



## Seller's Information Regarding Property

### Property Type (check one):

- ☐ Single Family ☐ Zero Lot Line/Town House ☐ Condominium ☐ Townhome/PUD  
☐ Duplex (Including Single Family with an Apartment)  
☐ Other (please specify) 2 callios + STORAGE SHED, WOODSHED, OUTHOUSE SAUNA-SHOWER

Do you currently occupy the property? ☒ Yes ☐ No If Yes, how long? 36 YRS RECREATIONAL

If not a current occupant, have you ever occupied the property? ☐ Yes ☐ No If so, when? \_\_\_\_\_

Year Property Built: 1974 If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family From Lead in Your Home" pamphlet. The pamphlet can be found on the Internet at <http://www.epa.gov/lead/leadprot.htm>.

Construction Overview: ☒ Wood Frame ☐ Manufactured ☐ Modular ☐ Other: \_\_\_\_\_

Foundation: ☐ Masonry Block ☐ Poured Concrete ☒ Piling ☐ Treated Wood ☐ Other: \_\_\_\_\_

Name of original builder (if known): \_\_\_\_\_

### Property Features:

**Check** all items that are **built-in** and will remain with the property. **Also . . .**

**Circle** those checked items that have known defects or malfunctions. **Also . . .**

**Describe** the defect or malfunction on the Addendum/Amendment(s) To The Disclosure Statement.

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Cooktop                 | <input checked="" type="checkbox"/> Wood Stove(s) # of _____  | <input type="checkbox"/> T.V. Antenna                 |
| <input type="checkbox"/> Oven(s) # of _____                 | <input type="checkbox"/> Jetted Tub   | <input type="checkbox"/> Satellite Dish               |
| <input checked="" type="checkbox"/> Rods & Blinds           | <input type="checkbox"/> Hot Tub <input type="checkbox"/> Cover   | <input checked="" type="checkbox"/> Window Screens    |
| <input checked="" type="checkbox"/> Microwave(s) # of _____ | <input type="checkbox"/> Steam Shower Room  | <input type="checkbox"/> Security System              |
| <input type="checkbox"/> Dishwasher                         | <input type="checkbox"/> Water Softener   | <input type="checkbox"/> Smoke Detector(s) # of _____ |
| <input type="checkbox"/> Trash Compactor                    | <input type="checkbox"/> Water Filtering System   | <input type="checkbox"/> CO Detectors # of _____      |
| <input type="checkbox"/> Garbage Disposal                   | <input type="checkbox"/> Greenhouse <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Fire Alarms                  |
| <input type="checkbox"/> Instant Hot Water Dispenser        | <input type="checkbox"/> Ventilating System   | <input type="checkbox"/> Auto Garage Door Opener(s)   |
| <input type="checkbox"/> Central Vacuum Installed           | <input type="checkbox"/> Heating System   | <input type="checkbox"/> # of Opener(s) _____         |
| <input type="checkbox"/> Intercom                           | <input checked="" type="checkbox"/> Storage Shed(s) # of _____  | <input type="checkbox"/> Built-In Refrigerator        |
| <input type="checkbox"/> Paddle Fan(s) # of _____           | <input type="checkbox"/> Built-In Barbecue  | <input type="checkbox"/> Other _____                  |

Comments: \_\_\_\_\_

### Structural Components:

**Check** only those items that have known defects, malfunctions, or have had major repairs performed within the last five years.

**Also . . . Describe** the defect, malfunction, or repair on the Addendum/Amendment(s) To The Disclosure Statement.

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Fences/Gates                 | <input type="checkbox"/> Rain Gutters                 | <input checked="" type="checkbox"/> Insulation <u>OK</u>   | <input checked="" type="checkbox"/> Electrical Systems | <input type="checkbox"/> Electronic Air Cleaner |
| <input type="checkbox"/> Driveways                    | <input type="checkbox"/> Exterior Walls               | <input checked="" type="checkbox"/> Woodstove(s) <u>OK</u> | <input type="checkbox"/> Sewage Systems                | <input type="checkbox"/> Heat Recovery          |
| <input type="checkbox"/> Private Walkways             | <input type="checkbox"/> Interior Walls               | <input type="checkbox"/> # of _____                        | <input type="checkbox"/> Water Supply                  | <input type="checkbox"/> Ventilator System      |
| <input type="checkbox"/> Retaining Walls              | <input type="checkbox"/> Floors                       | <input type="checkbox"/> Fireplace(s)                      | <input type="checkbox"/> Garage                        | <input type="checkbox"/> Swimming Pool          |
| <input type="checkbox"/> Foundation                   | <input type="checkbox"/> Ceilings                     | <input type="checkbox"/> # of _____                        | <input type="checkbox"/> Garage Floor Drain            | <input type="checkbox"/> Mechanical             |
| <input type="checkbox"/> Crawl Space                  | <input checked="" type="checkbox"/> Doors <u>OK</u>   | <input type="checkbox"/> Gas Starter                       | <input type="checkbox"/> Carport                       | <input type="checkbox"/> Filtration             |
| <input checked="" type="checkbox"/> Roof <u>metal</u> | <input checked="" type="checkbox"/> Windows <u>OK</u> | <input type="checkbox"/> Chimneys                          | <input type="checkbox"/> Washer/Dryer Hook-ups         | <input type="checkbox"/> Pool Cover             |
| <input type="checkbox"/> Patio/Decking                | <input type="checkbox"/> Skylights                    | <input type="checkbox"/> Plumbing Systems                  | <input type="checkbox"/> Humidifier                    | <input type="checkbox"/> Hot Water Heater       |
| <input type="checkbox"/> Slabs                        | <input type="checkbox"/> Venting                      | <input type="checkbox"/> Heating Systems                   | <input type="checkbox"/> Air Conditioner               |   |
|   |   | <input checked="" type="checkbox"/> Solar Panels <u>OK</u> |  |   |
|   |   | <input type="checkbox"/> Wind Generators                   |  |   |

Other items not covered above? Replaced inverter, batteries & controller (2021 June)

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Date

**Documentation:** *Check* the documents for the subject property that the seller has available for review:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Engineer/Property/Home Inspection Report(s) | <input type="checkbox"/> Written Agreements with Adjacent Property Owners | <input type="checkbox"/> Party Wall Agreement        |
| <input type="checkbox"/> Title Information                           | <input type="checkbox"/> Energy Rating Certificate or PUR-101             | <input type="checkbox"/> Lease/Rental Agreement      |
| <input type="checkbox"/> As-Built Survey                             | <input type="checkbox"/> Resale Certificate                               | <input type="checkbox"/> Soils Test                  |
| <input type="checkbox"/> Certificate of Occupancy or PUR-102         | <input type="checkbox"/> Water Rights Certificate                         | <input type="checkbox"/> Well Log and Water Tests    |
| <input type="checkbox"/> Deed Restrictions                           | <input type="checkbox"/> Subdivision Covenants/Restrictions               | <input type="checkbox"/> Hazardous Materials Test(s) |
| <input type="checkbox"/> Other _____                                 |   | <input type="checkbox"/> Other _____                 |

**Additional Information:**

Supply information for the following items:

Yes No

To the best of your knowledge, has the property been inspected by an engineer/home inspector in the last 5 years?..... ☐ ☒

➤ **Drainage:**

- ♦ Are you aware of ever having any water in the crawl space, basement, or lower level?..... ☐ ☒  
If Yes, how has the problem been resolved?  
☐ Sump Pump(s) ☐ Curtain Drain ☐ Rain Gutter/Extension ☐ Other \_\_\_\_\_  
When was problem resolved? \_\_\_\_\_  
Location of each sump pump: \_\_\_\_\_
- ♦ To where does the water drain after it leaves the sump pump? \_\_\_\_\_  
If gutters, where do downspouts discharge? \_\_\_\_\_
- ♦ Is there a floor drain in the structure, including garage?..... ☐ ☒  
If Yes, where is it located and where does it drain to? \_\_\_\_\_

➤ **Roof or Other Leakage:**

- Type: ☐ Asphalt/Composition Shingle ☐ Cedar Shake ☐ Built-up ☒ Metal ☐ Other \_\_\_\_\_  
Age: \_\_\_\_\_ years. Location of attic access? \_\_\_\_\_
- ♦ Are you aware of any ice damming on the roof? ..... ☐ ☒  
If Yes, provide location. \_\_\_\_\_
  - ♦ Are you aware of any water leaking into the home? i.e., windows, lights, fireplace, etc. .... ☐ ☒  
If Yes, provide location. \_\_\_\_\_

➤ **Fireplace and/or Woodstove:** Date chimney(s) last cleaned? 8/2021 Who cleaned? RON GLAESER

➤ **Heating System(s):**

Mark all types that apply: ☐ Hot Water Baseboard ☐ Forced Air ☐ Radiant Heat ☐ Electrical Heat  
☒ Wood Stove ☐ Other \_\_\_\_\_  
Age: \_\_\_\_\_ years. Last Cleaned: 8/2021 Last Inspected: 8/2021  
Source: ☐ Natural Gas ☐ Electric ☒ Propane Tank leased or owned? OWNED ☐ Wood ☐ Coal  
☐ Oil with \_\_\_\_\_ gallon storage which is ☐ Buried ☐ Above Ground ☐ Other \_\_\_\_\_  
Age of Tank? \_\_\_\_\_ years.

➤ **Hot Water Heater:**

Age: N/A years. Capacity: \_\_\_\_\_ gallons. Type: ☐ Gas ☐ Electric ☐ Other \_\_\_\_\_

➤ **Water Supply:**

Type: ☐ Public ☒ Private ☐ Community ☐ Cistern/Water Tank If Cistern/Water Tank: \_\_\_\_\_ Size \_\_\_\_\_  
☐ Other I BRING MY OWN IN WINTER, RAIN BARRELS IN SUMMER

If Private: Well Depth: \_\_\_\_\_ feet. Flow Rate: \_\_\_\_\_ gallons per minute. Date Tested: \_\_\_\_\_

- ♦ Have you had any problems with your water supply?..... ☐ ☒
- ♦ Has the water supply been tested in the past 12 months?..... ☐ ☒  
If Yes, attach all documentation from all tests.
- ♦ Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants? ..... ☐ ☒
- ♦ Has the well failed while you have owned the property?..... N/A ☐ ☒
- ♦ Have you ever had a well pump problem or failure?..... N/A ☐ ☒
- ♦ Do you supply water to, or receive water from others?..... ☐ ☒  
If Yes, is there a recorded agreement?..... ☐ ☒
- ♦ Do you have a water rights certificate for this property?..... ☐ ☒

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## Additional Information (Continued):

### ➤ Sewer System:

Type: ☐ Public ☐ Private ☐ Community ☐ Other \_\_\_\_\_ **Yes** **No**

◆ Does your sewer system have a lift station/lift pump? ..... ☐ ☐

If Private: ☐ Septic Tank ☐ Holding Tank ☐ Other: \_\_\_\_\_

Drainfield System: ☐ Bed ☐ Trench ☐ Mound ☐ Pit ☐ Crib ☐ Other \_\_\_\_\_

Innovative Sewer System: ☐ Intermittent Sand Filter ☐ Biocycle ☐ Recirculating Upflow Filter

☐ Secondary sewer treatment plant ☐ Other \_\_\_\_\_

- ◆ Has the sewer system failed while you owned the property? ..... ☐ ☐
- If Yes, explain: \_\_\_\_\_
- Age of sewer system: \_\_\_\_\_ Location: \_\_\_\_\_ *N/A*
- ◆ Have you had any work maintenance or inspections done on the sewer system during your ownership? ..... ☐ ☐
- If Yes, explain: \_\_\_\_\_
- Approval/Certification source (and date if known): \_\_\_\_\_
- ◆ Are you aware of any abandoned sewer systems, leachfields, cribs, etc. on the property? ..... ☐ ☐

### ➤ Freeze-ups:

- ◆ Have you had any frozen water lines, sewer lines, drains, or heating systems? ..... ☐ ☐
- If yes, please explain. \_\_\_\_\_
- ◆ Are there any heat tapes, heat lamps, or other freeze prevention devices? ..... ☐ ☐
- Location, and explain use. \_\_\_\_\_

### ➤ Average Annual Utility Costs:

Gas	\$ <u>0</u>	Company/Source: _____
Electric	\$ <u>0</u>	Company/Source: _____
Oil	\$ <u>0</u> /Gallons: _____	Company/Source: _____
Propane	\$ <u>2100</u>	Company/Source: _____
Wood	\$ <u>0</u>	Company/Source: _____
Coal	\$ <u>0</u>	Company/Source: _____
Water	\$ <u>0</u>	Company/Source: _____
Sewer	\$ <u>0</u>	Company/Source: _____
Refuse	\$ <u>125.0</u>	Company/Source: _____
Other	\$ _____	Company/Source: _____

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? If answer is "Yes," indicate the relevant item number and explain the condition on the Addendum/Amendment(s) to the Disclosure Statement.

### ➤ Title:

1. Do you know of any existing, pending, or potential legal action(s) concerning the property? ..... ☐ ☐
2. Do you know of any street or utility improvements planned that will affect the property? ..... ☐ ☐
3. Road maintenance provided by? ? ..... ☐ ☐
4. Is the property currently rented or leased? ..... ☐ ☐
- If Yes, expiration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Is there a homeowner's association (HOA) for the property? ..... ☐ ☐
- If Yes, HOA name: \_\_\_\_\_ HOA Telephone: \_\_\_\_\_
- ☐ Mandatory ☐ Voluntary ☐ Inactive Monthly Dues Amount: \$ \_\_\_\_\_ per \_\_\_\_\_
- Are there any levied or pending assessments? ..... ☐ ☐
- Who is responsible for issuing the resale certificate?
- Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### ➤ Setbacks/Restrictions:

6. Have you been notified of any proposed zoning changes for the property? ..... ☐ ☐
7. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences, and driveways, whose use or responsibility for maintenance may affect the property? ..... ☐ ☐
8. Are there subdivision conditions, covenants, or restrictions? ..... ☐ ☐
9. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property? ..... ☐ ☐
10. Are you aware of any nonconforming uses of this property? ..... ☐ ☐

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**Additional Information (Continued):**

- |   | <u>Yes</u>                          | <u>No</u>                           |
|---|-------------------------------------|-------------------------------------|
| 11. Are you aware of any deed, or other private restrictions on the use of the property?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Are you aware of any variances being applied for, or granted, on this property? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. Are you aware of any easements on the property? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>&gt; Encroachments:</b>  |                                     |                                     |
| 14. Does anything on your property encroach (extend) onto your neighbor's property? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. Does anything on your neighbor's property encroach onto your property? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>&gt; Environmental Concerns:</b>   |                                     |                                     |
| 16. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water or by-products from the production of methamphetamines on the subject property? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16a. Are you aware of any mildew or mold issues affecting this property? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks? Number of tanks: .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. Are you aware if the property is in an avalanche zone/mudslide area?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19. Are you aware if the property has flooded? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Flood zone designation: .....   |                                     |                                     |
| 20. Are you aware of any erosion/erosion zone or accretion affecting this property?.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 21. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 22. Have you ever filed an insurance claim for any environmental damage to the property? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 23. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>&gt; Soil Stability:</b>   |                                     |                                     |
| 24. Are you aware of any debris burial or filling on any portion of the property?.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 25. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affect the improvements of the property? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 26. Are you aware of any drainage, or grading problems that affect this property?.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>&gt; Construction, Improvements/Remodel:</b>   |                                     |                                     |
| 27. Have you remodeled, made any room additions, structural modifications, or improvements?.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If Yes, please describe. Was the work performed with necessary permits in compliance with building codes? .....   |                                     |                                     |
| Was a final inspection performed, if applicable?.....   |                                     |                                     |
| 28. Has a fire ever occurred in the structure?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>&gt; Pest Control or Wood Destroying Organisms:</b>  |                                     |                                     |
| 29. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, etc. in the structure? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| a. If Yes, what type? .....   |                                     |                                     |
| b. If Yes, where? .....   |                                     |                                     |
| 30. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| a. If Yes, when? <u>7 YRS AGO</u>   |                                     |                                     |
| b. If Yes, what type? <u>carpenter ants</u>   |                                     |                                     |
| c. If Yes, where? <u>LEFT REAR of cabin (main)</u>  |                                     |                                     |
| d. If Yes, describe what was done to resolve the problem: <u>corn mealled all support structures, THEY cannot digest corn meal and the queen is killed</u>  |                                     |                                     |
| <b>&gt; Other:</b>  |                                     |                                     |
| 31. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 32. Are you aware of any human burial sites on the property?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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**Additional Information (Continued):****Yes      No****33. Noise**

- a. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, race tracks, neighbors, etc? ..... ☐ ☒
- b. If Yes, explain: \_\_\_\_\_

**34. Pets**

- a. Have there been any pets/animals in the house? ..... ☒ ☐
- b. If Yes, what kind? cockatiel (BIRD)

I / We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

Seller: Ronald Glaeser  
Ronald Glaeser

Seller: Florence Glaeser  
Florence Glaeser

Date: 9/13/21

Date: 9/13/21

**Buyer's Notice and Receipt of Copy**

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: [www.dps.state.ak.us](http://www.dps.state.ak.us).

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.

The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects. Buyer also acknowledges that he/she has read and received a signed copy of this statement from the Seller or any licensee involved or participating in this transaction.

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Date: \_\_\_\_\_

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