PROPERTY DISCLOSURE

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1 **NOTICE FOR NORTH DAKOTA PROPERTY:**

2 This form is designed to guide Seller(s) in making the legally required disclosures and to assist Seller(s) to avoid
3 inadvertent nondisclosures of material facts as required by statute. Seller(s) must disclose all material facts Seller(s) is
4 aware could adversely and significantly affect an ordinary buyer's use and enjoyment of the Property or any intended use
5 of the Property of which Seller(s) is aware, even if not specifically asked in this form. Additional space for disclosure is
6 provided on the last page of this form. Seller(s) may attach any additional information as necessary.
7 Refer to North Dakota Century Code 47-10-02.1 for more detail on requirements of the statute.

8 **DATE:** 5-7-2026

9 **PROPERTY ADDRESS:**

10 Name of Seller(s): Daton and Emily HANSON
11 Street Address: 1007 5th Ave NW
12 City: Mandan State: ND Zip Code: 58554 County: Morton

13 **THIS IS NOT A WARRANTY:**

14 This disclosure is not a warranty or guarantee of any kind by Seller(s), Broker(s) or Agent(s) representing or
15 assisting any party in the transaction; and, it is not a substitute for inspections or warranties which the parties
16 may wish to obtain. Seller(s) is only providing information of which Seller(s) is aware. Broker(s)/Agent(s) is
17 not a property inspector and has little or no information regarding the condition of this Property.

18 Seller(s) authorizes Broker(s) and Agent(s) to provide the following information to prospective Buyer(s).
19 Information presented in this form is not intended to be part of any PURCHASE AGREEMENT between
20 Buyer(s) and Seller(s).

21 **SELLER(s):**

- 22 • Seller(s) is to personally complete this form. Please include the Property address on every page.
- 23 • Answer all line items, even if the answer is "Unknown."
- 24 • If more space is needed, place additional disclosures on Page 9 and include the line number(s) being
25 referenced.
- 26 • Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the facts
27 disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing.
28 Seller(s) must disclose new or changed facts on the SELLER'S PROPERTY DISCLOSURE
29 ADDENDUM/AMENDMENT or in writing.

30 **BUYER(s):**

- 31 • Buyer(s) is encouraged to thoroughly inspect the Property personally or have it inspected by a third
32 party and to inquire about any specific areas of concern.
- 33 • **NOTE:** If Seller(s) answers "Unknown" to any of the questions listed below, it does not necessarily
34 mean that it does not exist on the Property. "Unknown" may mean Seller(s) is unaware that it exists
35 on the Property.
- 36 • Buyer(s) is responsible for reviewing any zoning or regulatory use restrictions affecting the
37 Property, including but not limited to mineral rights, airport zoning regulations, and municipality
38 ordinances.

39 **SELLER(s) & BUYER(s):**

- 40 • THE INFORMATION DISCLOSED IS GIVEN TO THE BEST OF SELLER'S KNOWLEDGE.
- 41 • The following information applies to all structures, such as garage(s), outbuilding(s), shed(s), etc.
- 42 • Initial by any changed answers or mistakes made on this form.

Buyer(s) Initials _____

Seller(s) Initials DH EH

43 GENERAL INFORMATION

		YES	NO
1	When did you purchase or build the home? <u>8-14-2020</u>		
2	Has the home been occupied continuously for the past 12 months? If No, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Type of title evidence. <input type="checkbox"/> Abstract <input checked="" type="checkbox"/> Owner's Title Insurance <input type="checkbox"/> Unknown		
4	Is the Property on a public or private road? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public - not maintained If Private or Public not maintained, Explain:		

44 STRUCTURAL ELEMENTS (UNK = Unknown, NA = Not Applicable)

		YES	NO	UNK	NA
1	Has the structure been altered? (Additions, altered roof lines, changes to load bearing walls, etc.) If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Was a permit obtained to alter the structure? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Have you or anyone else performed work on the Property which required a building, plumbing, electrical, or other permits? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Was a permit obtained? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Was the work approved by an inspector? If No, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there, or has there been, water seepage, sewer back up, and/or dampness? If Yes, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<u>Water seeps into garage North side during heavy snow melt</u> Have waterproofing repairs been made? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Type of basement/foundation. (Check one) <input type="checkbox"/> Brick <input type="checkbox"/> Concrete block <input checked="" type="checkbox"/> Concrete poured <input type="checkbox"/> Stone <input type="checkbox"/> Insulated concrete forms <input type="checkbox"/> Wood <input type="checkbox"/> Other If Other, Explain:				

Buyer(s) Initials _____

Seller(s) Initials DH EH



	YES	NO	UNK	NA
9 Are there cracked or bulged floors or walls in the basement? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Is drain and/or sump pump installed and working properly? If Yes, where does it drain to: <u>Sewer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Are all structures located within the boundaries of the Property? If No, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Was any structure moved to this site? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Are there cracks in the driveway, garage floor, sidewalks, patio, retaining walls, or other outside hard surface areas? If Yes, Explain: <u>Minor</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 What is the age of the roofing material on the home? <u>6</u> Year(s) <input type="checkbox"/> Unknown				
15 What is the age of the roofing material on the garage/out buildings? <u> </u> Year(s) <input checked="" type="checkbox"/> Unknown				
16 Does the roof leak, or has the roof ever leaked? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Has there been interior damage from a roof leak, condensation, or ice buildup? If Yes, Explain: <u>March 2025 - Furnace exhaust pipe became disconnected in attic → More Page 9</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Has there been damage to any roof or shingles? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Was insulation added to the structure? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Are you aware of dry rot in the building? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Has the Property or its improvements been damaged? (Check all applicable) <input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Wind <input type="checkbox"/> Floods <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input checked="" type="checkbox"/> Frozen pipes <input type="checkbox"/> Broken water line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials DH EH

Address: 1007 5th Ave NW, Mandan, ND



	YES	NO	UNK	NA
If Yes, was the damage repaired? Explain: <i>Thawed by Mandan Plumbing and Heating Feb 2025</i>	<input checked="" type="checkbox"/>			
22 Have damage claims been paid to you by insurance coverage? If Yes, Explain: <i>Yes - minor - \$88 paid for crack in ceiling</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Do rain gutters and downspouts work? If No, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Are exterior and interior locks operable? Will keys be provided for each?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Are all the window screens available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Are there damaged screens? If Yes, Explain: <i>Minor</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Are all the storm windows available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Are there broken windows or broken seals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Are skylights in working condition? (i.e., no leaking, condensation, or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Is the fireplace/wood burner in working order? If No, Skip to Number 33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Is the fan, chimney, or flue in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Has the fireplace/wood burner/chimney/flue been cleaned? If Yes, When:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Has the vents/ductwork ever been cleaned? If Yes, When:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Are you aware of any rough-in for future amenities that were added during construction or remodel of the home? (i.e., Plumbing rough-in for future wet-bar, bathroom, sprinkler. Electrical rough-in for hot tub, pool, sound system, generator. Heat rough-in for future gas, electric baseboard, garage heater. Gas for future fireplace, grill, firepits, etc.) If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Are there additional Property conditions that have not been described above? (i.e., slanted floors, sticking windows, settling, distorted door frames, sagging ceilings, siding irregularities, stained or damaged floor coverings, etc.) If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials DH EH

45 UTILITIES (UNK = Unknown, NA = Not Applicable)

	YES	NO	UNK	NA
1 Are there wells on the above-described Property? If Yes, see WELL DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Is there a Rural Water membership serving the Property? If Yes, provide membership transfer information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Is there a private sewer system on or serving the Property? If Yes, see PRIVATE SEWAGE TREATMENT SYSTEM DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever scoped or snaked the sewer lines? If Yes, Explain: <u>Minor - Kitchen sink snaked by Roto-Rooter 9-19-2024</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Utilities provided by: Gas: <u>MDU</u> Average Monthly Cost: <u>\$70</u> Electrical: <u>MDU</u> Average Monthly Cost: <u>\$70</u> Water: <u>City of Mandan</u> Average Monthly Cost: <u>\$80</u> Trash Pick Up: <u>City of Mandan</u> Average Monthly Cost: <u>\$20 Garbage & Recycling</u> Other: _____ Average Monthly Cost: _____ Mailbox Number: _____ Key: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

46 LAND USE (UNK = Unknown, NA = Not Applicable)

	YES	NO	UNK	NA
1 Are there covenants, deed restrictions, or reservations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you received notice from any governmental authority of future assessments? If Yes, Explain: <u>Letter Attached</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are there zoning infractions, non-conforming uses, or violations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there encroachments, easements, life estate, right of first refusal, or existing lease(s)? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Is the Property part of a Homeowner's Association? If Yes, See HOA INFORMATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the Property a Condominium? If Yes, See CONDO INFORMATION.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are there shared features with adjoining property such as walls, fenced, and/or driveways? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials DH EH



47 **ENVIRONMENTAL CONCERNS (UNK = Unknown, NA = Not Applicable)**

48 **To your knowledge, have any of the following existed or do they currently exist on the Property:**

	YES	NO	UNK	NA
1 Fill dirt? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Asbestos? If Yes, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Former furnace exhaust pipe - sealed off March 2025 by Mandan Plumbing & Heating</i>				
3 Insect, animal, or pest infestations? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hazardous wastes/substances? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Underground storage tanks? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Drainage/standing water issues? If Yes, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>See pg 2 Question #6</i>				
7 Smoking inside any structures? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Illicit drug production/sales/usage? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Methamphetamine production/sales/usage? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Signs of soil expansion, contraction, or movement other than situations related to normal conditions? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Any suspected microbial/fungal growth? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Has there been confirmed black mold on the Property? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Is urea-formaldehyde foam insulation present? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Are there or have there been pets on the Property? If Yes, Explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dog - 2020 - Present</i>				

Buyer(s) Initials _____

Seller(s) Initials AH EH



49 **RADON DISCLOSURE (UNK = Unknown, NA = Not Applicable)**

	YES	NO	UNK	NA
1 Has the Property been tested for radon? If Yes, attach the most current records and reports pertaining to radon concentrations, mitigation, or remediation. If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Has a radon mitigation system been installed? If Yes, include the system description and documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Have you been informed of any radon gas concentrations in the Property? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50 **FLOOD DISCLOSURE – INCLUDING OVERLAND AND RIVER FLOODING**

51 This is intended to provide information to prospective Buyer(s) concerning high water elevation flood events
 52 including overland and river flooding that may impact the Property.

53 **Note:** Whether or not Seller(s) currently carries flood insurance, it may be required in the future. Flood
 54 insurance premiums are increasing, and in some cases will rise by a substantial amount over the premiums
 55 previously charged for flood insurance for the Property. As a result, Buyer(s) should not rely on the premiums
 56 paid for flood insurance on this Property previously as an indication of the premiums that will apply after
 57 Buyer(s) completes their purchase.

	YES	NO	UNK	NA
1 Is the Property in a designated 100-year floodplain? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Has the Property been impacted by high water elevation flood events including overland and river flooding? If Yes, see FLOOD DISCLOSURE.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you carry flood insurance? If Yes, Explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the flood insurance transferrable? If Yes, Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

58 **PROPERTY TAX/SPECIALS DISCLOSURE**

59 Check appropriate box:

60 Yes No Is there an exclusion from market value for home improvements on this Property. Any valuation
 61 exclusion shall terminate upon sale of the Property, and the Property's estimated market value for property
 62 tax purposes shall increase. If a valuation exclusion exists, Buyer(s) is encouraged to look into the resulting
 63 tax consequences.

64 Yes No Is the Property subject to any preferential property tax status or any other credits affecting
 65 the Property (e.g. Disability, Green Acres, CRP, RIM, Rural Preserve, etc.)?
 66 If Yes, Explain:

67 _____
 68 _____

69 If Yes, would these terminate upon the sale of the Property? Yes No If Yes, Explain:

70 _____
 71 _____

Buyer(s) Initials _____ Seller(s) Initials DH EH



72 SYSTEMS & APPLIANCES

73 Answers below do not guarantee item is included or not included in sale. See PURCHASE AGREEMENT for
 74 inclusions/exclusions.

75 **NI = Not Included, WK = Working, NW = Not Working, UNK = Unknown, N/A = Not applicable.**

1		NI	WK	NW	UNK	N/A		NI	WK	NW	UNK	N/A
2	Air Exchanger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Antenna & Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Attic Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bathroom Vent Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Carbon Monoxide Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Range Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Central Air Cooling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Central Heating System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sauna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Battery)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Doorbells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Hardwire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Drain Tile System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solar Collector(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Dryer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Electrical Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Heater(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Electronic Air Purifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Exhaust Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Air Conditioner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Freezer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Furnace Humidifier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Garage Door Auto Reverse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Softener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Garage Door Controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Garage Door Openers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Garbage Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Burning Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Microwave Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Audio Visual System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buyer(s) Initials _____

Seller(s) Initials DH EH



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76 **SECURITY SYSTEM:**

77 Security System Equipment (Check one) Owned Leased N/A
 78 Security System Service Contract is transferrable (Check one) Yes No N/A
 79 Terms of Security System Contract (Explain): _____
 80 _____

81 **ADDITIONAL DISCLOSURES:**

Page 3 Question 17 cont. Condensation formed icicles, which led to moisture on the kitchen ceiling. Mandan Plumbing and Heating replaced old exhaust pipe with a new one from furnace to roof.

Leak in downstairs bathroom made by kitchen sink. Repaired by Mandan Plumbing and Heating - March 2026.

82 **FOREIGN INVESTMENT IN REAL PROPERTY TAX ACT ("FIRPTA"):**

83 As a general rule, 26 U.S. Code 1445 (hereinafter "FIRPTA") requires a transferee (Buyer(s)) of a United States
 84 real property interest to withhold a tax from the proceeds of any disposition of the real property interest if the
 85 transferor (Seller(s)) is a foreign person (any person other than a United States person), unless an exception
 86 to the FIRPTA withholding requirements applies. Exemptions from the general rule are set forth in the
 87 FIRPTA. Due to the complexity of the FIRPTA, both the Buyer(s) and the Seller(s) are advised to seek
 88 appropriate legal and tax advice regarding FIRPTA compliance, since failure to adhere to the FIRPTA
 89 withholding rules could result in legal liability to both the Buyer(s) and Seller(s) and their Broker(s)/Agent(s)
 90 or qualified substitutes.

91 Seller(s) hereby represents and warrants that Seller(s) IS IS NOT a foreign person, as defined by the
 92 FIRPTA. This representation of the Seller(s) shall survive closing. Seller's Broker(s)/Agent(s) and Buyer's
 93 Broker(s)/Agent(s), and any qualified substitute, as those terms are defined by the FIRPTA, may rely upon
 94 this representation.

95 If the Seller(s) represents that it is a foreign person, the Buyer(s) may be subject to income tax withholding
 96 requirements, and the Buyer(s) could be personally liable for failing to withhold a tax from the proceeds of the
 97 real estate disposition, if none of the enumerated exemptions to the FIRPTA apply to the transaction. If the
 98 Seller(s) represents that it is a foreign person, but that one of the exemptions to the FIRPTA apply, Buyer(s)
 99 may require Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify, under penalty
 100 of perjury, that one of the exemptions to the FIRPTA withholding requirements applies to the transaction. If
 101 the Seller(s) represents that it is not a foreign person, the Buyer(s), or its Broker(s)/Agent(s) or qualified

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102 substitutes, may require the Seller(s) to provide specific documentation as prescribed by the FIRPTA to verify,
103 under penalty of perjury, that the Seller(s) is not a foreign person. On or before closing, the Buyer(s) and
104 Seller(s) agree to complete, execute, and deliver any affidavit, instrument, or statement which may reasonably
105 be required to comply with FIRPTA requirements.

106 **SELLER'S STATEMENT: (TO BE SIGNED AT TIME OF LISTING)**

107 Seller(s) hereby states the condition of the Property to be as stated above and authorizes any Broker(s) or
108 Agent(s) representing any parties in this transaction to provide a copy of this Statement to any person or
109 entity in connection with any actual or anticipated sale of the Property. Seller(s) hereby acknowledges that
110 the information provided in this document is true and accurate to the best of Seller's knowledge as of the date
111 listed below. Seller(s) is obligated to continue to notify Buyer(s) in writing of any facts that differ from the
112 facts disclosed here (new or changed) of which Seller(s) is aware that occur up to the time of closing. See
113 SELLER'S PROPERTY DISCLOSURE AMENDMENT/ADDENDUM.

114	<u><i>[Signature]</i></u>	<u>5-7-26</u>	<u><i>[Signature]</i></u>	<u>5/7/26</u>
115	Seller Signature	Date	Seller Signature	Date

116 **BUYER'S ACKNOWLEDGEMENT: (TO BE SIGNED AT THE TIME OF PURCHASE AGREEMENT)**

117 Buyer(s) acknowledges receipt of this Seller's Disclosure. Buyer(s) acknowledges that Broker(s) and Agent(s)
118 representing the sale of this Property have not made statements concerning the condition of the Property other
119 than those listed in this Seller's Disclosure. Buyer(s) acknowledges that Buyer(s) has been advised to verify
120 the information listed in this Statement independently.

121 **Buyer(s) acknowledges and understands that this document is not intended to be a warranty of**
122 **any kind or a substitute for any inspection of the Property Buyer(s) may wish to obtain.**

123	_____	_____	_____	_____
124	Buyer Signature	Date	Buyer Signature	Date