



# PART I Seller's Information Regarding Property

## Property Type

Property Type: (Check One)	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Zero Lot Line/Town House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Townhome/PUD
	<input type="checkbox"/> Duplex (Including single Family with an Apartment)	<input type="checkbox"/> Other (Please Specify): _____		
Do you currently occupy the property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	
If not the current occupant, have you ever occupied the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?	
*Year Property was Built:				

\*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 online at [EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards](http://EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards)

Construction Overview:	<input checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> Manufactured	<input type="checkbox"/> Modular	<input type="checkbox"/> Other: _____
Foundation:	<input type="checkbox"/> Masonry Block	<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Piling <input type="checkbox"/> Other: _____
Name of Original Builder (If Known):	N/A			

## Property Feature Defects

Check all items that have known defects or malfunctions. Describe the defect or malfunction on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

<input type="checkbox"/> Auto Garage Door Opener(s)	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Microwave(s)	<input checked="" type="checkbox"/> Storage Shed	<input type="checkbox"/> Window Screens
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Generator	<input checked="" type="checkbox"/> Oven(s)	<input type="checkbox"/> Stove(s), Pellet	<input type="checkbox"/> Wood Stove(s)
<input type="checkbox"/> Central Vacuum Installed	<input type="checkbox"/> Generator Hook-Up	<input type="checkbox"/> Paddle Fan(s)	<input type="checkbox"/> Trash Compactor(s)	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> CO Detector(s)	<input type="checkbox"/> Greenhouse	<input checked="" type="checkbox"/> Refrigerator(s)	<input type="checkbox"/> T.V. Antenna	
<input checked="" type="checkbox"/> Cooktop(s)	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Rods & Blinds	<input type="checkbox"/> Washer(s)	
<input checked="" type="checkbox"/> Dishwasher(s)	<input type="checkbox"/> Hot Tub Cover	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Water Filtering System	
<input type="checkbox"/> Dryer(s)	<input type="checkbox"/> Instant Hot Water Dispenser	<input type="checkbox"/> Security System	<input type="checkbox"/> Water Softener	
<input checked="" type="checkbox"/> Fire Alarms	<input type="checkbox"/> Intercom	<input checked="" type="checkbox"/> Smoke Detector(s)	<input type="checkbox"/> Window Blinds	
<input type="checkbox"/> Freezer(s)	<input type="checkbox"/> Jetted Tub	<input type="checkbox"/> Steam Shower Room	<input type="checkbox"/> Window Rods	
Comments:				

MML                      2/28/26                      62105 northern lights wasilla AK                      \_\_\_\_\_  
 Seller's Initials                      Date                      Property Address                      99623                      Buyer's Initials                      Date

## PART I Seller's Information Regarding Property (continued)

### Structural Components

Check only those items that have known defects, malfunctions or have had repairs performed within the last five years. Also, check items that need to be replaced/repaired. If checked, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form.

Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair		Repaired or Replaced	Needs Repair	
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	Fireplaces(s) # of: ____	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool
<input type="checkbox"/>	<input type="checkbox"/>	Carport	<input type="checkbox"/>	<input type="checkbox"/>	Floors	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing Systems	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator System
<input type="checkbox"/>	<input type="checkbox"/>	Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	Pool Cover	<input type="checkbox"/>	<input type="checkbox"/>	Venting
<input type="checkbox"/>	<input type="checkbox"/>	Chimneys	<input type="checkbox"/>	<input type="checkbox"/>	Garage	<input type="checkbox"/>	<input type="checkbox"/>	Private Walkways	<input type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookups
<input type="checkbox"/>	<input type="checkbox"/>	Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	Garage Floor Drain	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>	Gas Starter	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Walls	<input type="checkbox"/>	<input type="checkbox"/>	Water Supply
<input type="checkbox"/>	<input type="checkbox"/>	Driveways	<input type="checkbox"/>	<input type="checkbox"/>	Heat Recovery	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	Wind Generators
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	Heating Systems	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Systems	<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Air Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	Skylights	<input type="checkbox"/>	<input type="checkbox"/>	Woodstove(s) # of: ____
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Walls	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Slabs	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls	<input type="checkbox"/>	<input type="checkbox"/>	Solar Panels	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Filtration	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Stove, Pellet			

Describe the defect, malfunction, or repair on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

Describe any other items not covered above:

Comments:

## PART II Documentation

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> As-Built Survey                             | <input type="checkbox"/> Party Wall Agreement               | <input type="checkbox"/> Title Information                              |
| <input type="checkbox"/> Certificate of Occupancy                    | <input type="checkbox"/> PUR-101                            | <input type="checkbox"/> Water Rights Certificates                      |
| <input type="checkbox"/> Deed Restrictions                           | <input type="checkbox"/> PUR-102                            | <input type="checkbox"/> Well Log & Water Tests                         |
| <input type="checkbox"/> Energy Rating Certificate                   | <input type="checkbox"/> Resale Certificate                 | <input type="checkbox"/> Written Agreement with Adjacent Property Owner |
| <input type="checkbox"/> Engineer/Property/Home Inspection Report(s) | <input type="checkbox"/> Shared Septic Agreement            | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Flood Evaluation Certificate                | <input type="checkbox"/> Shared Well Agreement              | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Hazardous Materials Test(s)                 | <input type="checkbox"/> Soil Tests                         |   |
| <input type="checkbox"/> Lease/Rental Agreement                      | <input type="checkbox"/> Subdivision Covenants/Restrictions |   |

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Seller's Initials

3/3/26  
Date

6210 S. Northern Lights wasilla  
Property Address 99623

Buyer's Initials

Date

**PART II** Documentation (continued)

Supply information for the following:

Item	Average Monthly Utility Cost	Company/Source	Utility History Attached
Coal	\$		<input type="checkbox"/>
Electric	\$ 150		<input type="checkbox"/>
Gas	\$ 150		<input type="checkbox"/>
Oil	\$	# of Gallons	<input type="checkbox"/>
Propane	\$		<input type="checkbox"/>
Refuse	\$ 120		<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$		<input type="checkbox"/>
Water	\$ 60		<input type="checkbox"/>
Wood	\$		<input type="checkbox"/>
Other	\$		<input type="checkbox"/>

**PART III** Additional Information

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? For any "Yes" answer, indicate the relevant item number and explain the condition on the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement form (page 13).

	Yes	No	UNK
1. Do you know of any existing, pending, or potential legal action(s) concerning the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you know of any street or utility improvements planned that will affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Road maintenance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provided by: <u>Matsu bourough</u>			

MM Seller's Initials     
 3/3/24 Date     
 62105 northern lights wasilla Property Address 99623     
 \_\_\_\_\_ Buyer's Initials     
 \_\_\_\_\_ Date

**PART III** Additional Information *(continued)*

		Yes	No	UNK
4. Is the property currently rented or leased?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, expiration date:				
5. Is there a homeowner's association (HOA) for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, HOA Name:		HOA Phone Number:		
<input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive		Monthly Dues:	\$ _____ per _____	
Are there any levied or pending assessments?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of person responsible for issuing resale certificate:		Phone Number:		

**Setbacks/Restrictions**

		Yes	No	UNK
1. Have you been notified of any proposed zoning changes for the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. 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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are there subdivision conditions, covenants, or restrictions?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you aware of any nonconforming uses of this property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any deed, or other private restrictions on the use of the property?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are you aware of any variances being applied for, or granted, on this property?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you aware of any easements on the property?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Seller's Initials: MMML      Date: 3/3/26      Property Address: 62105 Northern lights way 104  
 Buyer's Initials: \_\_\_\_\_      Date: \_\_\_\_\_      99623

**PART III Additional Information (continued)**

**Heating System(s)**

Check all types that apply:

<input type="checkbox"/> Boiler System	<input type="checkbox"/> Geo Thermal	<input type="checkbox"/> Monitor/Toyo	<input type="checkbox"/> Wood Stove
<input checked="" type="checkbox"/> Electrical Heat	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Hot Water Baseboard	<input type="checkbox"/> Radiant Heat	

Age (Years): \_\_\_\_\_ Last Cleaned: \_\_\_\_\_ Last Inspected: 2024/5

Source:

<input type="checkbox"/> Coal	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Wood
<input type="checkbox"/> Propane Tank which is:	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	
<input type="checkbox"/> Oil with _____ Gallon Storage which is:	<input type="checkbox"/> Buried	<input type="checkbox"/> Above Ground	<input type="checkbox"/> Other: _____

Age of Tank: \_\_\_\_\_

**Sewer System**

		Yes	No	UNK
Type:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/> Other: _____			
1. Does your sewer system have a lift station/lift pump?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Private:	<input checked="" type="checkbox"/> Holding Tank <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Other: _____			
Drain Field System:	<input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Mound <input type="checkbox"/> Pit <input type="checkbox"/> Trench <input type="checkbox"/> Other: _____			
Innovative Sewer System:	<input type="checkbox"/> Biocycle <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Recirculating Upflow Filter <input type="checkbox"/> Secondary Sewer Treatment Plant <input type="checkbox"/> Other: _____			
2. Has the sewer system failed while you owned the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).				
Age of Sewer System:	_____	Location:	<u>Back Yard</u>	
3. Have you had any work, maintenance or inspections done on the sewer system during your ownership? <u>2024</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).				
Approval/Certification Source:	_____	Date: (If Known)	<u>2024</u>	
4. Are you aware of any abandoned sewer systems, leach fields, cribs, etc., on the property?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Seller's Initials      Date      Property Address      Buyer's Initials      Date

**PART III Additional Information** *(continued)*

**Water Supply**

Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Water Tank: Size: _____	<input type="checkbox"/> Shared Well (provide agreement, if any)		
Well Depth (Feet): (If Private)		Flow Rate (Gallons per Minute): (If Private)		Date Tested:
Location of Operational Well:				
			Yes	No
			UNK	
1. Are there any abandoned wells on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had any problems with your water supply?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the well failed while you have owned the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a well pump problem or failure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you supply water to, or receive water from, others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a written agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a water rights certificate for this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Water Heater**

Type:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
Age (Years):	2024	Capacity (Gallons):		

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3/3/20  
Date

62105 northern light way  
Property Address

99623

Buyer's Initials

Date

**PART III Additional Information** (continued)

**Roof or Other Leakage**

Type:	<input checked="" type="checkbox"/> Asphalt/Composition Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Built-Up <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____			
Age (Years):		Location of Attic Access:	2nd story	
				Yes   No   UNK
1. Are you aware of any ice damming on the roof?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:				
2. Are you aware of any water leaking into the home? (i.e., windows, lights, fireplace, etc.)				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location:				

**Fireplace and/or Woodstove**

Type:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Pellet <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____			
Date Chimney(s) Last Cleaned or Serviced:		Cleaned or Serviced By:		

**Freeze-Ups**

				Yes   No   UNK
1. Have you had any frozen water lines, sewer lines, drains, or heating systems?				<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).				
2. Are there any heat tapes, heat lamps, or other freeze prevention devices?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, provide location and explain use:				

**Drainage**

				Yes   No   UNK
1. Are you aware of ever having any water in the crawl space, basement, or lower level?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).				
If yes, how was the problem resolved?	<input type="checkbox"/> Sump Pump(s) <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Rain Gutter/Extension <input type="checkbox"/> Other: _____			
Date Problem was Resolved:		Location of Each Sump Pump:		
2. To where does the water drain after it leaves the sump pump?				
3. Are you aware of any issues with high water table?				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).				

Seller's Initials: mmL      Date: 3/7/26      Property Address: 6205 northern lights was, 1609 90023      Buyer's Initials: \_\_\_\_\_      Date: \_\_\_\_\_



**PART III** Additional Information (continued)

**Flood Zone Designation**

	Yes	No	UNK
1. Is this property in a flood zone?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any erosion/erosion zone or accretion affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. 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"/>	<input type="checkbox"/>
4. Are you aware if the property has flooded?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Soil Stability**

	Yes	No	UNK
1. Are you aware of any debris buried or filling on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affects the improvements of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any drainage, or grading problems that affect this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Constructions, Improvements/Remodel**

	Yes	No	UNK
1. Have you remodeled, made any room additions, structural modifications, or improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:			
Was the work performed with necessary permits in compliance with building codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a final inspection performed, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any open building permits for the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has a fire ever occurred in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Pest Control or Wood Destroying Organisms**

	Yes	No	UNK
1. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, bed bugs, etc. in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, when?			
Where?			
What type?			
If yes, describe what was done to resolve the problem:			

Seller's Initials: MA6      Date: 2/3/24      Property Address: 62105 northern lights wasilla 99623      Buyer's Initials: \_\_\_\_\_      Date: \_\_\_\_\_

**PART III** Additional Information (continued)

				Yes	No	UNK	
2. 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"/>	<input type="checkbox"/>
If yes, when?		Where?		What type?			
If yes, describe what was done to resolve the problem:							

**Other**

				Yes	No	UNK	
1. 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"/>	<input type="checkbox"/>
2. Are you aware of any human burial sites on the property?					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any smoking of any kind inside the property during your ownership?					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Noise**

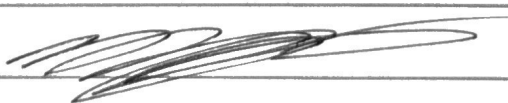
				Yes	No	UNK	
1. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, racetracks, neighbors, etc.?					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please include information and additional documentation that is relevant to the Explanation Addendum or Amendment to the State of Alaska Residential Real Property Transfer Disclosure Statement (page 13).							

**Pets**

				Yes	<del>No</del>	UNK	
1. Have there been any pets/animals in the house?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, how many and what type?	<i>MM</i>						

**PART IV** Agreement

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 Signature:		Date:	<i>3/3/26</i>
Seller Signature:		Date:	

*MM*      *3/3/26*      *6265 northern lights*      \_\_\_\_\_  
 Seller's Initials      Date      Property Address *99623*      Buyer's Initials      Date



**Real Estate Commission**  
550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## 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: <https://dps.alaska.gov/Home>

**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.



The Licensee bears no responsibility for the condition of the property irrespective of whether an inspection was conducted or not.



I, the Buyer, certify that I have read and received a signed copy of the State of Alaska Residential Real Property Disclosure Statement from the Seller or any Licensee involved or participating in this transaction.

<b>Buyer Signature:</b>		<b>Date:</b>	
<b>Buyer Signature:</b>		<b>Date:</b>	

MML  
Seller's Initials

3/3/26  
Date

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Buyer's Initials

\_\_\_\_\_  
Date



**Real Estate Commission**  
550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501  
Phone: (907) 269-8160  
Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## Explanation Addendum or Amendment to the State of Alaska Residential Real Property Disclosure Statement

Use this page to:

- 1) clarify repairs, defects, or malfunctions.
- 2) explain items in more detail.
- 3) make changes or update this disclosure form.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the Buyer after the Buyer has made a written offer, the Buyer may terminate the offer by delivering a written notice of termination to the Seller or the Seller's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

In compliance with AS 34.70.080, the Seller amends the disclosure statement for the real property described below:

List items changed or clarified. Use additional Addendum/Amendment pages, if necessary.	
Page Number	Item/Explanation
11	neighbor Dogs loud Occasionally

I/We (Seller(s)) certify that the information in this Addendum/Amendment to the Disclosure Statement is true and correct to the best of my/our knowledge as of the date signed.

Seller Signature:		Date:	3/3/26
Seller Signature:		Date:	

I/We (Buyer(s)) have received a copy of this Addendum/Amendment to the Disclosure Statement.

Buyer Signature:		Date:	
Buyer Signature:		Date:	

mmk      3/3/26      6260's northern lights masika      \_\_\_\_\_  
Seller's Initials      Date      Property Address 99623      Buyer's Initials      Date