



**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).

How long has the seller owned the property? 8 1/2 year(s)  
 Is seller currently occupying the property? (Circle one) YES  NO  If yes, how long has the seller occupied the property? N/A year(s)  
 If no, has the seller ever occupied the property? (Circle one) YES  NO  If yes, when? From N/A (year) to N/A (year)

This disclosure statement concerns the real property located at 225 N. MAVERICK STREET  
 in the city of GORDON, County of SHERIDAN, State of Nebraska and legally described as:  
GORDON, COUNTY OF SHERIDAN, STATE OF NEBRASKA.

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 indicating, insert "N/A" in the appropriate box. If age of items is unknown, write "UNK" on the blank provided. If the property has more than one item as listed below please put the numbered in the appropriate box. For example - if the home has three room air conditioners, one working, one not working, and one not included, put a "1" in each of the "Working", "Not Working", and "None/Not Included" boxes for that item, and a "3" on the line provided next to the item description to indicate total number of item. You may also provide additional explanation of any item in the comments section in PART III.

**SELLER STATES THAT, TO THE BEST OF THE SELLER'S 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 in PART III of this disclosure statement, or number separately as provided in the instructions above. 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.

| Section A - Appliances                   | Working                             | Not Working              | Do Not Know If Working   | None / Not Included                 |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Refrigerator                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Clothes Dryer                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Clothes Washer                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Dishwasher                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Garbage Disposal                      | <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"/> |
| 7. Oven                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Range                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Cooktop                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. Microwave oven                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Built-in vacuum system and equipment | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Range ventilation systems            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Gas grill                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Room air conditioner ( ___ number )  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. TV antenna / Satellite dish          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Trash compactor                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| Section B - Electrical Systems  | Working   | Not Working              | Do Not Know If Working              | None / Not Included                 |
|---|---|--------------------------|-------------------------------------|-------------------------------------|
| 1. Electrical service panel capacity<br>___ AMP Capacity (if known)<br>fuses <input checked="" type="checkbox"/> circuit breakers         | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2. Ceiling fan(s) ( <u>1-2</u> number)  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Garage door opener(s) ( ___ number )   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Garage door remote(s) ( ___ number )   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Garage door keypad(s) ( ___ number )   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Telephone wiring and jacks   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Cable TV wiring and jacks  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Intercom or sound system wiring  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Built-in speakers  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. Smoke detectors ( <u>1-3</u> number)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. Fire alarm  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Carbon Monoxide Alarm ( <u>1</u> number)  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Room ventilation/exhaust fan ( ___ number )   | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 14. 220 volt service  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 15. Security System<br>___ Owned ___ Leased<br>___ Central station monitoring   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. Have you experienced any problems with the electrical system or its components?<br>___ YES <input checked="" type="checkbox"/> ___ NO | If YES, explain the condition in the comments section in PART III of this disclosure statement. |                          |                                     |                                     |

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GORDON, NE. 69343

| Section C - Heating and Cooling Systems  | Working | Not Working | Do Not Know If Working | None / Not Included |
|--|---------|-------------|------------------------|---------------------|
| 1. Air purifier  |         |             |                        | ✓                   |
| 2. Attic fan   |         |             |                        | ✓                   |
| 3. Whole house fan   |         |             |                        | ✓                   |
| 4. Central air conditioning<br>2016 year installed (if known)  | ✓       |             |                        |                     |
| 5. Heating system<br>2016 year installed (if known)<br>Gas _____ Electric _____<br>Other (specify _____) | ✓       |             |                        |                     |
| 6. Fireplace / Fireplace insert  |         |             |                        | ✓                   |
| 7. Gas log (fireplace)   |         |             |                        | ✓                   |
| 8. Gas starter (fireplace)   |         |             |                        | ✓                   |
| 9. Heat pump<br>_____ year installed (if known)  |         |             |                        | ✓                   |
| 10. Humidifier   |         |             |                        | ✓                   |
| 11. Propane Tank<br>_____ year installed (if known)<br>Rent _____ Own _____                              |         |             |                        | ✓                   |
| 12. Wood-burning stove<br>_____ year installed (if known)  |         |             |                        | ✓                   |

| Section D - Water Systems                         | Working | Not Working | Do Not Know If Working | None / Not Included |
|---|---------|-------------|------------------------|---------------------|
| 1. Hot tub / whirlpool                            |         |             |                        | ✓                   |
| 2. Plumbing (water supply)                        | ✓       |             |                        |                     |
| 3. Swimming pool                                  |         |             |                        | ✓                   |
| 4. a. Underground sprinkler system                |         |             |                        | ✓                   |
| b. Back-flow prevention system                    |         |             |                        | ✓                   |
| 5. Water heater _____ year installed (if known)   | ✓       |             |                        |                     |
| 6. Water purifier _____ year installed (if known) |         |             |                        | ✓                   |
| 7. Water softener _____ Rent _____ Own _____      |         |             |                        | ✓                   |
| 8. Well system                                    |         |             |                        | ✓                   |
| Section E - Sewer Systems                         | Working | Not Working | Do Not Know If Working | None / Not Included |
| 1. Plumbing (water drainage)                      | ✓       |             |                        |                     |
| 2. Sump pump (discharges to _____)                |         |             |                        | ✓                   |
| 3. Septic System                                  |         |             |                        | ✓                   |

PART II - In Sections A, B, C, and D if the answer to any item is "YES", explain the condition in the comments Section in 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 comment section in PART III of this disclosure statement.

| Section A - Structural Conditions  | YES | NO  | Do Not Know |
|--|-----|-----|-------------|
| 1. Age of roof (if known) 6? year(s)   | N/A | N/A |             |
| 2. Does the roof leak?   |     |     | ✓           |
| 3. Has the roof leaked?  | ✓   |     |             |
| 4. Is there presently damage to the roof?  |     |     | ✓           |
| 5. Has there been water intrusion in the basement or crawl space?  |     |     | ✓           |
| 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 rodents? |     |     | ✓           |
| 7. Are there any structural problems with the structures on the real property?   |     |     | ✓           |
| 8. Is there presently damage to the chimney?   |     |     | ✓           |
| 9. Are there any windows which presently leak, or do any insulated windows have any broken seals?  |     |     | ✓           |

| Section A - Structural Conditions   | YES | NO  | Do Not Know |
|---|-----|-----|-------------|
| 10. Year property was built 1910 (if known)                               | N/A | N/A |             |
| 11. Has the property experienced any moving or settling of the following: |     |     |             |
| - Foundation  |     |     | ✓           |
| - Floor   |     |     | ✓           |
| - Wall  |     |     | ✓           |
| - Sidewalk  |     |     | ✓           |
| - Patio   |     |     | ✓           |
| - Driveway  |     |     | ✓           |
| - Retaining wall  |     |     | ✓           |
| 12. Any room additions or structural changes?                             |     | ✓   |             |

Section B. Environmental Conditions - Have any of the following substances, materials, or products been on the real property? If tests have been conducted for any of the following, provide a copy of all test results, if available.

| Section B - Environmental Conditions                     | YES | NO | Do Not Know |
|--|-----|----|-------------|
| 1. Asbestos  |     |    | ✓           |
| 2. Contaminated soil or water (including drinking water) |     |    | ✓           |
| 3. Landfill or buried materials                          |     |    | ✓           |
| 4. Lead-based paint                                      |     |    | N.          |
| 5. Radon gas   |     |    | ✓           |
| 6. Toxic materials                                       |     |    | ✓           |

| Section B - Environmental Conditions   | YES | NO | Do Not Know |
|--|-----|----|-------------|
| 7. Underground fuel, chemical or other type of storage tank?   |     |    | ✓           |
| 8. Have you been notified by the Noxious Weed Control Authority in the last 3 years of the presence of noxious weeds, as defined by Nebraska law [N.A.C. Title 25, Ch. 10], on the property? |     | ✓  |             |
| 9. Hazardous substances, materials or products identified by the Environmental Protection Agency or its authorized Nebraska Designee (excluding ordinary household cleaners)                 |     |    | ✓           |

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

| Section C - Title Conditions  | YES | NO | Do Not Know |
|---|-----|----|-------------|
| 1. Any features, such as walls, fences and driveways which are shared?  |     |    | ✓           |
| 2. Any easements, other than normal utility easements?  |     | ✓  |             |
| 3. Any encroachments?   |     |    | ✓           |
| 4. Any zoning violations, non-conforming uses, or violations of "setback" requirements?   |     |    | ✓           |
| 5. Any lot-line disputes?   |     | ✓  |             |
| 6. 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? |     | ✓  |             |
| 7. Any planned road or street expansions, improvements, or widening adjacent to the real property?  |     | ✓  |             |
| 8. Any condominium, homeowners', or other type of association which has any authority over the real property?   |     | ✓  |             |
| 9. Any private transfer fee obligation upon sale?   |     | ✓  |             |

| Section C - Title Conditions  | YES | NO | Do Not Know |
|---|-----|----|-------------|
| 10. 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? |     | ✓  |             |
| 11. Is there a common wall or walls?<br>a. Is there a party wall agreement?   |     | ✓  |             |
| 12. Any lawsuits regarding this property during the ownership of the seller?  |     | ✓  |             |
| 13. Any notices from any governmental or quasi-governmental agency affecting the real property?   |     | ✓  |             |
| 14. Any unpaid bills or claims of others for labor and/or materials furnished to or for the real property?  |     | ✓  |             |
| 15. Any deed restrictions or other restrictions of record affecting the real property?  |     |    | ✓           |
| 16. Any unsatisfied judgments against the seller?   |     | ✓  |             |
| 17. Any dispute regarding a right of access to the real property?   |     | ✓  |             |
| 18. Any other title conditions which might affect the real property?  |     |    | ✓           |

Section D. Other Conditions - Do any of the following conditions exist with regard to the real property?

| Section D - Other Conditions  | YES | NO  | Do Not Know |
|---|-----|-----|-------------|
| 1. a. Are the dwelling(s) and the improvements connected to a public water system?  | ✓   |     |             |
| b. Is the system operational?   | ✓   |     |             |
| 2. a. Are the dwelling(s) and the improvements connected to a private, community (non-public), or Sanitary Improvement District (SID) water system?   |     | ✓   |             |
| b. Is the system operational?   |     | N/A |             |
| 3. If the dwelling(s) and the improvements are connected to a private, community (non-public) or SID water system is there adequate water supply for regular household use (i.e. showers, laundry, etc.)? |     | ✓   |             |
| 4. a. Are the dwelling(s) and the improvements connected to a public sewer system?  |     | N/A |             |
| b. Is the system operational?   |     | N/A |             |
| 5. a. Are the dwelling(s) and the improvements connected to a community (non-public) or SID sewer system?   |     | ✓   |             |
| b. Is the system operational?   |     | N/A |             |
| 6. a. Are the dwelling(s) and the improvements connected to a septic system?  |     | ✓   |             |
| b. Is the system operational?   |     | N/A |             |
| 7. Has the main sewer line from the house ever backed up or exhibited slow drainage?  |     |     | ✓           |

| Section D - Other Conditions  | YES | NO | Do Not Know              |
|---|-----|----|--------------------------|
| 8. a. Is the real property in a flood plain?  |     |    | ✓                        |
| b. Is the real property in a floodway?  |     |    | ✓                        |
| 9. Is trash removal service provided to the real property? If so, are the trash services <u>public</u> private?   | ✓   |    |                          |
| 10. Have the structures been mitigated for radon? If yes, when? <u>    </u> / <u>    </u> / <u>    </u>   |     | ✓  |                          |
| 11. Is the property connected to a natural gas system?  | ✓   |    |                          |
| 12. Has a pet lived on the property? Type(s) <u>DOGS / CATS</u>   | ✓   |    |                          |
| 13. Are there any diseased or dead trees, or shrubs on the real property?   |     |    | ✓                        |
| 14. Are there any flooding, drainage, or grading problems in connection to the real property?   |     |    | ✓                        |
| 15. a. Have you made any insurance or manufacturer claims with regard to the real property? <u>2012?</u> <u>2014</u>  | ✓   | ✓  |                          |
| b. Were all repairs related to the above claims completed?  | ✓   | ✓  | (NOT AFTER 2014 - CLAIM) |
| 16. Are you aware of any problem with the exterior wall-covering of the structure including, but not limited to, siding, synthetic stucco, masonry, or other materials? |     |    | ✓                        |

Section E. Cleaning / Servicing Conditions - Have you ever performed or had performed the following? (State most recent year performed)

| Section E - Cleaning / Servicing Conditions             | YEAR        | YES | NO | Do Not Know | None / Not Included |
|---|-------------|-----|----|-------------|---------------------|
| 1. Servicing of air conditioner                         |             |     | ✓  |             |                     |
| 2. Cleaning of fireplace, including chimney             |             |     |    |             | ✓                   |
| 3. Servicing of furnace                                 | <u>2019</u> | ✓   |    |             |                     |
| 4. Professional inspection of furnace A/C (HVAC) System |             |     | ✓  |             |                     |
| 5. Servicing of septic system                           |             |     |    |             | ✓                   |

| Section E - Cleaning / Servicing Conditions          | YEAR | YES | NO | Do Not Know | None / Not Included |
|--|------|-----|----|-------------|---------------------|
| 6. Cleaning of wood-burning stove, including chimney |      |     |    |             | ✓                   |
| 7. Treatment for wood-destroying insects or rodents  |      |     | ✓  |             |                     |
| 8. Tested well water                                 |      |     |    |             | ✓                   |
| 9. Serviced / treated well water                     |      |     |    |             | ✓                   |

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

Section A #3. Roofed leaked after heavy rain storm,  
I think 2012. Roofed was replaced by Baker Construction

Section D #15a

Insurance claim filed in Sept 2014 after  
several major hail storms. - This roof did not have serious  
damage as it was only a few years old. The money from  
this claim was used to re-roof 504 N. Ash Street, Gordon, NE.  
as that address and roof were not claimed in 2014, but  
needed replaced because of previous years of damage.

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 4 pages (including additional comment pages), has been completed by Seller; that Seller has completed this disclosure statement to the best of Seller's belief and knowledge as the date hereof, which is the date this disclosure statement is completed and signed by the Seller.

Seller's Signature  MIKE J. STINSON, MANAGING MEMBER Date JAN 31, 2020

Seller's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ACKNOWLEDGEMENT 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 intended to be part of any contract between the seller and purchaser; and certify that disclosure statement was delivered to me/us or my/our agent on or before the effective date of any contract entered into by me/us relating to the real property described in such disclosure statement.

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards



Lead Warning Statement RE: 225 N. MAVERICK STREET, GORDON, NE. 69343

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 that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

\*

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below)
(i) \_\_\_\_\_ Known lead-based paint and /or lead-based paint hazards are present in the housing (explain)

(ii) MS Seller has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below)
(i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) MS Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgement (initial)

(c) \_\_\_\_\_ Purchaser has received copies of all information listed above.
(d) \_\_\_\_\_ Purchaser has received the pamphlet Protect Your Family From Lead in Your Home.
(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead based paint hazards; or
(ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgement (initial)

(f) MS Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

\* [Signature] 1-31-2020
Seller for MARY DIERCKS RENTALS LLC Date

\* MANAGING MEMBER
Seller for MARY DIERCKS RENTALS LLC Date

Purchaser
Date
[Signature] 1/31/2020
Agent Date

Purchaser
Date
Agent
Date



**ASBESTOS DISCLOSURE**  
 (when it is unknown whether the property contains asbestos)  
**ADDENDUM TO PURCHASE AGREEMENT**

RE: 225 N. MAVERICK STREET  
 GORDON, NE. 69343

It is unknown whether the property contains Asbestos. There may or may not be Asbestos in areas of the property.

Under Nebraska Asbestos Control Act, Sections 71-6301 and following, significant expenses may be encountered in connection with the encapsulation, removal, demolition or dismantling on property containing Asbestos. Buyer is purchasing the property with full knowledge of the foregoing and understands he may employ, at his own expense, persons or firms to further inspect said condition or conditions and provide independent advice as to the extent of Asbestos in the property and potential expenses to Buyer. Buyer agrees that he accepts full and complete liability for any said potential expenses and further agrees that neither Seller nor SANDHILLS HAND & PROPERTY MANAGEMENT (real estate firm) and their employees and agents shall have liability for any expenses which may arise in connection with any Asbestos conditions which are unknown to Seller or his agents.

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

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

\* Dated: 1-31-2020 \_\_\_\_\_ \* [Signature]  
 Seller

\* Dated: \_\_\_\_\_ \* MANAGING MEMBER  
 Seller

\* MARY DIERCKS RENTALS, LLC