



RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

JANUARY 2026 EDITION



Seller's Name(s): Conner and Brittney Jobe

Date: 05/10/2026

Property Address: 4566 E Botanical Drive IDAHO FALLS, ID 83406

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**.

	Yes	No	Do Not Know	The property is already within city limits
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the property, if not within city limits, receive any city services, thus making it legally subject to annexation by the city?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Vent Fan/Hood	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 (CJ)(BJ) Date 05/10/2026

BUYER'S Initials (____)(____) Date _____

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PROPERTY ADDRESS: 4566 E Botanical Drive IDAHO FALLS, ID 83406

HEATING & COOLING SYSTEMS SECTION table with columns: None/Not Included, Working, Not Working, Do Not Know, Remarks. Rows include Attic Fan(s), Central Air Conditioning, Room Air Conditioner(s), Evaporative Cooler(s), Fireplace(s), Fireplace Insert(s), Furnace/Heating System(s), Humidifier(s), Wood/Pellet Stove(s), Air Cleaner(s).

FUEL TANK SECTION N/A (X) Propane () Oil () Diesel () Gasoline () Other ()
Location: Size:
In Use: () Not In Use: () Above Ground: () Buried: () Owned: () Leased: ()

MOISTURE & DRAINAGE CONDITIONS SECTION table with columns: Yes, No, Do Not Know, Remarks. Rows include floodplain, drainage problems, water intrusion, mold inspection, mold-related problems, water remediation.

WATER & SEWER SYSTEMS SECTION table with columns: None/Not Included, Working, Not Working, Do Not Know, Remarks. Rows include Hot Tub/Spa and Equipment, Pool and Pool Equipment, Plumbing System - Faucets and Fixtures, Water Heater(s), Water Softener (owned/leased), Landscape Sprinkler System, Septic System, Sump Pump/Lift Pump.

SEWER SYSTEM TYPE SECTION table with columns: Public System (City/Municipal), Community System, Private System, Other/Remarks. Rows include Property Sewer Provided By, Septic System details (Date Last Pumped, Maintenance Fee, Shared drain field).

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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	Year of Installation	Do Not Know		Remarks
What is the age of the roof?		<input checked="" type="checkbox"/>		
	Yes	No	Do Not Know	Other/Remarks
Is there present damage to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the roof leak?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SIDING SECTION	Year of Installation	Do Not Know		Remarks
What is the age of the siding?	2021	<input type="checkbox"/>		
	Yes	No	Do Not Know	Other/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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	

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