

**NEBRASKA REAL ESTATE COMMISSION
SELLER PROPERTY CONDITION DISCLOSURE STATEMENT
Residential Real Property**

THIS DISCLOSURE STATEMENT IS BEING COMPLETED AND DELIVERED IN ACCORDANCE WITH NEBRASKA LAW. NEBRASKA LAW REQUIRES THE SELLER TO COMPLETE THIS STATEMENT (NEB. REV. STAT. § 76-2,120).

Seller is is not occupying the real property.

How long has Seller owned the real property? _____ year(s)

This Disclosure Statement concerns the real property located at 9010 No 66th St

in the City of Omaha, County of Douglas, State of Nebraska and legally described as

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE REAL PROPERTY KNOWN BY THE SELLER ON THE DATE ON WHICH THIS STATEMENT IS SIGNED. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION, AND SHOULD NOT BE ACCEPTED AS A SUBSTITUTE FOR ANY INSPECTION OR WARRANTY THAT THE PURCHASER MAY WISH TO OBTAIN. EVEN THOUGH THE INFORMATION PROVIDED IN THIS STATEMENT IS NOT A WARRANTY, THE PURCHASER MAY RELY ON THE INFORMATION CONTAINED HEREIN IN DECIDING WHETHER AND ON WHAT TERMS TO PURCHASE THE REAL PROPERTY. ANY AGENT REPRESENTING A PRINCIPAL IN THE TRANSACTION MAY PROVIDE A COPY OF THIS STATEMENT TO ANY OTHER PERSON IN CONNECTION WITH ANY ACTUAL OR POSSIBLE SALE OF THE REAL PROPERTY. THE INFORMATION PROVIDED IN THIS STATEMENT IS THE REPRESENTATION OF THE SELLER AND NOT THE REPRESENTATION OF ANY AGENT, AND IS NOT INTENDED TO BE PART OF ANY CONTRACT BETWEEN THE SELLER AND PURCHASER.

Seller please note: You are required to complete this Disclosure Statement in full. If any particular item or matter does not apply and there is no provision or space for so indicating, insert "N/A".

SELLER STATES THAT, TO THE BEST OF SELLER'S BELIEF AND KNOWLEDGE AS OF THE DATE THIS DISCLOSURE STATEMENT IS COMPLETED AND SIGNED BY THE SELLER, THE CONDITION OF THE REAL PROPERTY IS:

PART I - If there is more than one of any item in this Part, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement. If an item in this Part is not on the property or will not be included in the sale, check only the "None/Not Included" column for that item.

	WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED		WORKING	NOT WORKING	DO NOT KNOW IF WORKING	NONE/NOT INCLUDED
Section A. Appliances.									
1. Built-in vacuum system and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Microwave oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Clothes washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Range <i>one burner intermittent</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Room air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. TV antenna/satellite dish <i>sent pieces back to Dick.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Gas grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Range ventilation systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B. Electrical Systems.									
1. Electric service panel (capacity _____ amp, if known) <i>X</i> fuse _____ circuit breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke/fire alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ceiling fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Room vent fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garage door opener/remote controller(s) (number of controllers, if included _____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. 220 volt service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Telephone wiring and jacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Security system <i>X</i> owned _____ leased _____ _____ Central station monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cable TV wiring and jacks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Intercom or sound system wiring and built-in speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Have you experienced any problems with the electrical system or its components? <i>X</i> no _____ yes If yes, explain the condition in the Comments section, PART III of this Disclosure Statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C. Heating and Cooling Systems.									
1. Air purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Gas log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Gas starter (fireplace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Whole house fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Heat pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Central air conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Humidifier	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fireplace/fireplace insert	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Propane tank (rent own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Heating system (<i>X</i> gas _____ electric _____ other, specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Woodburning stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					13. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section D. Water Systems.									
1. Hot tub/whirlpool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plumbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Water purifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Water softener (rent own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Underground sprinkler _____ backflow preventer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Well system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					9. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section E. Sewer Systems.									
1. Plumbing <i>Septic</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Septic system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sump pump (discharges to _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					5. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II - In this part, in Sections A, B, and C, if the answer to any item is "Yes", explain the condition in the Comments section, PART III of this Disclosure Statement.

Section A. Structural Conditions. If there is more than one of any item listed in this Section, the statement made applies to each and all of such items unless otherwise noted in the Comments section, PART III of this Disclosure Statement.

	YES	NO	DO NOT KNOW		YES	NO	DO NOT KNOW
1. Age of roof (if known) <u>5-10</u> years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is there presently damage to the chimney?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Are there any windows which presently leak, or do any insulated windows have broken seals?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has the roof leaked? <i>It before new Roof.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you experienced any moving or settling of the following:			
4. Is there presently damage to the roof?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has there been leakage/seepage in the basement or crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Has there been any damage to the real property or any of the structures thereon due to the following occurrences including, but not limited to, wind, hail, fire, flood, wood-destroying insects, or roden? <i>Treated + Repaired.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are there any structural problems with <i>Metal shed only.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sidewalk?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				patio?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				driveway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				retaining wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Asbestos
- Contaminated soil or water (including drinking water)
- Landfill or buried materials
- Lead-based paint
- Radon gas
- Toxic materials

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Underground fuel, chemical or other type of storage tank
- Have any other hazardous substances, materials, or products identified by the Environmental Protection Agency or its authorized Nebraska designee been on the real property?

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section C. Title Conditions. Do any of the following conditions exist with regard to the real property?

- Any features, such as walls, fences, and driveways, which are shared?
- Any easements, other than normal utility easements?
- Any encroachments?
- Any zoning violations, non-conforming uses, or violations of "setback" requirements?
- Any lot-line disputes?
- Have you been notified, or are you aware, of any work planned or to be performed by a utility or municipality close to the real property including but not limited to sidewalks, streets, sewers, water, power, or gas lines?
- Any condominium, homeowners', or other type of association which has any authority over the real property?
- Does ownership of the property entitle the owner to use any "common area" facilities such as pools, tennis courts, walkways, or other common use areas?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Any lawsuits regarding this property during the ownership of the seller?
- Any notices from any governmental or quasi-governmental agency affecting the real property?
- Any planned road or street expansions, improvements or widenings adjacent to the real property?
- Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?
- Any deed restrictions or other restrictions of record affecting the real property?
- Any unsatisfied judgments against Seller?
- Any dispute regarding a right of access to the real property?
- Any other title conditions which might affect the real property?

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section D. Other Conditions.

- Are the dwelling and the improvements connected to a public water system?
Is the system operational?
- Are the dwelling and the improvements connected to a public sewer system?
Is the system operational?
- Are the dwelling and the improvements connected to a private or community (non-public) water system?
Is the system operational?
Year last tested _____
- Are the dwelling and the improvements connected to a private or community (non-public) sewer system?
Is the system operational?
- Are the dwelling and the improvements connected to a septic system?
Is the system operational?
- Is the real property in a: ___ flood plain? ___ floodway?

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Is trash removal service provided to the real property?
If so, the trash service is public ___ private ___
- Have the structures been mitigated for radon?
If yes, when? _____
- Is the property connected to a natural gas system?
- Has a pet been domiciled in the dwelling?
type(s) Dog over 20 years ago.

YES	NO	DO NOT KNOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If the answer to any of the following items is "Yes", explain in the Comment section, PART III of this Disclosure Statement.
- Are any trees or shrubs on the real property diseased or dead?
Are any trees or shrubs scheduled to be removed?
 - Are there any flooding, drainage, or grading problems in connection with the real property?
 - Have you made any insurance or manufacturer claims with regard to the property?
 - Are you aware of any problem to the exterior wallcovering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials?

YES	NO	DO NOT KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section E. Cleaning/Service Conditions. Have you ever performed or had performed the following? State the most recent year:

- Service of air conditioner
- Cleaning of fireplace, including chimney
- Service of furnace
- Service of septic system
- Cleaning of woodburning stove, including chimney

YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED
<u>2007</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2007</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Treatment for wood-destroying insects or rodents
- Tested well water
- Serviced/treated well water

YEAR	YES	NO	DO NOT KNOW	NONE/NOT INCLUDED
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART III - Comments. Please reference comments on items responded to above by PART I or II, Section letter and item number. Use additional pages if necessary.

- Water Pressure is Low
- Swimming Pool needs a pump.
- Set B Step 3. 57 years ago there was a system on prep that was filled with personal items from the house & nothing but of old debris was buried about 10 years ago.

If checked here _____, PART III is continued on a separate page(s).

SELLER'S CERTIFICATION

Seller hereby certifies that this Disclosure Statement, which consists of _____ pages, has been completed by Seller; that Seller has completed this Disclosure Statement to the best of Seller's belief and knowledge as of the date hereof, which is the date this Disclosure Statement is completed and signed by Seller.

Seller Joseph Plough Trustee Date 7/30/08

Seller _____ Date _____

ACKNOWLEDGMENT OF RECEIPT OF DISCLOSURE STATEMENT, UNDERSTANDING AND CERTIFICATION

I/We acknowledge receipt of a photocopy of the above Seller Property Condition Disclosure Statement; understand that such Disclosure Statement is not a warranty of any kind by the Seller or any agent representing any principal in the transaction; understand that such Disclosure Statement should not be accepted as a substitute for any inspection or warranty that I/we may wish to obtain; understand the information provided in this Disclosure Statement is the representation of the Seller and not the representation of any agent, and is not date of any contract entered into by me/us relating to the real property described in such Disclosure Statement.

Purchaser _____ Receipt Date _____

Purchaser _____ Receipt Date _____