



# RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

JANUARY 2026  
EDITION



Seller's Name(s): Martin Rich

Date: 03/26/2026

Property Address: 645 S 5500 W, Rexburg, ID 83440

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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                          |
|-----------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------------|
| <b>APPLIANCES SECTION</b>         |                                     |                                     |                          |                                     |                                  |
| 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was working when last used       |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unit sitting in garage- unknown. |
| Trash Compactor                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                  |
| <b>ELECTRICAL SYSTEMS SECTION</b> |                                     |                                     |                          |                                     |                                  |
| Security System(s)                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | Wired for complete system        |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Should be working                |
| Carbon Monoxide Detector(s)       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Should be working                |
|                                   | 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 (MWR)( ) Date 03/26/2026

BUYER'S Initials ( )( ) Date \_\_\_\_\_

This form is printed and distributed by the Idaho Association of REALTORS®, Inc. This form has been designed and is provided for use by the real estate professionals who are members of the Idaho Association of REALTORS®. **USE BY ANY OTHER PERSON IS PROHIBITED.** ©Copyright Idaho Association of REALTORS®, Inc. All rights reserved.

JANUARY 2026 EDITION

RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

Page 1 of 4

Serial#: 065708-300177-4401003

Prepared by: Vincent Haley | Idahos Real Estate | vincesidaho@gmail.com | 2083560000



PROPERTY ADDRESS: 645 S 5500 W, Rexburg, ID 83440

| HEATING & COOLING SYSTEMS SECTION                                                                                                                                                                                                                                                                                                                                            |                                  | None/Not Included                                                                                                                                                                                                          | Working                          | Not Working                                          | Do Not Know                      | Remarks                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|
| Attic Fan(s)                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Central Air Conditioning                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Room Air Conditioner(s)                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>         | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input checked="" type="radio"/>                     | <input type="checkbox"/>         | Think it's leaking                                                       |
| Evaporative Cooler(s)                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Fireplace(s)                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Fireplace Insert(s)                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Furnace/Heating System(s)                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Humidifier(s)                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Wood/Pellet Stove(s)                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Air Cleaner(s)                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| <b>FUEL TANK SECTION</b>                                                                                                                                                                                                                                                                                                                                                     |                                  | N/A ( <input type="checkbox"/> ) Propan ( <input checked="" type="radio"/> ) Oil ( <input type="checkbox"/> ) Diesel ( <input type="checkbox"/> ) Gasoline ( <input type="checkbox"/> ) Other ( <input type="checkbox"/> ) |                                  |                                                      |                                  |                                                                          |
| Location:                                                                                                                                                                                                                                                                                                                                                                    |                                  | Size:                                                                                                                                                                                                                      |                                  |                                                      |                                  |                                                                          |
| In Use: ( <input type="checkbox"/> ) Not In Use: ( <input type="checkbox"/> )                                                                                                                                                                                                                                                                                                |                                  | Above Ground: ( <input type="checkbox"/> )                                                                                                                                                                                 |                                  | Buried: ( <input type="checkbox"/> )                 |                                  | Owned: ( <input type="checkbox"/> ) Leased: ( <input type="checkbox"/> ) |
| <b>MOISTURE &amp; DRAINAGE CONDITIONS SECTION</b>                                                                                                                                                                                                                                                                                                                            |                                  | Yes                                                                                                                                                                                                                        | No                               | Do Not Know                                          | Remarks                          |                                                                          |
| Is the property located in a floodplain?                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         | <input type="checkbox"/>                             |                                  |                                                                          |
| Are you aware of any site drainage problems?                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input 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="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         | <input type="checkbox"/>                             |                                  |                                                                          |
| Have you had the property inspected for the existence of any types of mold?                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         | <input type="checkbox"/>                             |                                  |                                                                          |
| If the property has been inspected for mold, is a copy of the inspection report available?                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         | <input 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="radio"/>                                                                                                                                                                                           | <input 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 type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         | <input type="checkbox"/>                             |                                  |                                                                          |
| <b>WATER &amp; SEWER SYSTEMS SECTION</b>                                                                                                                                                                                                                                                                                                                                     |                                  | None/Not Included                                                                                                                                                                                                          | Working                          | Not Working                                          | Do Not Know                      | Remarks                                                                  |
| Hot Tub/Spa and Equipment                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Pool and Pool Equipment                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Plumbing System - Faucets and Fixtures                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>         | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input checked="" type="radio"/> | All should be working                                                    |
| Water Heater(s)                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>         | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input checked="" type="radio"/> | All should be working                                                    |
| Water Softener (owned)                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Water Softener (leased)                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Landscape Sprinkler System                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| Septic System                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>         | <input type="checkbox"/>                                                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="checkbox"/>                             | <input type="checkbox"/>         | Never finished                                                           |
| Sump Pump/Lift Pump                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="radio"/> | <input type="checkbox"/>                                                                                                                                                                                                   | <input type="checkbox"/>         | <input type="checkbox"/>                             | <input type="checkbox"/>         |                                                                          |
| <b>SEWER SYSTEM TYPE SECTION</b>                                                                                                                                                                                                                                                                                                                                             |                                  | Public System (City/Municipal)                                                                                                                                                                                             | Community System                 | Private System                                       | Other/Remarks                    |                                                                          |
| Property Sewer Provided By:                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                            |                                  | <input checked="" type="radio"/>                     | 3 tanks, partial leach field     |                                                                          |
| If a private system, please provide the following information about the septic system:                                                                                                                                                                                                                                                                                       | Date Last Pumped<br>2021?        | Is there a Maintenance Fee?<br><input type="checkbox"/> Yes <input checked="" type="radio"/> No                                                                                                                            |                                  | If Yes, list amount & explain monthly or annual fee? |                                  |                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                              | Yes                              | No                                                                                                                                                                                                                         | Do Not Know                      | Other/Remarks                                        |                                  |                                                                          |
| If a private septic system, is there a shared drain field?                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>         | <input checked="" type="radio"/>                                                                                                                                                                                           | <input type="checkbox"/>         |                                                      |                                  |                                                                          |

SELLER'S Initials (MWR)( ) Date 03/26/2026

BUYER'S Initials ( ) ( ) Date

This form is printed and distributed by the Idaho Association of REALTORS®, Inc. This form has been designed and is provided for use by the real estate professionals who are members of the Idaho Association of REALTORS®. USE BY ANY OTHER PERSON IS PROHIBITED. ©Copyright Idaho Association of REALTORS®, Inc. All rights reserved.

PROPERTY ADDRESS: 645 S 5500 W, Rexburg, ID 83440

| WATER SOURCE & TYPE SECTION                                                                                                                                            | Public System<br>(City/Municipal)   | Community<br>System                 | Private System<br>(Well, Cistern,<br>etc) | Other/Remarks                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------|
| Domestic Water Provided By:                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       |                                                                                         |
| Landscape Water Provided By:                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       |                                                                                         |
| Irrigation Water Provided By:                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                  | Rexburg Irrigation                                                                      |
|                                                                                                                                                                        | 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<br>Installation             | Do Not Know                         |                                           | Remarks                                                                                 |
| What is the age of the roof?                                                                                                                                           | 2019                                | <input type="checkbox"/>            |                                           |                                                                                         |
|                                                                                                                                                                        | Yes                                 | No                                  | Do Not Know                               | Other/Remarks                                                                           |
| Is there present damage to the roof?                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | Shouldn't be                                                                            |
| Does the roof leak?                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>       | Never has                                                                               |
| SIDING SECTION                                                                                                                                                         | Year of<br>Installation             | Do Not Know                         |                                           | Remarks                                                                                 |
| What is the age of the siding?                                                                                                                                         | 2019                                | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                  | Illegal general contractor for ~\$2,300?<br>Lawyers said it'll get paid on sale of prop |
| 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"/>                  |                                                                                         |

03/26/2026

SELLER'S Initials (MWR)( ) Date \_\_\_\_\_ BUYER'S Initials ( )( ) Date \_\_\_\_\_

This form is printed and distributed by the Idaho Association of REALTORS®, Inc. This form has been designed and is provided for use by the real estate professionals who are members of the Idaho Association of REALTORS®. USE BY ANY OTHER PERSON IS PROHIBITED. ©Copyright Idaho Association of REALTORS®, Inc. All rights reserved.

PROPERTY ADDRESS: 645 S 5500 W, Rexburg, ID 83440

| OTHER DISCLOSURES SECTION                                                                                                                                   | Yes                                 | No                                  | Do Not Know              | Remarks                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------------------|
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A                                |
| Has the fireplace/wood stove/chimney/flue been inspected?                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A                                |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> |                                    |
| Are all mineral rights appurtenant to the property included, unencumbered, and part of the sale of this property?                                           | <input checked="" type="checkbox"/> | <input 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"/> |                                    |
| <b>ADDITIONAL REMARKS AND/OR EXPLANATIONS SECTION:</b>                                                                                                      | 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.

Martin W. Rich03/26/2026

SELLER

DATE

SELLER

DATE

**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.

BUYER

DATE

BUYER

DATE

**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.**

SELLER

DATE

SELLER

DATE

**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.

BUYER

DATE

BUYER

DATE

This form is printed and distributed by the Idaho Association of REALTORS®, Inc. This form has been designed and is provided for use by the real estate professionals who are members of the Idaho Association of REALTORS®. **USE BY ANY OTHER PERSON IS PROHIBITED.** ©Copyright Idaho Association of REALTORS®, Inc. All rights reserved.