



RE-25 SELLER'S PROPERTY CONDITION DISCLOSURE FORM

JANUARY 2026
EDITION



Seller's Name(s): Joshua Wayne Duff Stephanie Farrar Date: 05/13/2026

Property Address: 1020 McAdoo Street Blackfoot ID 83221

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?		X		
2. Does the property, if not within city limits, receive any city services, thus making it legally subject to annexation by the city?		X		
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?		X		

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	X				
Clothes Dryer		X			
Clothes Washer		X			
Dishwasher		X			
Disposal		X			
Refrigerator		X			
Kitchen Vent Fan/Hood		X			
Microwave Oven		X			
Oven(s)/ Range(s)/Cook top(s)		X			
Trash Compactor	X				
ELECTRICAL SYSTEMS SECTION					
Security System(s)	X				
Garage Door Opener(s)/Control(s)		X			
Light Fixtures		X			
Smoke Detector(s)/Fire Alarm(s)		X			
Carbon Monoxide Detector(s)		X			
	None/Not included	Working	Not Working	Owned	Financed
Solar Panels	X				

SELLER'S Initials (JWD) (SF) Date 05/13/26 05/13/26 BUYER'S Initials (_____) (_____) Date _____

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PROPERTY ADDRESS: 1020 McAdoo Street

Blackfoot

ID 83221

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



FUEL TANK SECTION N/A () Propane () Oil () Diesel () Gasoline () Other ()

Location: _____ 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"/>	
Are you aware of any site drainage problems?		<input checked="" 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 checked="" type="checkbox"/>			Basement flooded mostly in bedroom in 2022 from irrigation water not being monitored. Water levels were less than 3 inches high. Damaged drywall was replaced.
Have you had the property inspected for the existence of any types of mold?		<input checked="" type="checkbox"/>		
If the property has been inspected for mold, is a copy of the inspection report available?		<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 checked="" 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"/>			Basement bedroom drywall replaced from floor to a few inches up.

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

SEWER SYSTEM TYPE SECTION	Public System (City/Municipal)	Community System	Private System	Other/Remarks
Property Sewer Provided By:	<input checked="" type="checkbox"/>			
If a private system, please provide the following information about the septic system:	Date Last Pumped / /	Is there a Maintenance Fee? <input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/>	

SELLER'S Initials () () Date 05/13/26 05/13/26 BUYER'S Initials () () Date _____



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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"/>			
Landscape Water Provided By:	<input checked="" type="checkbox"/>			
Irrigation Water Provided By:		<input checked="" type="checkbox"/>		Younie Ditch Company
	Yes	No	Do Not Know	Other/Remarks
Shared Well	<input checked="" type="checkbox"/>			
Shared Well Agreement			<input checked="" 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	Remarks
Is there present damage to the roof?	<input checked="" type="checkbox"/>			Granule loss & heater/dryer vent warming
Does the roof leak?		<input checked="" type="checkbox"/>		
SIDING SECTION	Year of Installation	Do Not Know		
What is the age of the siding?		<input checked="" type="checkbox"/>		
	Yes	No	Do Not Know	Remarks
Are there any problems with the siding?		<input checked="" 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 checked="" type="checkbox"/>		
Is there a radon mitigation system?		<input checked="" type="checkbox"/>		
Are you aware if the property has ever been used as an illegal drug manufacturing site?		<input checked="" type="checkbox"/>		
Are you aware of any current or previous insect, rodent or other pest infestation(s) on the property?	<input checked="" type="checkbox"/>			Mice every so often after the cat disappeared.
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"/>		
Is there any damage due to wind, fire, or flood?		<input checked="" type="checkbox"/>		
	Yes	No	Do Not Know	Remarks
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"/>		
Has the property been surveyed since you owned it?		<input checked="" 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 checked="" type="checkbox"/>		
Are there any structural problems with the improvements?		<input checked="" type="checkbox"/>		
Are there any structural problems with the foundation?		<input checked="" type="checkbox"/>		

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