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# GREATER LOUISVILLE ASSOCIATION OF REALTORS®, INC. ATTACHMENT TO RESIDENTIAL SALES CONTRACT




Gepheart LLC, by Eric Gepheart, Member \_\_\_\_\_ (Seller) and \_\_\_\_\_ (Buyer)

for Property at 1525 Anderson St, Louisville, KY 40210


### Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

### Sellers Disclosure (initial)

	<input type="checkbox"/> (a) Presence of lead-based paint and/or lead-based paint hazards (check one below)
	<input type="checkbox"/> Known lead-based paint and/or lead-based paint hazards are present in the housing: (explain):
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

	<input type="checkbox"/> (b) Records and Reports available to the seller (check one below):
	<input type="checkbox"/> Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing (list documents below):
	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint in the housing.


### Buyer's Acknowledgment (initial)

<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> (c) Purchaser has received copies of all information listed above.
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> (d) Purchaser has received the pamphlet Protect Your Family From Lead in Your Home.
<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<input type="checkbox"/> (e) Purchaser has (check one below):

Received a 10-day opportunity (or mutually agreed upon period) to conduct risk assessment or inspection of the presence of lead-based paint or lead-based paint hazards; or

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

### Agent's Acknowledgment (initial)

	<input type="checkbox"/> (f) Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852 d and is aware of his/her responsibility to ensure compliance.
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**Broker Agent has advised Seller of Seller's obligation under the law to complete this form and Seller has refused to do so.**

Seller 		Date	Buyer
<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge that the information they have provided is true and accurate.

Seller 		Date	Buyer
<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Seller		Date	Buyer
<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

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**Work Order**

**Properties:** Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210

**Units:** Unit 1 , Unit 2 , Unit 3

**Tenants:** All

**Vendors:** All

**Assigned User:** All

**Created By:** All

**Priority:** All

**From Inspection:** All

**Current Estimate Approval Status:** All

**Current Work Order Status:** New, Estimate Requested, Estimated, Assigned, Scheduled, Waiting, Work Done, Ready to Bill, Completed, Canceled, and Completed No Need To Bill

**Work Order Type:** Unit Turn, Resident, and Internal

**Unit Turn Category:** All

**Status Date:** Created On 01/01/0001 - 12/30/9999 (All Time)

Property	Work Order Number	Job Description	Vendor	Unit	Created At
<a href="#">Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210</a>					
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	24924-1	Inspection Areas: Exterior Photos - Property Sides Down spout extension is facing up  Exterior Photos - Backyard Down spout is facing up, need quote for monthly furnace filter cleaning  Interior Photos- All Rooms - Thermostat- Temperature property will sit at( Make sure the home is warm in winter and cool in spring/summer) Set it to 62, heat stinks starting to smell better  Interior Photos- All Rooms - Water Emergency Shut Off- valve and location if hidden  Interior Photos- All Rooms - Smoke detectors needs to be on each level of the home (replace with 10 year smoke detectors and write the install date on the smoke detector)	Calloway Investments LLC	Unit 2	12/07/2023

**Work Order**

Property	Work Order Number	Job Description	Vendor	Unit	Created At
		Check and Note - Furnace Filters- Have filters been recently changed or need changing? Previous notes s			
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	24925-1	Inspection Areas: Exterior Photos - Property Front Door needs to be taken care of, need a unit number  Exterior Photos - Garage  Exterior Photos - Backyard Railing was loose , a/c will need to be serviced when time comes, need access to cellar  Interior Photos- All Rooms - Thermostat- Temperature property will sit at( Make sure the home is warm in winter and cool in spring/summer) Filter needs to be cleaned , not plugged in  Interior Photos- All Rooms - Smoke detectors needs to be on each level of the home (replace with 10 year smoke detectors and write the install date on the smoke detector)  Check and Note - Furnace Filters- Have filters been recently changed or need changing?  Exterior Photos - Interior Floor is buckling, will need to do the entire floor in kitchen, furnace filter needs to be changed	Calloway Investments LLC	Unit 3	12/07/2023
Anderson St, 1525 - 1525 Anderson St Louisville,	25016-1	Running and loose toilet... Bathroom	Calloway Investments LLC	Unit 1	12/20/2023

## Work Order

Property	Work Order Number	Job Description	Vendor	Unit	Created At
KY 40210		floor weak....Need fumace filters...And need apartment painted			
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25016-2	Tenant and I met last week she let me know it seems as if her bathroom toilet is sinking into the floor. This is a major issue estimate is attached.	Calloway Investments LLC	Unit 1	03/27/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25308-1	Please clean unit please take before and after photos	Calloway Investments LLC	Unit 2	01/18/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25309-1	Please clean unit please take before and after photos	Calloway Investments LLC	Unit 3	01/18/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25701-1	This is Anita greenwell 1525 Anderson apartment 1 I had to call the police two times last night someone broke in the apartment number 2 it was for teenage girls that's all I know and I don't know what else to do could you give me a call back at 502 416-7631 also the front door is left open and the windows broke	Calloway Investments LLC	Unit 1	02/29/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25701-2	Please provide estimate to replace windows	CVISION PAINTING LLC	Unit 1	03/01/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	25835-1	For records fix flue pipe	Baker's Heating & Air Conditioning, INC.	Unit 2	03/08/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26240-1	Tenant is saying there is no hot water please fix also drain in bathroom is going slow please fix	Calloway Investments LLC	Unit 2	04/10/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26257-1	Water is still cold I went to LG&E and they said that the gas was on.	Calloway Investments LLC	Unit 2	04/11/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26402-1	Hose on kitchen faucet is leaking bad when I turn on the water	Calloway Investments LLC	Unit 2	04/24/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26550-1	My AC is not working I believe it needs freon it's air coming out but not cold at all. Thank you!	STIVERS HEATING & AIR COND., Inc.	Unit 2	05/06/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26565-1	AC is not working for this unit	STIVERS HEATING & AIR COND., Inc.	Unit 1	05/06/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26721-1	I received a notice that I need my air filters changed	Baker's Heating & Air Conditioning, INC.	Unit 2	05/21/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	26729-1	Back door key	Calloway Investments LLC	Unit 2	05/22/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	27670-1	Air filter needs to be replaced there is a odor every time the unit comes on	Baker's Heating & Air Conditioning, INC.	Unit 2	07/23/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	27817-1	The backyard landscaping is really overgrown and there is a lot of trash everywhere. The current landscaper who		Unit 1	08/01/2024

## Work Order

Property	Work Order Number	Job Description	Vendor	Unit	Created At
		cuts does not blow off anything they just cut and leave. It gets on the window seals, the car, patio, ect...			
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	28813-1	There is a few kittens stuck in my basement I can't get them out they're crying they're hungry they're cold and scared I need somebody to come to get these kittens out of the basement and find out where they're getting in at thank you	Calloway Investments LLC	Unit 1	10/22/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	29138-1	Toilet is overflowing, water is not staying in	John Heffley Plumbing	Unit 1	11/20/2024
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	29617-1	It is someone in the vacant apartment #3 upstairs for the last couple of days	Calloway Investments LLC	Unit 2	01/02/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	29618-1	I hear someone walking when I'm off work		Unit 2	01/02/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	29727-1	Haye I just moved in and went to take a shower and the hot water was off can someone cut the hot water on please thank you Ill be at work 8am-5pm	Calloway Investments LLC	Unit 3	01/14/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	29851-1	Both of My sink areas in the kitchen keeps clogging up	John Heffley Plumbing	Unit 3	01/23/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	30166-1	My bathroom light switch comes on sometime and sometimes not. My shower has issues also to shower I can't get all the water flow because most of it's coming out of the faucet. My kitchen stove needs new drip pants I only have three I tried cleaning them and one was so bad I had to throw it away so I only have three burners to use now. And could I please get a new furnace filter on my furnace.		Unit 1	02/18/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	30182-1	Shower issue with tepmature and water flow	John Heffley Plumbing	Unit 1	02/19/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	30290-1	please check out the bathroom lights , tenant is saying there may be a shortage	Stansbury Electric Co. LLC	Unit 1	02/27/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	30692-1	My toilet is currently not flushing it just drains and bubbles	John Heffley Plumbing	Unit 2	03/29/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	33535-1	Filed for eviction- July 25th	Rawn Law Firm, PLLC	Unit 3	08/21/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	33580-1	please provide estimate to fix railing	MINC Inc	Unit 3	08/25/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	34094-1	please issue warrant of possession	Rawn Law Firm, PLLC	Unit 3	09/22/2025


**Work Order**

Property	Work Order Number	Job Description	Vendor	Unit	Created At
KY 40210					
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	34362-1	I need my filters changed it's really dusty in here	Baker's Heating & Air Conditioning, INC.	Unit 2	10/04/2025
Anderson St, 1525 - 1525 Anderson St Louisville, KY 40210	34527-1	please put fix door and change locks please put note on the door to contact the property manager for the new key please take a photo of the note on the door	CVISION PAINTING LLC	Unit 3	10/13/2025
<b>Total</b>					

Created on 10/14/2025

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### KENTUCKY REAL ESTATE COMMISSION

Public Protection Cabinet  
 Mayo-Underwood Building  
 500 Mero Street 2NE09  
 Frankfort, Kentucky 40601  
 (502) 564-7760  
<http://krec.ky.gov>



#### SELLER'S DISCLOSURE OF PROPERTY CONDITION

This form applies to **residential real estate sales and purchases**. This form is **not required** for:

1. Residential purchases of new construction homes if a warranty is provided; or
2. Sales of real estate at auction; or
3. A court supervised foreclosure

As a Seller, you are asked to disclose what you know about the property you are selling. **Your answers to the questions in this form must be based on the best of your knowledge of the property you are selling, however and whenever you gained that knowledge.** Please take your time to answer these questions accurately and completely.

Property Address 1525 Anderson St		
City Louisville	State KY	Zip 40210

**PURPOSE OF DISCLOSURE FORM:** Completion of this form shall satisfy the requirements of KRS 274.360 that mandates the "seller's

... completion of and formation satisfactory and requirements of the rules that mandate the Seller's disclosure of conditions" relevant to the listed property. This disclosure is based on the Seller's knowledge of the property's condition and the improvements thereon, however that knowledge was gained. This disclosure form shall not be a warranty by the Seller or real estate agent and shall not be used as a substitute for an inspection or warranty that the purchaser may wish to obtain. This form is a statement of the conditions and other information about the property known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering, or any other specific areas related to the construction or condition of the property or the improvements on it. Unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. The Buyer is encouraged to obtain his or her own professional inspections of this property.

**INSTRUCTIONS TO THE SELLER(S):** (1) Answer every question truthfully. (2) Report all known conditions affecting the property, regardless of how you know about them or when you learned. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the real estate agent to complete this form on your behalf in accordance with KRS 324.360(9). (5) If an item does not apply to your property, mark "not applicable." (6) If you truthfully do not know the answer to a question, mark "unknown." (7) If you learn any fact prior to closing that changes one or more of your answers to this form after you have completed and submitted it, immediately notify your agent or any potential buyer of the change in writing.

**SELLER'S DISCLOSURE:** As Seller(s), I / we disclose the following information regarding the property. This information is true and accurate to the best of my / our knowledge as of the date signed. Seller(s) authorize(s) the real estate agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following information is not the representation of the real estate agent.

**Answer all questions to the BEST OF YOUR KNOWLEDGE. Attach additional sheets as necessary.**

1. PRELIMINARY DISCLOSURES		N/A	YES	NO	UN-KNOWN
a.	Have you ever lived in the house? If yes, please indicate the length of time: No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	List the date (month / year) you purchased the house. 2021				
c.	Do you own the property as (an) individual(s) or as representative(s) of a company?				
<b>Explain:</b> LLC sole owner					
d.	Has the house been used as a rental? If yes, length of time rented? Yes entire time	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Has this house ever been vacant (not lived-in) for more than three (3) consecutive months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Has this house ever been used for anything other than a residence?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> No					

	Seller Initials	Date/Time
	Seller Initials	Date/Time

	Buyer Initials	Date/Time
	Buyer Initials	Date/Time

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PROPERTY ADDRESS: 1525 Anderson St, Louisville, KY 40210

2. HOUSE SYSTEMS		N/A	YES	NO	UN-KNOWN
Whether or not they have been corrected, state whether there have been problems affecting:					
a.	Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Electrical system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Appliances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ceiling and attic fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Chimneys, fireplaces, inserts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Pool, hot tub, sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j.	Heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		age of system:			
k.	Cooling/air conditioning system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		age of system:			
l.	Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		age of system:			
Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve these problems:					
None					

3. BUILDING STRUCTURE		N/A	YES	NO	UN-KNOWN
a. Whether or not they have been corrected, state whether there have been problems affecting:					
1) The foundation or slab		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) The structure or exterior veneer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The floors and walls		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The doors and windows		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1) Has the basement ever leaked?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) If so, when did the basement last leak? Not known					
3) Have you ever had any repairs done to the basement?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) If you have had basement leaks repaired, when was the repair done? Not known					
5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)					
<b>Explain:</b> Not known					
c. Have you experienced, or are you aware of, any water or drainage problems in the crawl space?					
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of any damage to wood due to moisture or rot?					
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you aware of any present or past wood infestation (e.g., termites, borers, carpenter ants, fungi, etc.)?					
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any damage due to wood infestation?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) Has the house or any other improvement been treated for wood infestation?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) If yes, by whom?					
3) Is there a warranty?					
Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:					
None					

4. ROOF		N/A	YES	NO	UN-KNOWN
a. How old is the roof covering? Age of the roof if known:					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Has the roof leaked at any time since you have owned or lived at the property?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Has the roof leaked at any time before you owned or lived at the property?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. When was the last time the roof leaked? Not known					
e. Have you ever had any repairs done to the roof?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	
Seller Initials	Date/Time
Seller Initials	Date/Time

Buyer Initials	Date/Time
Buyer Initials	Date/Time

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PROPERTY ADDRESS: 1525 Anderson St, Louisville, KY 40210

f. Have you ever had the roof replaced?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, when?					
g. If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)					
<b>Explain:</b>					
h. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering? If so, when?					
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:					

5. LAND / DRAINAGE		N/A	YES	NO	UN-KNOWN
a. Whether or not they have been corrected, state whether there have been problems affecting:					
1) Soil stability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Drainage, flooding, or grading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Erosion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4) Outbuildings or unattached structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the house located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If so, what is the flood zone? Not known				
c. Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any deficiencies noted in this Section and/or corrections or repairs to resolve those problems:				
<b>6. BOUNDARIES</b>				
	N/A	YES	NO	UN-KNOWN
a. Have you ever had a staked or pinned survey of the property performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you in possession of a copy of any survey of the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the boundaries marked in any way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> Not known				
d. Do you know the boundaries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> No				
e. Are there any encroachments or unrecorded easements relating to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known				
<b>7. WATER</b>				
	N/A	YES	NO	UN-KNOWN
a. Source of water supply: Not known				
b. Are you aware of below normal water supply or water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Has your water ever been tested? If so, attach the results or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known				
<b>8. SEWER SYSTEM</b>				
	N/A	YES	NO	UN-KNOWN
a. Property is serviced by: Not onown				
1. Category I: Public Municipal Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Category II: Private Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Category III: Subdivision Package Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Category VII: No Treatment/Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Servicer: Not onown				
b. For properties with Category IV, V, or VI systems				
Date of last inspection (sewer): Not known				
Date of last inspection (septic): Not known      Date last cleaned (septic): Not known				
c. Are you aware of any problems with the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Seller Initials \_\_\_\_\_ Date/Time \_\_\_\_\_

Seller Initials \_\_\_\_\_ Date/Time \_\_\_\_\_

Buyer Initials \_\_\_\_\_ Date/Time \_\_\_\_\_

Buyer Initials \_\_\_\_\_ Date/Time \_\_\_\_\_

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PROPERTY ADDRESS: 1525 Anderson St, Louisville, KY 40210

Please explain any deficiencies noted in this Section: None

<b>9. CONSTRUCTION / REMODELING</b>				
	N/A	YES	NO	UN-KNOWN
a. Have there been any additions, structural modifications, or other alterations made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. If so, were all necessary permits and government approvals obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known				
<b>10. HOMEOWNERS ASSOCIATION (HOA)</b>				
	N/A	YES	NO	UN-KNOWN
a. 1) Is the property subject to any restrictions, rules, or regulations of a Homeowners Association?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) If yes, what is the annual or monthly assessment? Not known				
3) HOA Name: None				
HOA Primary Contact Name: None				
HOA Primary Contact Phone No. and email address: None				
b. Is the property a condominium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, you must also complete KREC Form 404, the Condominium Seller's Certificate					
c.	Are you aware of any condition or legal action that may result in an increase in dues, taxes or assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Are there any pet or rental restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known					
<b>11. HAZARDOUS CONDITIONS</b>		<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>UN-KNOWN</b>
a.	Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are you aware of any other environmental hazards? (e.g., carbon monoxide, hazardous waste, water contamination, asbestos, the use of urea formaldehyde, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEAD BASED PAINT DISCLOSURE REQUIREMENT</b>					
Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint, which may cause certain health risks.					
c.	Was this house built before 1978?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Are you aware of the existence of lead-based paint in or on this house?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RADON DISCLOSURE REQUIREMENT</b>					
Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks, including lung cancer. The Kentucky Department for Public Health recommends radon testing. For more information, visit <a href="http://chfs.ky.gov">chfs.ky.gov</a> and search "radon."					
e.	1) Are you aware of any testing for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) If yes, what were the results? None					
f.	1) Is there a radon mitigation system installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) If yes, is it functioning properly?					
<b>METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT</b>					
A property owner who chooses NOT to decontaminate a property used in the production of methamphetamine MUST make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010.					
g.	1) Is the property currently contaminated by the production of methamphetamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) If no, has the property been professionally decontaminated from methamphetamine contamination?					
<b>Explain:</b> Not known					
<b>12. MISCELLANEOUS</b>		<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>UN-KNOWN</b>
a.	Are you aware of any existing or threatened legal action affecting this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Are there any assessments other than property assessments that apply to this property (e.g. sewer assessments)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

   
 Seller Initials Date/Time  
   
 Seller Initials Date/Time

Buyer Initials Date/Time  
   
 Buyer Initials Date/Time

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PROPERTY ADDRESS: 1525 Anderson St, Louisville, KY 40210

c.	Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Are there any transferable warranties?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Explain:</b> No					
e.	Has this house ever been damaged by fire or other disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known					
f.	Are you aware of the existence of mold or other fungi on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Has this house ever had pets living in it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Explain:</b> Not known					
h.	Is this house in a historic district or listed on any registry of historic places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. ADDITIONAL INFORMATION				N/A	YES	NO	UN- KNOWN
Do you know anything else about the property that that should be disclosed to the Buyer?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, please provide details in the space provided, below. Attach additional sheets, as necessary.							
No							
14. SELLER(S) CERTIFICATION (CHOOSE ONE)							
<input checked="" type="checkbox"/> As Seller(s) I / we hereby certify that the information disclosed above is complete and accurate to the best of my / our knowledge and belief. I / we agree to immediately notify Buyer in writing of any changes that become known to me / us prior to closing.							
Seller Signature		Date		Seller Signature		Date	
<i>Eric Gophart</i>							
<input type="checkbox"/> As Seller(s) I / we hereby certify that my / our Real Estate Agent, _____ (print name) has completed this form with information provided by me / us at my / our direction and request. I / we further agree to hold the above-named agent harmless for any representations that appear on this form, in accordance with KRS 324.360(9).							
Seller Signature		Date		Seller Signature		Date	
<input type="checkbox"/> As Seller(s) I / we refuse to complete this form and acknowledge that the Real Estate Agent will so inform the Buyer.							
Seller Signature		Date		Seller Signature		Date	
<input type="checkbox"/> The Seller(s) refuse(s) to complete this form or to acknowledge such refusal.							
Principal Broker / Real Estate Agent Print Name				Principal Broker / Real Estate Agent Signature		Date	
Kiara Harriott							
<b>The Buyer(s) hereby certifies they have received a copy of this Seller's Disclosure of Property form.</b>							
Buyer Signature		Date		Buyer Signature		Date	

Seller Initials	Date/Time
Seller Initials	Date/Time

Buyer Initials	Date/Time
Buyer Initials	Date/Time

