



RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

JANUARY 2024 EDITION



Seller's Name(s): Deana Pohto

Date: 11-26-24

Property Address: 109 Lena St Salmon ID 83467

Section 55-2501, et seq., Idaho Code, requires **SELLERS** of residential real property to complete a property condition disclosure form and deliver a signed and dated copy of the completed disclosure form to each prospective transferee or his agent within ten (10) calendar days of transferor's acceptance of transferee's offer. "Residential Real Property" means real property that is improved by a building or other structure that has one (1) to four (4) dwelling units or an individually owned unit in a structure of any size. This also applies to real property which has a combined residential and commercial use.

Notwithstanding that transfer of newly constructed residential real property that previously has not been inhabited is exempt from disclosure pursuant to section 55-2505, Idaho Code, **SELLERS** of such newly constructed and non-exempt existing residential real property shall disclose information regarding annexation and city services in the form as prescribed in questions 1, 2, and 3.

1. Is the property located in an area of city impact, adjacent or contiguous to a city limit, and thus legally subject to annexation by the city?
 Yes No Do Not Know The property is already within city limits
2. Does the property, if not within city limits, receive any city services, thus making it legally subject to annexation by the city?
 Yes No Do Not Know The property is already within city limits
3. Does the property have a written consent to annex recorded in the county recorder's office, thus making it legally subject to annexation by the city?
 Yes No Do Not Know The property is already within city limits

THE PURPOSE OF THE STATEMENT: This is a statement made by the **SELLER** of the conditions and information concerning the property known by the **SELLER**. This is **NOT** a statement of any agent representing the **SELLER** and no agent is authorized to make representations, or verify representations, concerning the condition of the property. Unless otherwise advised, the **SELLER** does not possess any expertise in construction, architectural, engineering or any other specific areas related to the construction or condition of the improvements on the property. Other than having lived at or owning the property, the **SELLER** possesses no greater knowledge than that which could be obtained upon careful inspection of the property by the potential **BUYER**. Unless otherwise advised, the **SELLER** has not conducted any inspection of generally inaccessible areas such as the foundation or roof. **This disclosure is not a warranty** of any kind by the **SELLER** or by any agent representing the **SELLER** in this transaction. It is not a substitute for any inspections. The **BUYER** is encouraged to obtain his/her own professional inspections.

THE FOLLOWING ARE IN THE CONDITIONS INDICATED:

	None/Not Included	Working	Not Working	Do Not Know	Remarks
APPLIANCES SECTION					
Built-in Vacuum System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clothes Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Vent Fan/Hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave Oven	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oven(s)/ Range(s)/Cook top(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash Compactor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL SYSTEMS SECTION					
Security System(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garage Door Opener(s)/Control(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detector(s)/Fire Alarm(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon Monoxide Detector(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	None/Not Included	Working	Not Working	Owned	Financed
Solar Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELLER'S Initials (DP) () Date 11/26/2024 BUYER'S Initials () () Date _____

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PROPERTY ADDRESS: 109 Lena St Salmon ID 83467

HEATING & COOLING SYSTEMS SECTION	None/Not Included	Working	Not Working	Do Not Know	Remarks
Attic Fan(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central Air Conditioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room Air Conditioner(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaporative Cooler(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace Insert(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Furnace/Heating System(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has propane stove Needs Tank
Humidifier(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wood/Pellet Stove(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Cleaner(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FUEL TANK SECTION N/A Propane Oil Diesel Gasoline Other

Location: Need to rent it! No Tank at present Size: _____

In Use: Not In Use: Above Ground: Buried: Owned: Leased:

MOISTURE & DRAINAGE CONDITIONS SECTION	Yes	No	Do Not Know	Remarks
Is the property located in a floodplain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any site drainage problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has there been any water intrusion or moisture related damage to any portion of the property, including, but not limited to, the crawlspace, floors, walls, ceilings, siding, or basement, based on flooding; moisture seepage, moisture condensation, sewer overflow/backup, or leaking pipes, plumbing fixtures, appliances, or moisture related damage from other causes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Sub Floors Replaced in 2016
Have you had the property inspected for the existence of any types of mold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Mold
If the property has been inspected for mold, is a copy of the inspection report available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are you aware of the existence of any mold-related problems on any interior portion of the property, including but not limited to, floors, walls, ceilings, basement, crawlspaces, and attics, or any mold-related structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever had any water intrusion, moisture related damage, mold or mold-related problems on the property remediated, repaired, fixed or replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpets Subfloor + New Foundation

WATER & SEWER SYSTEMS SECTION	None/Not Included	Working	Not Working	Do Not Know	Remarks
Hot Tub/Spa and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pool and Pool Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing System - Faucets and Fixtures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All replaced 2023
Water Heater(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017 Replaced
Water Softener (owned)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Softener (leased)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscape Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual
Septic System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sewer (City)
Sump Pump/Lift Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SEWER SYSTEM TYPE SECTION

Property Sewer Provided By: Salmon Public System (City/Municipal) Community System Private System Other/Remarks _____

If a private system, please provide the following information about the septic system:

Date Last Pumped	Is there a Maintenance Fee?	If Yes, list amount & explain monthly or annual fee?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yes	No	Do Not Know

Other/Remarks _____

If a private septic system, is there a shared drain field? Yes No Do Not Know

SELLER'S Initials (AP) (_____) Date 11/26/2024 BUYER'S Initials (_____) (_____) Date _____

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PROPERTY ADDRESS: 109 Lena St Salmon ID 83467

WATER SOURCE & TYPE SECTION	Public System (City/Municipal)	Community System	Private System (Well, Cistern, etc)	Other/Remarks
Domestic Water Provided By:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscape Water Provided By:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Irrigation Water Provided By:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Do Not Know	Other/Remarks
Shared Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Shared Well Agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ROOF SECTION: Age: UNKNOWN <input type="checkbox"/>	Yes	No	Do Not Know	Remarks
Is there present damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Newer Roof 2017
Does the roof leak?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIDING SECTION: Age: UNKNOWN <input type="checkbox"/>	Yes	No	Do Not Know	Remarks
Are there any problems with the siding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HAZARDOUS CONDITIONS SECTION	Yes	No	Do Not Know	Remarks
Are you aware of any asbestos, radon, or other toxic or hazardous materials on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a radon mitigation system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are you aware if the property has ever been used as an illegal drug manufacturing site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any current or previous insect, rodent or other pest infestation(s) on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever had the property serviced by an exterminator or had the property otherwise remediated for insect, rodent or other pest infestation(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprayed every year by Bugs Be Gone -
Is there any damage due to wind, fire, or flood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OTHER DISCLOSURES SECTION	Yes	No	Do Not Know	Remarks
Are there any conditions that may affect your ability to clear title such as encroachments, easements, zoning violations, lot line disputes, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the property been surveyed since you owned it?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Had It inspected 2023
Have you received any notices by any governmental or quasi-governmental entity affecting this property; i.e. Local improvement district (LID) or zoning changes, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any structural problems with the improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are there any structural problems with the foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have any substantial additions or alterations been made without a building permit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the fireplace/wood stove/chimney/flue been cleaned?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the fireplace/wood stove/chimney/flue been inspected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SELLER'S Initials (OP) (_____) Date 11/26/2024 BUYER'S Initials (_____) (_____) Date _____

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OTHER DISCLOSURES SECTION	Yes	No	Do Not Know	Remarks
Are you aware or is there reason to believe that the home is located in a historic district or is a historic landmark?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Are all mineral rights appurtenant to the property included, unencumbered, and part of the sale of this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Has the home on this property ever been moved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Have you ever filed a homeowner's insurance claim on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a Home/Condo Owner's Association?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a private road to this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is there a shared road agreement for this property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL REMARKS AND/OR EXPLANATIONS SECTION:	Yes	No	Do Not Know	If yes, explain in the lines below
Are you aware of any other existing problems concerning the property including legal, physical, product defects or other items that are not already listed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

The SELLER certifies that the information herein is true and correct to the best of the SELLER'S knowledge as of the date signed by the SELLER. The SELLER is familiar with the residential property and each act performed in making a disclosure of an item of information is made and performed in good faith.

SELLER and BUYER understand and acknowledge that the statements contained herein are the representations of the SELLER regarding the condition of the property. No statement made herein is a statement of a SELLER'S agent or agents, and no agent is authorized to make any statement, or verify any statement, relating to the condition of the property. SELLER and BUYER also understand and acknowledge that SELLER in no way warrants or guarantees the above information regarding the property.

SELLER and BUYER understand that Listing Broker and Selling Broker in no way warrant or guarantee the above information on the property.

Danae Roberts _____ DATE 11/26/24 (2024) _____ DATE
 SELLER SELLER

BUYER hereby acknowledges receipt of a copy of this disclosure BUYER may only exercise BUYER'S statutory right to rescind the purchase and sale agreement within three (3) business days following receipt of this disclosure statement by a written, signed and dated document that is delivered to the seller or his agents by personal delivery, ordinary or certified mail, or facsimile transmission. Per statute BUYER's rescission must be based on a specific objection to a disclosure in the disclosure statement. The notice of statutory rescission must specifically identify the disclosure objected to by the BUYER. If no signed notice of rescission is received by the SELLER within the three (3) business day period, BUYER's statutory right to rescind is waived. The statutory rescission referenced in this section is separate and distinct from, and does not affect, any rescission, cancellation, or contingency term enumerated in any other written document related to this transaction, including but not limited to the purchase and sale agreement.

_____ DATE _____ DATE
 BUYER BUYER

AMENDED DISCLOSURE FORM: Subsequent to the delivery of the initial SELLER'S Property Condition Disclosure Form previously acknowledged, SELLER hereby makes the following amendments. (Attach additional pages if necessary.) Other than those amendments made below, the SELLER states that there have been no changes to the information contained in the initial SELLER'S Property Condition Disclosure Form. **IF THERE ARE NO UPDATES, THERE IS NO NEED TO SIGN BELOW.**

_____ DATE _____ DATE
 SELLER SELLER

BUYER hereby acknowledges receipt of a copy of this amended disclosure BUYER may only exercise BUYER'S statutory right to rescind the purchase and sale agreement within three (3) business days following receipt of this amended disclosure statement by a written, signed and dated document that is delivered to the seller or his agents by personal delivery, ordinary or certified mail, or facsimile transmission. Per statute BUYER's rescission must be based on a specific objection to a disclosure in this amended disclosure statement. The notice of statutory rescission must specifically identify the disclosure objected to by the BUYER. If no signed notice of rescission is received by the SELLER within the three (3) business day period, BUYER's statutory right to rescind is waived. The statutory rescission referenced in this section is separate and distinct from, and does not affect, any rescission, cancellation, or contingency term enumerated in any other written document related to this transaction, including but not limited to the purchase and sale agreement.

_____ DATE _____ DATE
 BUYER BUYER