

PROPERTY CONDITION DISCLOSURE STATEMENT

The following is a Property Disclosure required by Sections 89-1-507 through 89-1-525 of the Mississippi Real Estate Brokers Act of 1954, as Amended, and made by the seller, concerning the condition of the residential property located at: 116 BUCKINGHAM PLACE, BRANSON, MS 39047

Seller(s): GEORGE & LONI FLYNT Approximate Age of the Property 4 YRS.

This Disclosure is not a warranty of any kind by the Seller or any Agent of the Seller in this transaction and is not a substitute for any inspections or warranties the Purchaser may wish to obtain. This statement may be made available to other parties and is to be attached to the Listing Agreement (signed by owner).

TO THE SELLER: Please complete the following form, including any past history of problems, if known. If the condition or question does not apply to your property, mark with "N/A".

**DO NOT LEAVE ANY BLANK SPACES. ATTACH ADDITIONAL PAGES IF NECESSARY.
THIS FORM MAY BE DUPLICATED IN SIZE AND CONTENT BUT NOT ALTERED.**

STRUCTURAL ITEMS:

A. BUILDING CODE:

Was the residence built in conformity with an approved building code? Yes No Unknown
if yes, was it inspected by a code enforcement inspector? Yes No Unknown
Was it inspected by someone other than a code enforcement inspector? Yes No Unknown

B. STRUCTURAL ITEMS:

Are you aware of any foundation repairs made in the past? Yes No Explain _____
Are any foundation repairs currently needed? Yes No Explain _____

C. HISTORY OF INFESTATION, IF ANY: TERMITES, CARPENTER ANTS, ETC.

Any evidence of rot, mildew, vermin, rodents, termites, carpenter ants, or other infestation? Yes No
Any infestation treatments? Yes No Any Repaired Damage? Yes No
If your answer is "YES", please describe _____
Is the structure under a termite contract? Yes No Who is contractor? TERMINIX

D. ROOF:

How old is the roof? 4 Years. Any repairs? YES, LEAK IN MDR BAY WINDOW AFTER CONSTRUCTION, BUILDER
Have there been any leaks, gutter back up, or other problems with the roof? Yes No FIXED, NONE SINCE
Has the roof been replaced or repaired during your ownership? Yes No

E. LAND AND SITE DATA:

Is there a survey available? Yes No Date the survey was completed _____
Are you aware of the existence of any of the following, so wit:
Encroachments: Yes No Unknown Standing Water: Yes No Unknown
Basements: Yes No Unknown Bluff/Erosion: Yes No Unknown
Soil Problems: Yes No Unknown Subsoil Problem: Yes No Unknown
Flood Zone: Yes No Unknown Land Fill: Yes No Unknown
Are there any specific zoning regulations which make the subject a non-conforming use (proper lot size, set backs, zoning, etc) Yes No If any of your answers in this section are "YES", please explain each in detail: _____
Has the property ever flooded? Yes No Is flood insurance required? Yes No Unknown
Are there any rights-of-way, easements, or similar matters that may affect your ownership interest in the property? Yes No Unknown If "YES", please explain: _____

SELLER(S) INITIALS GF LF

PURCHASER(S) INITIALS: _____

F. ADDITIONS/REMODELS:

Have there been any additions, remodeling, structural changes, or other alterations to property? Yes No
If "YES", was all work done with necessary permits and approvals in compliance with the local building codes? Yes No N/A If "YES", who did the work? _____
If "NO", please explain: _____

G. WALLS/ WINDOWS:

Have there ever been any problems with interior or exterior walls or siding? Yes No Unknown
Any problems with the windows? Yes No If "YES", please explain: CRACK in mortar in outside EAST garage wall in 7-01. Engineer stated no structural problems-normal settlement.

H. OTHER:

Has there been major damage to the property or any of the structure from fire, windstorm, or any other disaster? Yes No Please describe: _____
Are you aware of any problems which may exist with the property by virtue of prior uses such as, but not limited to, hazardous or toxic waste, asbestos components, lead based paint, urea-formaldehyde insulation, radon gas, underground tanks, naturally occurring radiation, or any past industrial uses of the premises? Yes No If the answer to any of these questions is "YES", please explain: _____

MECHANICAL ITEMS:

I. ELECTRICAL SYSTEM/PLUMBING SYSTEM:

Are you aware of any problems or conditions that affect the value, desirability, or functionality of the Heating, Cooling, Electrical, Plumbing, or Mechanical Systems? Yes No If "YES", please explain all known problems in detail: _____

WATER, SEWER, & SEPTIC ITEMS:

J. WATER

The water supply is: Public Private On-site Well Neighbor's Well Community
If your drinking water is from a well, when was your water last checked for safety, what were the results of the test, and who conducted the test? _____
Do you have a water softener? Yes No Unknown
The Sewage System is: Public Private Septic Compost Treatment Plant Other
Is there a sewage pump installed? Yes No Any problems with Treatment Plant? Yes No
Date of the last Septic Inspection or Clean-out: 2003
Are you aware of any leaks, back-ups, or other problems relating to any of the plumbing, water, sewage, or related items during your ownership? Yes No If "YES", please explain: _____

OTHER MATTER/ITEMS:

K. MISCELLANEOUS:

Is the subject situated on Leasehold or Sixteenth Section land? Yes No Explain: _____
Is there any existing or threatened legal action affecting the property? Yes No
Are you aware of any violations of local/state/federal laws/regulations relating to the property? Yes No
Are you aware of any defects or needed repairs about which the purchaser should be informed? Yes No
If "YES", please explain in detail: _____
What is the approximate square footage of the Heated and Cooled Living Area of the residence? 3200+
How was the approximation of square footage determined? PLANS
Are there any finished wood floors beneath the floor coverings? Yes No
Are there any Homeowner's Association Fees associated with ownership? Yes No Fee: 200. PER YEAR
If the property is a Condominium, the Maintenance Fees are \$ _____ per _____.
What is the Total Real Estate Tax Bill? \$ 2000 Homestead Exemption has been filed for YES
What is the average YEARLY Electric Bill? \$ 2400 What is the average YEARLY Gas Bill? \$ 600
If the residence is serviced by Propane (LP) Gas, what is the average YEARLY Propane Bill? \$ _____
The Propane Tank is: Owned Leased If Leased, how much is the lease payment? \$ _____
Is Cable Television Service available at the site? Yes No
Are any items remaining with the residence that are financed separately from the mortgage? Yes No
If "YES", please provide information: _____


SELLER(S) INITIALS [Signature]

PURCHASER(S) INITIALS _____

MAJOR APPLIANCES/SYSTEMS REMAINING WITH RESIDENCE:

ITEM	YES	NO	GAS/ELEC	AGE	REPAIRS IN LAST TWO(2) YEARS
Cook-top VIKING	/		GAS	4	NO
Dishwasher FRIGIDARE	/		Elec	4	NO
Garbage Disposal	/		Elec	4	NO
Ice-maker ② SUBZERO	/		"	4	NO
Microwave GE	/		"	4	NO
Oven(s) ② FRIGIDARE	/		ELEC	4	NO
Refrigerator SUBZERO	/		"	4	NO
Stove		/			
Trash Compactor		/			
Vent-Fan VIKING	/		Elec	4	NO
Washer/Dryer		/			
Central Air ③ TRANE	/		Elec	4	NO
Central Heat ③ TRANE	/		GAS	4	NO
Chimney	/			4	NO
Fireplace	/		GAS	4	NO
Garage Door Opener	/			4	NO
Pool and Equipment		/		4	NO
Security System	/			4	NO
Water Heater	/		GAS	4	NO
Wood Burning Stove		/			
Other Items CABINETS SPA	/		ELEC	4	NO

To the extent of the Seller's knowledge as a property owner, the Seller(s) acknowledges that the information contained above is true and accurate for those areas of the property listed. The owner(s) agree to save and hold the Broker harmless from all claims, disputes, litigation and/or judgments arising from any incorrect information supplied by the owner(s) or from any material fact known by the owner(s), which owner(s) fail to disclose except the Broker is not held harmless to the owner(s) in claims, disputes, litigation, or judgments arising from conditions of which the Broker had actual knowledge.


 SELLER (UPON LISTING)

12-30-04
 DATE


 SELLER (UPON LISTING) 12-30-04
 DATE

SELLER (AT CLOSING) _____ DATE _____

SELLER (AT CLOSING) _____ DATE _____

PROSPECTIVE PURCHASER'S SIGNATURE _____

PURCHASER(S) ACKNOWLEDGE RECEIPT OF REPORT _____ DATE _____