

PART I Seller's Information Regarding Property

Property Type

Property Type: (Check One)	<input type="checkbox"/> Single	<input type="checkbox"/> Zero Lot Line/Town House	<input type="checkbox"/> Condominium	<input checked="" 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:	mid 70s			

*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 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):	Les Sheppard according to Google				

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:				

ala
Seller's Initials

5/3/26
Date

2091 Crataegus Ave
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Property Address

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	\$ \$121	Chugach	<input type="checkbox"/>
Gas	\$ \$ ~\$100	Enstar	<input type="checkbox"/>
Oil	\$ <small># of Gallons</small>		<input type="checkbox"/>
Propane	\$		<input type="checkbox"/>
Refuse	\$ \$38.33	SW	<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$ } \$129	AWU	<input type="checkbox"/>
Water	\$ }		<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 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 type="checkbox"/>	<input type="checkbox"/>
3. Road maintenance provided?	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, HOA Name:	Woodside East	HOA Phone Number:		
<input checked="" 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:	Pac Rim	Phone Number:	907 563 3345	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there subdivision conditions, covenants, or restrictions?	<input checked="" type="checkbox"/>	<input 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seller's Initials: dlu Date: 6/3/26
 Property Address: 2091 Crataegus Ave Anchorage AK 99508
 Buyer's Initials: _____ Date: _____

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 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): 8/2016 Last Cleaned: 11-20-25 Moore Last Inspected: 11-20-25 Moore

- Source:
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Coal | <input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/>
2. Have you had any problems with your water supply?				<input type="checkbox"/> <input checked="" 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"/>
4. Has the well failed while you have owned the property?				<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"/>
6. Do you supply water to, or receive water from, others?				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
If yes, is there a written agreement?				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
7. Do you have a water rights certificate for this property?				<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Water Heater

Type:	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
Age (Years):	New 8/16 10	Capacity (Gallons):		

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PART III Additional Information (continued)

Roof or Other Leakage

Type:	<input 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):	~ 15 yrs	Location of Attic Access:	
			Yes No UNK
1. Are you aware of any ice damming on the roof?			<input type="checkbox"/> <input 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 type="checkbox"/> <input type="checkbox"/>
If yes, provide location:			

Fireplace and/or Woodstove

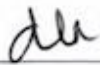
Type:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Pellet <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____		
Date Chimney(s) Last Cleaned or Serviced:	unknown	Cleaned or Serviced By:	never used / sealed up

Freeze-Ups

			Yes No UNK
1. Have you had any frozen water lines, sewer lines, drains, or heating systems?			<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).			
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 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)*

	Yes	No	UNK
3. <i>If gutters, where do downspouts discharge?</i>			
4. Is there a floor drain in the structure, including garage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, where is it located and where does it drain to?</i>	<i>located toward front house. Drains to unknown</i>		

Inspection

	Yes	No	UNK
1. To the best of your knowledge, has the property been inspected by an engineer/home inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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).</i>			
2. Has there been any energy rating on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, year conducted?</i>	<i>2017</i>		
3. Energy Rated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If known, Energy Rater?</i>	<i>5 star</i>		

Encroachments

	Yes	No	UNK
1. Does anything on your property encroach (extend) onto your neighbor's property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does anything on your neighbor's property encroach onto your property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Environmental Concerns

	Yes	No	UNK
1. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water, or by-products from the production of methamphetamines on the subject property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you aware of any mildew or mold issues affecting this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, number of tanks:</i>			
4. Are you aware if the property is in an avalanche zone/mudslide area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever filed an insurance claim for any environmental damage to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of 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)*

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"/>
<i>If yes, please describe:</i>			
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 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"/>
<i>If yes, when?</i>			
<i>Where?</i>			
<i>What type?</i>			
<i>If yes, describe what was done to resolve the problem:</i>			

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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?				
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 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).						

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?	One Feline					

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:	<i>Donna L. Arlene</i>	Date:	6/3/26
Seller Signature:		Date:	

<i>dlr</i>	6/3/26	2091 Crataegus Ave Anchorage AK 99508		
Seller's Initials	Date	Property Address	Buyer's Initials	Date



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

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.

Buyer Signature:		Date:	
Buyer Signature:		Date:	

dlu
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Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint HazardsAddress 2091 Crataegus Ave Anchorage AK 99508Legal (the Property) Woodside East #2 L47**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) ala 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 (initial (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) ala 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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Legal (the Property) Address Woodside East #2 L47

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

(f) W 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) N/A 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.

Donna L. Arline 6

Seller **Donna L Arline** Date 6/3/26 Purchaser Date

Seller Date Purchaser Date

Valerie Whitmore

Seller's Agent **Valerie Whitmore** Date Purchaser's Agent ¹ 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.

Bill of Sale¹

This form authorized for use ONLY by active Real Estate Licensee Subscribers of Alaska Multiple Listing Service, Inc.



1 Donna L Arline, for and in consideration of: the sum of \$ _____

2 Dollars or No Value, shall convey to _____

3 the following personal property currently located at: 2091 Crataegus Ave Anchorage 99508,

4 State of Alaska.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Refrigerator | _____ Wall/Ceiling Speakers | <input checked="" type="checkbox"/> Workbench/Shelving |
| <input type="checkbox"/> Freezer | _____ Satellite Dish | _____ Corral |
| <input checked="" type="checkbox"/> Oven/Range/Cooktop | _____ Satellite Dish Comp. | _____ Playground Equipment |
| <input checked="" type="checkbox"/> Dishwasher | _____ Home Theater | _____ Greenhouse |
| <input checked="" type="checkbox"/> Microwave | _____ Projector | _____ Dog Kennel/Run |
| _____ Trash Compactor | _____ Screen | _____ Storage Shed |
| _____ Beverage/Wine Cooler | _____ Flat Screen | _____ Hot Tub, Equip & Cover |
| _____ Water Softener | _____ All Speakers | <input checked="" type="checkbox"/> Garage Door Opener |
| _____ Central Vac Attachments | _____ AV Components | Remotes |
| _____ Chandelier/Hanging Lts | | # of Remotes: <u>2</u> |
| <input checked="" type="checkbox"/> Window Coverings | _____ Flat Screen TV(s) - Location: | _____ Generator |
| Except for: <u>patio door</u> | <input checked="" type="checkbox"/> Living Room | _____ Wood Stove |
| | _____ Family Room | _____ Propane Tank(s) |
| <input checked="" type="checkbox"/> Window Screens | _____ Primary Bedroom | _____ Propane in Tank |
| <input checked="" type="checkbox"/> Pool Table | _____ Other _____ | _____ Oil Tank |
| <input checked="" type="checkbox"/> Washer | _____ Security System/Components | _____ Oil in Tank |
| <input checked="" type="checkbox"/> Dryer | _____ leased or _____ owned | |

5 _____
6 _____
7 _____

8 All fixtures attached to the Property, including, but not limited to: plumbing, heating, and electrical systems shall remain
9 with the subject property.

10 Unless agreed otherwise in writing, the Seller will retain responsibility for any service agreements, including, but not
11 limited to, security and monitoring systems that are not assumed or prorated upon recording.

12 The Seller herein warrants that said property is free from all liens and encumbrances. If the Purchase and Sale
13 Agreement dated _____ does not record; this Bill of Sale shall become null and void.

14 **THE ABOVE-DESCRIBED ITEM(S) SHALL BE CONVEYED IN "AS-IS" CONDITION AND NO WARRANTIES ARE**
15 **MADE AS TO THE CONDITION OF PERSONAL PROPERTY. THE ITEMS ABOVE HAVE NO EFFECT ON THE**
16 **SALES PRICE.**

17 **SELLER TO LIST THE ITEMS, APPEARING TO BE AFFIXED TO THE PROPERTY, THAT ARE NOT INCLUDED**
18 **WITH THE SALE:**

19 _____
20 _____
21 _____

22 Dated: _____

23 Buyer 1: _____

24 Buyer 2: _____

25 Buyer 3: _____

Dated: 6/3/26

Seller 1: Donna L Arline

Seller 2: _____

Seller 3: _____