

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 checked="" 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, how long?	
If not the current occupant, have you ever occupied the property?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when?	Oct. 2022 - May 2024
*Year Property was Built:	1975			

*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 checked="" 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):				

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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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/repared. 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>Countertops</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/> Interior Walls	<input type="checkbox"/>	<input type="checkbox"/> Solar Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>Cabinets</u>
<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:

Shower, bathroom sink, kitchen sink

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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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 - 300	Chugach Electric	<input type="checkbox"/>
Gas	\$ ~ 20	Enstar	<input type="checkbox"/>
Oil	\$ <small># of Gallons</small>		<input type="checkbox"/>
Propane	\$		<input type="checkbox"/>
Refuse	\$ 90.84 ^{for 3 months} 48 gal	SWS	<input type="checkbox"/>
Security Alarm Systems	\$		<input type="checkbox"/>
Sewer	\$		<input type="checkbox"/>
Water	\$		<input type="checkbox"/>
Wood	\$		<input type="checkbox"/>
Other ^{dues include water}	\$ 390	Condo Association Fee	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provided by: Anchorage Municipality

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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: <u>Prosperity Condo Owners Assoc</u>		HOA Phone Number: <u>563-3345</u>		
<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive		Monthly Dues: \$ <u>390</u> per <u>month</u>		
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?		<input 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?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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 checked="" type="checkbox"/> Other: <u>gas fireplace</u>
<input type="checkbox"/> Forced Air	<input type="checkbox"/> Hot Water Baseboard	<input type="checkbox"/> Radiant Heat	

Age (Years):	Last Cleaned: <u>Oct. 2021</u>	Last Inspected: <u>July 2019</u>
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Source:

<input type="checkbox"/> Coal	<input 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 checked="" type="checkbox"/> Public <input 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 type="checkbox"/> Holding Tank <input 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"/>
<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>				
Age of Sewer System:		Location:		
3. Have you had any work, maintenance or inspections done on the sewer system during your ownership?		<input type="checkbox"/>	<input checked="" 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>				
Approval/Certification Source:		Date: (If Known)		
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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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 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 type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Other: _____
Age (Years):	17	Capacity (Gallons):	50	

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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):	ask HOA	Location of Attic Access:	above washer	
				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 checked="" 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 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:	Crawl space	
2. To where does the water drain after it leaves the sump pump?				City main
3. Are you aware of any issues with high water table?				<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).				

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		Yes	No	UNK
3. <i>If gutters, where do downspouts discharge?</i>	Common area			
4. Is there a floor drain in the structure, including garage?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, where is it located and where does it drain to?</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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If yes, year conducted?</i>				
3. Energy Rated?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If known, Energy Rater?</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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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"/>
<i>If yes, please describe:</i> <u>new countertops, new cabinet set up, rearranged cabinets</u>			
Was the work performed with necessary permits in compliance with building codes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a final inspection performed, if applicable?	<input type="checkbox"/>	<input checked="" 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?		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

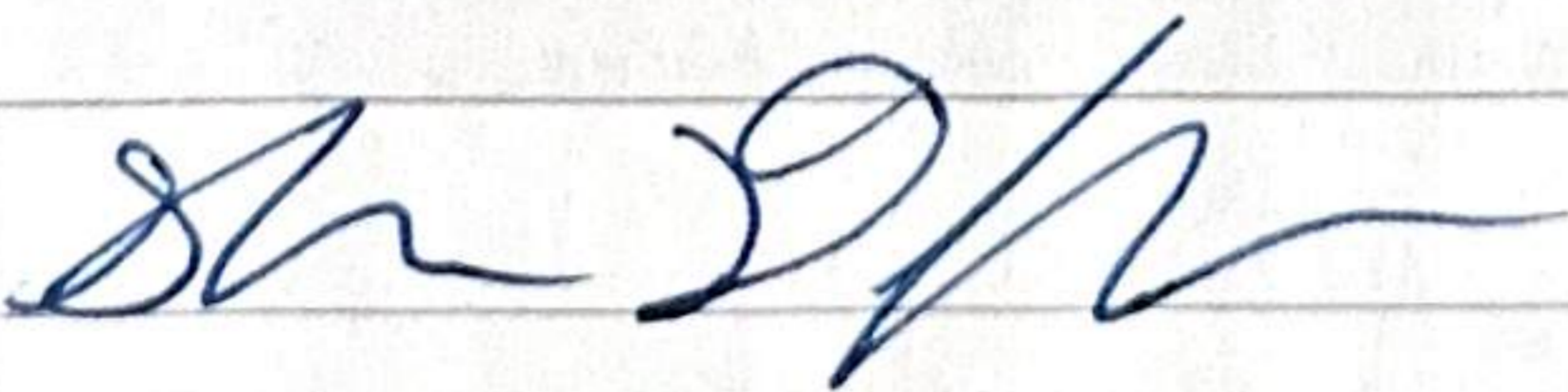
				Yes	No	UNK
1. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, racetracks, neighbors, etc.?				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please include information and additional documentation 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?	1 dog back in 2024					

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:	5/22/26
Seller Signature:		Date:	

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Seller's Initials Date Property Address



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

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.

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.

Table with 2 rows and 4 columns for Buyer Signature and Date.

SD 5/22/26 6006 More Lane Anchorage AK 99504 Buyer's Initials Date



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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:

Table with 2 columns: Page Number, Item/Explanation. Contains handwritten entries: 3 gate rubs, 3 Fire place - cedar planks placed, 3 new countertops - quartz, 3 Shower drain drips, Kitchen sink corrosion, bathroom sink paint flaking, 10 new countertops, added cabinet to create coffee bar + storage, re-adjusted current upper counter top layout

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.

Table for Seller Signature and Date. Includes handwritten signature 'Shannon Dieffenderfer' and date '05/26/2026'.

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

Table for Buyer Signature and Date. Includes handwritten signature and date '5/27/26'.

6006 More Lane Anchorage AK 99504 Seller's Initials Date Property Address Buyer's Initials Date