



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

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Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

State of Alaska Residential Real Property Transfer Disclosure Statement

Prepared in compliance with Alaska Statute (AS) 34.70.010 - 34.70.200

AS 34.70.010 requires that before a Transferee/Buyer (hereafter referred to as Buyer) makes a written offer of residential real property, the Transferor/Seller (hereafter referred to as Seller) must deliver a completed written disclosure form. This disclosure statement is in compliance with AS 34.70.010. It concerns the residential real property* located in the Recording District, Judicial District, State of Alaska as listed below.

Table with 3 rows: Recording District (Anchorage), Legal Description (Thunderbird Terrace B7 L10), Property Address/City/Other (3604 E 18th Ave, Anchorage, AK, 99508)

*Residential real property means any single-family dwelling, or two single family dwelling units under one roof, or any individual unit in a multi-unit structure or common interest ownership community whose primary purpose is to provide housing. AS 34.70.200(2) and (3) and AS 34.80.090.

Exemption for First Sale: Under AS 34.70.120, the first transfer of an interest in residential real property that has never been occupied is exempt from the requirement for the Seller to complete the Disclosure Statement.

Waiver by Agreement: Under AS 34.70.110, completion of this disclosure statement may be waived when transferring an interest in residential real property if the Seller and Buyer agree in writing. Signing this waiver does not affect other obligations for disclosure.

Violation or Failure to Comply: A person who negligently violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200 is liable to the Buyer for actual damages suffered by the Buyer as a result of the violation or failure. If the person willfully violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200, the Seller is liable to the Buyer for up to three times the actual damages. In addition to the damages, a court may also award the Buyer costs and attorney fees to the extent allowed under the rules of court.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the transferee after the transferee has made a written offer, the transferee may terminate the offer by delivering a written notice of termination to the transferor or the transferor'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.
AS 34.70.040(b) provides that if an item that must be completed in the disclosure statement is unknown or is unavailable to the Seller, and if the Seller or Seller's agent has made a reasonable effort to ascertain the information, the Seller may make an approximation based on the best information available to the Seller or Seller's agent. It must be reasonable, clearly labeled as an approximation, and not used to avoid the disclosure requirements of AS 34.70.010 - AS 34.70.200.

All disclosures made in this statement are required to be made in good faith (AS 34.70.060). The Seller must disclose defects or other conditions in the real property, or the real property interest being transferred. The Seller does not need to include a search of the public records, nor does it require a professional inspection of the property.

If the information supplied in this disclosure statement becomes inaccurate as a result of an act or agreement after the disclosure statement is delivered to the Buyer, the Seller is required to deliver an amendment to the disclosure statement to the Buyer. An addendum/amendment form for that purpose may be attached to this disclosure statement.

Upon delivery to a buyer, any inspection/reports generated by a purchase agreement of this property automatically becomes an addendum/amendment to the property disclosure.

Handwritten initials and date (5/20/26) and printed property address (3604 E 18th Ave, Anchorage, AK, 99508) and Buyer's Initials and Date fields.

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?	45 years
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:	1974			

*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

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 checked="" type="checkbox"/> Poured Concrete	<input type="checkbox"/> Treated Wood	<input type="checkbox"/> Piling <input type="checkbox"/> Other: _____
Name of Original Builder (If Known):				

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 type="checkbox"/> Storage Shed	<input type="checkbox"/> Window Screens
<input type="checkbox"/> Barbecue	<input type="checkbox"/> Generator	<input 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 type="checkbox"/> CO Detector(s)	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Refrigerator(s)	<input type="checkbox"/> T.V. Antenna	
<input type="checkbox"/> Cooktop(s)	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Rods & Blinds	<input type="checkbox"/> Washer(s)	
<input 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 type="checkbox"/> Fire Alarms	<input type="checkbox"/> Intercom	<input 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:				



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Seller's Initials **Date** **Property Address** **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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Air Conditioner		Fireplaces(s) # of: ____		Patio/Decking		Swimming Pool
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carport		Floors		Plumbing Systems		Ventilator System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ceilings		Foundation		Pool Cover		Venting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chimneys		Garage		Private Walkways		Washer/Dryer Hookups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Crawl Space		Garage Floor Drain		Rain Gutters		Water Heater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Doors		Gas Starter		Retaining Walls		Water Supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Driveways		Heat Recovery		Roof		Wind Generators
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical Systems		Heating Systems		Sewage Systems		Windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electronic Air Cleaner		Humidifier		Skylights		Woodstove(s) # of: ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exterior Walls		Insulation		Slabs		Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fences/Gates		Interior Walls		Solar Panels		Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Filtration		Mechanical		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 checked="" type="checkbox"/> As-Built Survey | <input type="checkbox"/> Party Wall Agreement | <input type="checkbox"/> Title Information |
| <input checked="" 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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PART II Documentation (continued)

Supply information for the following:

Item	Average Monthly Utility Cost	Company/Source	Utility History Attached
Coal	\$		<input type="checkbox"/>
Electric	\$ 137. ¹⁹	Chugach	<input type="checkbox"/>
Gas	\$ 107. ⁰⁰	Enbridge	<input type="checkbox"/>
Oil	\$ <small># of Gallons</small>		<input type="checkbox"/>
Propane	\$		<input type="checkbox"/>
Refuse	\$ 19. ³⁸	(not provided) Solid Waste Services	<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$ 58. ²⁸	Anchorage Water & Wastewater Utility	<input type="checkbox"/>
Water	\$ 65. ⁷²	"	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, provided by:			

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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 checked="" type="checkbox"/>	<input 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? <i>not enforced</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any variances being applied for, or granted, on this property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are you aware of any easements on the property? <i>utility</i>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Signature]
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PART III Additional Information (continued)

Heating System(s)

Check all types that apply:

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

Age (Years): 24 Last Cleaned: 3/25/16 (10/25) Last Inspected: _____

- Source:
- | | | | |
|--|-----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Coal | <input type="checkbox"/> Electric | <input checked="" 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: Public Private Community Other: _____

1. Does your sewer system have a lift station/lift pump? Yes No UNK

If Private: Holding Tank Septic Tank Other: _____

Drain Field System: Bed Crib Mound Pit Trench Other: _____

Innovative Sewer System: Biocycle Intermittent Sand Filter Recirculating Upflow Filter
 Secondary Sewer Treatment Plant Other: _____

2. Has the sewer system failed while you owned the property? Yes No UNK

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: _____

3. Have you had any work, maintenance or inspections done on the sewer system during your ownership? Yes No UNK

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) _____

4. Are you aware of any abandoned sewer systems, leach fields, cribs, etc., on the property? Yes No UNK

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PART III Additional Information *(continued)*

Water Supply

Type:	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a well pump problem or failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you supply water to, or receive water from, others?	<input type="checkbox"/>	<input 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 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):	14	Capacity (Gallons):	60 gallon	

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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):	29 <i>additional work</i> 2012, 2017 & 2025	Location of Attic Access:	UPSTAIRS, SMALLER BEDROOM, CLOSET
1. Are you aware of any ice damming on the roof?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/>
If yes, provide location:			ABOVE KITCHEN/BATHROOM
2. Are you aware of any water leaking into the home? (i.e., windows, lights, fireplace, etc.)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <input type="checkbox"/>
If yes, provide location:			KITCHEN - ABOVE AND TO RIGHT OF SINK - ALONG CABINETS

Fireplace and/or Woodstove

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

Freeze-Ups

1. Have you had any frozen water lines, sewer lines, drains, or heating systems?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <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?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
If yes, provide location and explain use:			

Drainage

1. Are you aware of ever having any water in the crawl space, basement, or lower level?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> UNK <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?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> UNK <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).			



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: REMODEL OF KITCHEN/DINING ROOM FENCING ADDITION OF GARAGE ADDITION OF PORCH FRONT AND BACK PORCH/DECK REM TWO BATHROOMS BUILT IN SHELVING			
Was the work performed with necessary permits in compliance with building codes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a final inspection performed, if applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any open building permits for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:			

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

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:	5/20/26
Seller Signature:		Date:	5/20/26

 Seller's Initials
 5/20/26 Date

3604 E 18th Ave
 Anchorage AK 99508
 Property Address

Buyer's Initials Date



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Real Estate Commission

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: RealEstateCommission@Alaska.Gov

Website: 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
8	fronx pipe in Master Bedroom (in overhang area) - early 80s repaired with no additional problems
9	safety assessment 2/12/19
11	AIR TRAFFIC TO MERIL FIELD (MINOR)

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:	Lawrence Irving Hayden	Date:	5/20/26
Seller Signature:	Joanne Kay Irving Hayden	Date:	5/20/26

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

Buyer Signature:		Date:	
Buyer Signature:		Date:	

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 _____ _____
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Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint HazardsAddress 3604 E 18th Ave Anchorage AK 99508Legal (the Property) Thunderbird Terrace B7 L10**Lead Warning Statement**

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 (initial (i) or (ii) below):**

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing.

Describe what is known:

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

(b) Records and reports available to the seller (initial (i) or (ii) below):

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

Purchaser's Acknowledgment**(c) Purchaser has (initial (i) or (ii) below):**

(i) _____ received copies of all records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing listed above.

(ii) _____ not received any records and reports regarding lead-based paint and/or lead-based paint hazards in the housing.(d) _____ Purchaser has received the pamphlet **Protect Your Family from Lead in Your Home** (initial).**(e) Purchaser has (initial (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.

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Agent's Acknowledgment (initial or enter N/A if not applicable)

- (f) ew Seller's 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.
- (g) _____ Purchaser's 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.¹

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.

Lawrence Irving Hayden 5/20/26
 Seller Lawrence Irving Hayden Date Purchaser Date

Joanne Kay Irving 5/20/26
 Seller Joanne Kay Irving Date Purchaser Date

Carla Nice 5/20/26
 Seller's Agent Carla Nice Date Purchaser's Agent¹ Date

Paperwork Reduction Act

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0151). Responses to this collection of information are mandatory (40CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.12 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

¹ Only required if the purchaser's agent receives compensation from the seller.