



**Minnesota
Resort
Sales**

A Subsidiary of Wes Den Oat Enterprises, Inc.

P.O. Box 3007 Bemidji, Minnesota 56619
Office & Fax 218-586-2978

**SELLER'S PROPERTY
DISCLOSURE STATEMENT**

This form approved by the Minnesota Association of REALTORS®, which disclaims any liability arising out of use or misuse of this form.

1. Date _____
2. Page 1 of 2 Pages

3. NOTICE: This disclosure is not a warranty or a guaranty of any kind by the Seller(s) or Agent(s) representing
4. any party(s) in the transaction. The information disclosed is given to the best of the Seller's knowledge.

5. INSTRUCTIONS TO BUYER: Buyers are encouraged to thoroughly inspect the property personally or have it
6. inspected by a third party, and to inquire about any specific areas of concern.

7. INSTRUCTIONS TO THE SELLER: (1) Complete this form yourself. (2) Consult prior disclosure statement(s)
8. and/or inspection report(s) when completing this form. (3) Describe conditions affecting the property to the best
9. of your knowledge. (4) Attach additional pages with your signature if additional space is required. (5) Answer
10. all questions. (6) If any items do not apply, write "NA" (not applicable).

11. Property located at 1499 Hwy 11
12. City of Birchdale County of Koochiching State of MN

13. A. GENERAL INFORMATION:

14. (1) When did you purchase or build the home? 1981
15. (2) Type of Title Evidence: Abstract Registered (Torrens) Unknown
16. Location of Abstract or Owner's Duplicate Certificate of Title: SAFE-DEPOSIT BOX - BUREAU STATE
17. Is there an existing Owner's Title Insurance policy? Yes No Unknown
18. (3) Have you occupied this home continuously for the past 12 months? Yes No
19. If no, explain: _____
20. (4) Is the home suitable for year round use? Yes No
21. (5) Is the property located in a designated flood plain? Yes No Unknown
22. (6) Are you in possession of prior seller's disclosure statement(s)? (If yes, please attach) Yes No
23. Are there:
24. (7) Encroachments? Yes No Unknown
25. (8) Covenants, Restrictions or Reservations (non-governmental) affecting the use of the property? Yes No Unknown
26. (9) Easements, other than utility or drainage easements? Yes No Unknown
27. (10) Comments: _____
28. _____

29. B. GENERAL CONDITION: To your knowledge have any of the following conditions previously existed or do they currently exist?

30. (1) Has there been any damage by wind, fire, flood or other disaster(s) Yes No
31. If yes, give details of what happened and when: _____
32. _____
33. _____
34. (2) Has the structure(s) been altered? (i.e. additions, altered roof lines, changes to load bearing walls.) Yes No
35. If yes, please specify what was done, when and by whom (owner or contractor): _____
36. _____
37. _____
38. (3) Soil Problems? Yes No
39. (4) Diseased Trees? Yes No
40. (5) Animal Infestation? Yes No
41. (6) Insect/Pest Infestation? Yes No
42. (7) Do you have or have you previously had any pets? Yes No If yes, indicate type Dogs and number 3
43. (8) Comments: _____
44. _____

45. C. STRUCTURAL SYSTEMS: To your knowledge have any of the following conditions previously existed or do they currently exist?

46. (Answers apply to all structures, such as garage and out-buildings.)
47. (1) THE BASEMENT, CRAWLSPACE, SLAB
- | | | | |
|----------------------------|---|--------------------------|---|
| 48. (a) Foundation problem | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (e) Drain tile problem | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 49. (b) Flooding | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (f) Cracked floors/walls | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 50. (c) Wet floors/walls | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (g) Sewer backup | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 51. (d) Leakage/seepage | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (h) Other | Yes <input type="checkbox"/> No <input type="checkbox"/> |
52. Give details to any question answered "yes": _____
53. _____
54. _____
55. (2) THE ROOF
56. (a) What is the age of the roofing material? 2008 - NEW ROOF
57. (b) Has there been interior damage from ice build-up? Yes No
58. (c) Has there been any leakage? Yes No
59. (d) Have there been any repairs or replacements made to the roof? Yes No
60. Give details to any question answered "yes": _____
61. _____
62. _____

63. D. PRIVATE SEWER SYSTEM DISCLOSURE: (A Private Sewer System Disclosure is required by Minn. Statutes)

64. Check appropriate box



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77. Property located at _____

78. F. VALUATION EXCLUSION DISCLOSURE (Required by Minn. Statute 273.11, Subd. 16) Check appropriate box.

79. There IS /IS NOT an exclusion from market value for home improvements on this property. Any valuation exclusion will terminate upon sale of the property, and the property's estimated market value for property tax purposes will increase. If a valuation exclusion exists, buyers are encouraged to look into the resulting tax consequences.
80. _____
81. _____
82. Additional comments _____

83. G. APPLIANCES, HEATING, PLUMBING, ELECTRICAL AND OTHER MECHANICAL SYSTEMS:

84. NOTE: This section refers only to the working condition of the following items. Personal property is included in the sale ONLY IF specifically referenced in the Purchase Agreement. Cross out only those items not physically located on the property.

	In Working Order			In Working Order			In Working Order	
	YES	NO		YES	NO		YES	NO
88. Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Antenna and Cables	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool and Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Range Hood(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
90. Freezer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Air Conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91. Garage Door Opener Control(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Heating System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Detector (Battery)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92. Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Bells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoke Detectors (Hardwire)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
93. Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drain Tile System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Solar Collectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>
94. Refrigerator(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplemental Heater(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
95. Sump Pump	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exhaust Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet Mechanisms	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Air Conditioners	<input type="checkbox"/>	<input checked="" type="checkbox"/>
97. Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heaters(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
98. Window Air Conditioner(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fireplace Mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	Water Treatment System(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
99. Other <u>Central Air</u>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input checked="" type="checkbox"/>		
100. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Garage Door Opener(s) (GDO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>
101. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	GDO Auto Reverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
102. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Woodburning Stove	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
104. _____			Intercom	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
105. _____			Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
106. _____			Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>

107. Comments: _____

108. _____

109. _____

110. H. ENVIRONMENTAL CONCERNS: To your knowledge are any of the following present on the property?

111. Asbestos? Yes No Unknown Lead? (paint, plumbing, etc.) Yes No Unknown
112. Formaldehyde? Yes No Unknown Radon? Yes No Unknown
113. Hazardous Substances? Yes No Unknown Underground Storage Tanks? Yes No Unknown
114. Hazardous Wastes? Yes No Unknown Other? Yes No Unknown
115. Give details to any question answered "yes": _____
116. _____
117. _____
118. _____

119. I. OTHER KNOWN DEFECTS:

120. Are there any other known defects in or on the property? If yes, explain below: Yes No Unknown
121. _____
122. _____

123. J. ADDITIONAL COMMENTS:

124. _____
125. _____
126. _____
127. _____

128. LISTING BROKER AND AGENTS MAKE NO REPRESENTATIONS AND ARE NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING IN THE PROPERTY.

129. _____

130. K. SELLER'S STATEMENT: (To be signed at time of listing)

131. The Seller(s) hereby states the condition of the property to be as stated above and authorizes any Agent(s) representing any party(s) 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.
132. _____
133. _____

134. Sharon L. Anderson 3-4-09 _____