



1456 Sugar Maple Lane
Lexington | Fayette County
\$535,000

Offered Exclusively By:

KIRKPATRICK & Co.

Robin Owens | Agent
+1 .615.838.5203
www.kirkfarms.com
hicksro@mac.com



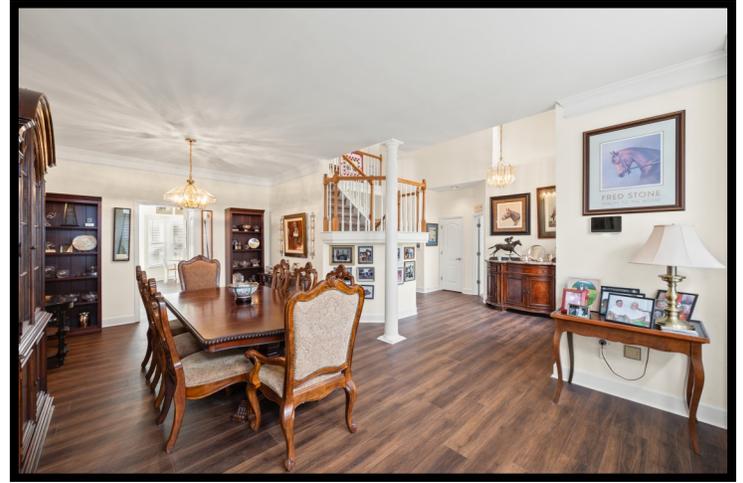


Pleased to market this custom home with a unique floor plan, full of natural light, new flooring on main level and a unusually large backyard. Primary on main level has a large walk in closet. The kitchen is spacious with a breakfast area and opens to a lovely, vaulted ceiling great room with gas log fireplace and a wall of windows. There is a dining room and living room. Laundry and half bath complete the main floor.

Upstairs is another primary bedroom ensuite, a 3rd bedroom and full bathroom. Lastly there is a 4th bedroom or could be a nursery, an office, a crafts room or a play room! Plus, a nice 2-car garage with storage. Moreover, there is a large deck overlooking a large backyard, 12th fairway on the other side of the house. Very private. Across the street is the 15th fairway.

Amazing one of a kind home on a one of a kind lot. All information you need about the HOA is www.griffingatecommunity.com. There is a \$1000 Buyers Capitalization fee due at closing.

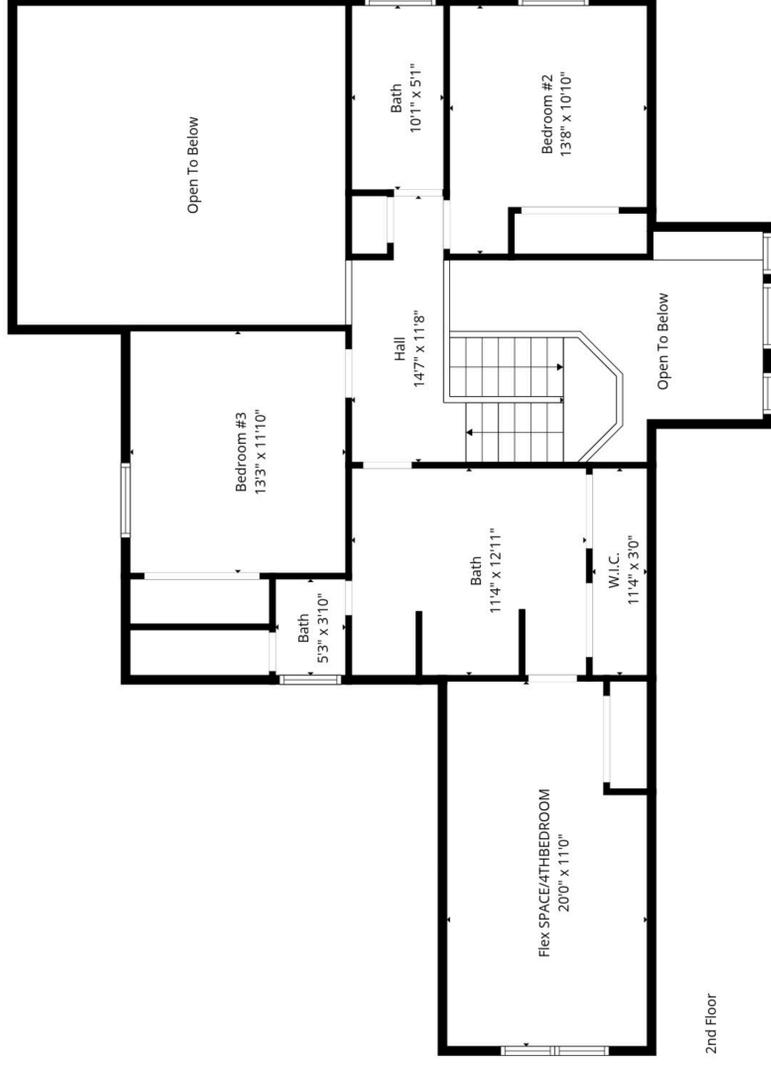




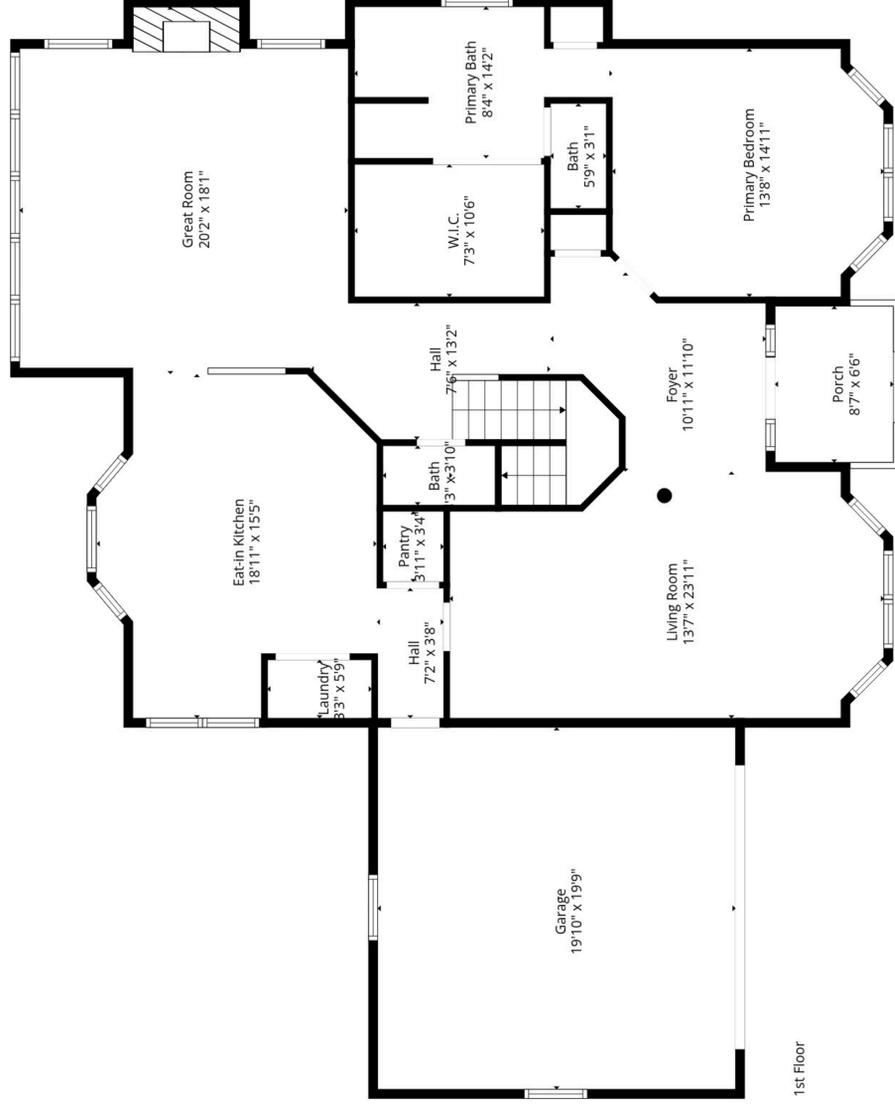




All of the information contained herein is deemed reliable but is not warranted; all figures, facts and boundaries are believed to be accurate but independent verification is strongly advised. Square footage measurements & school district information is believed to be accurate but independent verification is strongly advised. The listing broker or broker associates recommend interested parties, prior to closing, perform a complete property inspection (including but not limited to environmental assessments and percolation tests as may be necessary for BUYER'S intended use of the property) have the land surveyed by a licensed surveyor, the title searched and inspected by an attorney and any and all legal questions or concerns directed to legal counsel. The broker or broker associates will not advise on matters outside the scope of their real estate license.



2nd Floor



1st Floor

TOTAL: 2583 sq. ft

1st floor: 1596 sq. ft, 2nd floor: 987 sq. ft

EXCLUDED AREAS: GARAGE: 392 sq. ft, PORCH: 56 sq. ft, FIREPLACE: 16 sq. ft,

OPEN TO BELOW: 440 sq. ft, LOW CEILING: 11 sq. ft, UNDEFINED: 8 sq. ft,

WALLS: 217 sq. ft



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
 1456 Sugar Maple Lane

City Lexington	State KY	Zip 40511
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PURPOSE OF DISCLOSURE FORM: Completion of this form shall satisfy the requirements of KRS 324.360 that mandates 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: Five and one half years	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List the date (month / year) you purchased the house. 07/2020				
c. Do you own the property as (an) individual(s) or as representative(s) of a company? Explain: Individuals				
d. Has the house been used as a rental? If yes, length of time rented? Not rented	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Has this house ever been vacant (not lived-in) for more than three (3) consecutive months?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Has this house ever been used for anything other than a residence? Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrical system		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Appliances		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Ceiling and attic fans		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Security system		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Sump pump		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Chimneys, fireplaces, inserts		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Heating system	age of system: 5 1/2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Cooling/air conditioning system	age of system: 5 1/2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Water heater	age of system: 5 1/2 years	<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 these problems:					
Frozen / broken pipe inside garage ceiling due to lack of insulation in January, 2022. Removed ceiling drywall, repaired pipe, installed fibreglass insulation, replaced drywall, painted drywall. Installed new chimney cap to replace old one. The jacuzzi tub in the upstairs bathroom does not work, it never has since I have owned the house. The steam shower in the upstairs bathroom is not operable. It has never worked since I've owned the house.					

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) The structure or exterior veneer		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) The floors and walls		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) The doors and windows		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. 1) Has the basement ever leaked?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) If so, when did the basement last leak?					
3) Have you ever had any repairs done to the basement?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) If you have had basement leaks repaired, when was the repair done?					
5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)					
Explain:					
c. Have you experienced, or are you aware of, any water or drainage problems in the crawl space?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of any damage to wood due to moisture or rot?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of any damage due to wood infestation?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1) Has the house or any other improvement been treated for wood infestation?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:					

4. ROOF		N/A	YES	NO	UN-KNOWN
a. How old is the roof covering? Age of the roof if known: 5 1/2 years		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
d. When was the last time the roof leaked? Never					
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 _____
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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.)				
Explain: Never leaked.				
h. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering? If so, when? Never	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
2) Drainage, flooding, or grading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Outbuildings or unattached structures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what is the flood zone?				
c. Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?	<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:				

6. BOUNDARIES	N/A	YES	NO	UN-KNOWN
a. Have you ever had a staked or pinned survey of the property performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are you in possession of a copy of any survey of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are the boundaries marked in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: Concrete markers				
d. Do you know the boundaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:				
e. Are there any encroachments or unrecorded easements relating to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:				

7. WATER	N/A	YES	NO	UN-KNOWN
a. Source of water supply:				
b. Are you aware of below normal water supply or water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has your water ever been tested? If so, attach the results or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:				

8. SEWER SYSTEM	N/A	YES	NO	UN-KNOWN
a. Property is serviced by:				
1. Category I: Public Municipal Treatment Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Category II: Private Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Category III: Subdivision Package Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Category VII: No Treatment/Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Servicer:				
b. For properties with Category IV, V, or VI systems				
Date of last inspection (sewer):				
Date of last inspection (septic):			Date last cleaned (septic):	
c. Are you aware of any problems with the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Please explain any deficiencies noted in this Section:				
9. CONSTRUCTION / REMODELING				
	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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. If so, were all necessary permits and government approvals obtained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
10. HOMEOWNERS ASSOCIATION (HOA)				
	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) If yes, what is the annual or monthly assessment? 330 dollars/month				
3) HOA Name: Griffin Gate Community Association				
HOA Primary Contact Name: Jason Adkins / Kim Adkins Adkins Property Management				
HOA Primary Contact Phone No. and email address: 859 254 2260				
b. Is the property a condominium?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are there any pet or rental restrictions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: Two pets per household ???				
11. HAZARDOUS CONDITIONS				
	N/A	YES	NO	UN-KNOWN
a. Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAD BASED PAINT DISCLOSURE REQUIREMENT				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Are you aware of the existence of lead-based paint in or on this house?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RADON DISCLOSURE REQUIREMENT				
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 chfs.ky.gov and search "radon."				
e. 1) Are you aware of any testing for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) If yes, what were the results?				
f. 1) Is there a radon mitigation system installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) If yes, is it functioning properly?				
METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT				
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 checked="" type="checkbox"/>	<input type="checkbox"/>
2) If no, has the property been professionally decontaminated from methamphetamine contamination?				
Explain:				
12. MISCELLANEOUS				
	N/A	YES	NO	UN-KNOWN
a. Are you aware of any existing or threatened legal action affecting this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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Buyer Initials	Date/Time
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: The roof has a 25 year warranty beginning in July 2020				
e. Has this house ever been damaged by fire or other disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain: Never	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you aware of the existence of mold or other fungi on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Has this house ever had pets living in it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain: A cat until December 2024				
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details in the space provided, below. Attach additional sheets, as necessary.

- The master bathroom shower pan needs to be leveled
- Pipe froze and broke in the garage ceiling in January 2023 due to lack of insulation. The drywall was removed, the pipe was repaired, insulation was installed and new drywall was installed and painted.
- Front brick mortar above dining room bay window repaired Nov 21, 2024
- New roof installed in July 2020
- All new Pella brand windows July 10, 2020
- Crawl space fitted with plastic vapor barrier, 2 sump pumps and drain tiles around the perimeter of the interior
- 2 HVAC systems 2.5 ton and 1.5 ton new duct work installed July 2020
- New appliances July 2020 Fridge, gas range, dishwasher, disposal, washing machine and dryer
- Wifi Honeywell thermostat July 2020
- Wifi MyQ smart garage door opener July 2020
- Vivint smart home wifi security system July 2020
- New copper chimney cap December 2025
- New gutters and downspouts December 2025

14. SELLER(S) CERTIFICATION (CHOOSE ONE)

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>Christopher McCarron</i>	<small>dotloop verified 01/14/25 8:48 AM EST PTCB-VBKE-LPAR-1WXX</small>	<i>Deborah Sue Chamblin</i>	<small>dotloop verified 01/14/25 9:13 AM EST FSQQ-LDBY-SFMD-RRUX</small>

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

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

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

The Buyer(s) hereby certifies they have received a copy of this Seller's Disclosure of Property form.

Buyer Signature	Date	Buyer Signature	Date

<small>GM 01/14/25 8:48 AM EST dotloop verified</small>	Seller Initials	Date/Time
<small>DS 01/14/25 9:13 AM EST dotloop verified</small>	Seller Initials	Date/Time

Buyer Initials	Date/Time
Buyer Initials	Date/Time