

COMMERCIAL & BUSINESS LISTING

Lumberjack Inn

9966N State Hwy 27
Hayward, WI 54843

JEREMY MAVIS

SALES ASSOCIATE
WOODLAND DEV. & REALTY

The information contained within has been derived from multiple sources which may include property owners and county, state and federal agencies. Although provided as a courtesy, Woodland Dev. & Realty makes no representation as to the accuracy. All verification must be performed by recipient.



(715) 558-2866



JDMAVIS@GMAIL.COM



15563 RAILROAD ST HAYWARD, WI 54843



JEREMYMAVIS.COM

LUMBERJACK INN

\$1,500,000



LUMBERJACK INN

An established lodging property in the heart of the Northwoods, this **39-unit motel/hotel** presents a rare opportunity to own and operate a hospitality business in Hayward, WI. Set on **6.26 acres with frontage along State Hwy 27**, the property offers excellent visibility and easy access for guests traveling to one of the area's most popular recreational destinations.

Recent updates in the past two years include **new siding and windows throughout, updated flooring in nearly all guest rooms, a resurfaced recreation/pool room area**, and a **new pool liner**, providing a refreshed look and reducing maintenance needs for the next owner.

Guest amenities include a **heated indoor pool and sauna**, offering year-round appeal. A **spacious 3-bedroom, 2-bath owner's residence** is located on site, along with a **2-car detached garage and additional storage shed**—ideal for owner-operators or management staff.

Hayward draws visitors year-round for its lakes, trails, world-class fishing, and renowned events, making it a strong market for lodging. With its prime location, recent improvements, and potential for continued growth, this property is well-positioned for a new owner to step in and succeed in the hospitality industry.



LISTING INCLUDES

Real Estate

- 6.26-acre lot
- Motel/Hotel - 21,681 square feet
 - Motel - Room 1-15
 - Hotel - Rooms 17-40
 - Rm 16 is an upper unit in the motel area that used to be the owner's quarters
 - Rec Rm & Indoor Pool (3-6' deep) area w/ Sauna (balcony area above the rec/pool area)
 - Banquet Rm
 - Dedicated Laundry Rm
 - Lots of Storage rooms scattered throughout the property
- Owner's Residence & Lobby
- Two-car detached garage
- Extra storage shed
- Large asphalt parking lot in the back of the building

Business Assets

- Motel operating fixtures
- All furniture, fixtures and furnishings in each motel room
- NOT included: Owner's personal property in Owner's residence
- Supply inventory
- Washers and dryers
- Domain name
- Digital assets









ROOM 6 - MOTEL



ROOM 12 - MOTEL



ROOM 17 - HOTEL



ROOM 33 - HOTEL



ROOM 36 - HOTEL





MAP

Aerial





010941331212

010941331303

010941331201

010169002200

010941331302

RAVEN RD

010941331305

010941331401

010941331323

010941331325

010941331329

010941331328

HAZELNUT LN

010941331304

010941331301

010941331317

27

Town of
Hayward

010941331307

010941331403

010941331318

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Town of
Hayward

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CONDITION REPORT

Business Disclosure Report



BUSINESS DISCLOSURE REPORT

BUSINESS NAME: Lumberjack Inn

BUSINESS OWNER/SELLER: Nick Dillon, Hayward Hotel LLC

THIS DISCLOSURE REPORT CONCERNS THE REAL ESTATE INTEREST AND/OR THE BUSINESS ASSETS LOCATED AT 9966N State Hwy 27
IN THE Town (CITY) (VILLAGE) (TOWN) OF Hayward, COUNTY OF Sawyer STATE OF WISCONSIN. THIS REPORT IS A DISCLOSURE OF THE CONDITION OF THAT REAL ESTATE INTEREST AND/OR BUSINESS ASSETS AS OF _____ (MONTH) _____ (DAY) _____ (YEAR).

When listing real estate Wis. Admin. Code § REEB 24.07(1)(b) requires licensees to inspect real estate improved by structures and vacant land and to make inquiries of the seller on the condition of the structure, mechanical systems and other relevant aspects of the real estate. The licensee shall request the seller provide a written response to the licensee's inquiry. This Business Disclosure Report helps the licensee fulfill this license law duty.

This is not a warranty of any kind by the owner or any agents representing any party in this transaction and is not a substitute for any inspections, testing or warranties the parties may wish to obtain. This is an optional disclosure report, not required by Wis. Stat. Ch. 709, that gives the business owner selling real estate and/or business assets the opportunity to make disclosures and comment on the condition of the property.

NOTICE TO PARTIES REGARDING ADVICE OR INSPECTIONS

Real estate licensees may not provide advice or opinions concerning whether or not an item is a defect or deficiency for the purposes of this report or concerning the legal rights or obligations of parties to a transaction. The parties may wish to obtain professional advice or inspections of the real estate and business assets and to include appropriate provisions in a contract between them with respect to any advice, inspections, defects, or warranties.

A. OWNER'S INFORMATION

A1. In this form, "aware" means the "owner(s)" have notice or knowledge. "Property" refers to the business real estate and/or business assets, or any part thereof, as applicable (Property).

A2. In this form, "defect" means a condition that would have a significant adverse effect on the value of the Property; that would significantly impair the health or safety of future occupants of the Property; or that if not repaired, removed, or replaced would significantly shorten or adversely affect the expected normal life of the premises. "Deficiency" means an imperfection that materially impairs the worth or utility of an asset other than real estate; makes such asset unusable or significantly harmful; or substantially prevents such asset from functioning or operating as designed or intended.

A3. In this form, "owner" means the person or persons, entity, or organization that owns the above-described Property.

A4. The owner represents that to the best of the owner's knowledge, the responses to the following questions have been accurately checked as "yes," "no," or "not applicable (N/A)" to the Property being sold. If the owner responds to any question with "yes," the owner shall provide an explanation of the reason why the response to the question is "yes" in the area provided following each group of questions.

A5. The owner discloses the following information with the knowledge that, even though this is not a warranty, prospective buyers may rely on this information in deciding whether and on what terms to purchase the Property. The owner hereby authorizes the owner's agents and the agents of any prospective buyer to provide a copy of this report, and to disclose any information in the report, to any person in connection with any actual or anticipated sale of the Property.

CAUTION: The lists of defects or deficiencies following each question below are examples only and are not the only defects or deficiencies that may properly be disclosed in response to each respective question.

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B. STRUCTURAL AND MECHANICAL

	YES	NO	N/A
B1. Are you aware of defects in the roof? Roof defects may include items such as leakage or significant problems with gutters or eaves.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B2. Are you aware of defects or deficiencies in the electrical system including fire safety, security and lighting and wiring not in compliance with applicable code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B3. Are you aware of defects or deficiencies in part of the plumbing system (including the water heater, water softener, and swimming pool)? Other plumbing system defects may include items such as leaks or defects in pipes, toilets, interior or exterior faucets, bathtubs, showers, or any sprinkler system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B4. Are you aware of defects or deficiencies in the heating and air conditioning system on the Property (including the air filters and humidifiers)? Heating and air conditioning defects may include items such as defects in the heating, ventilation and air conditioning (HVAC) equipment, supplemental heaters, ventilating fans or fixtures, or solar collectors, panels and system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B5. Are you aware of defects in the Property basement or foundation (including cracks, seepage, and bulges)? Other basement defects may include items such as flooding, defects in drain tiling or sump pumps, or movement, shifting, or deterioration in the foundation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6. Are you aware of defects or deficiencies in any structure or structural component or system on the Property (including walls)? Structural defects with respect to structures or other improvements may include items such as movement, shifting, or deterioration in walls; major cracks or flaws in interior or exterior walls, partitions, or the foundation; wood rot; and significant problems with driveways, sidewalks, patios, decks, fences, waterfront piers or walls, windows, doors, floors, ceilings, stairways, or insulation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B7. Are you aware of defects or deficiencies in mechanical equipment or systems on the Property included in the sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B8. Are you aware of rented items located on the Property such as a water softener or other water treatment systems or other rented items affixed to or closely associated with the Property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9. Are you aware of basement, window, or plumbing leaks, overflow from sinks, bathtubs, or sewers, or other ongoing water or moisture intrusions or conditions on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B10. Are you aware of defects in a woodburning stove or fireplace or of other defects caused by a fire in a stove or fireplace or elsewhere on the Property? Such defects may include items such as defects in the chimney, fireplace flue, inserts, or other installed fireplace equipment; or woodburning stoves not installed pursuant to applicable code.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B11. Are you aware of defects related to smoke detectors or carbon monoxide detectors or a violation of applicable state or local smoke detector or carbon monoxide detector laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B12. Explanation of "yes" responses <u>the water filters are rented and the basement wall under room 1-10 is bowing but has not changed in yr</u>			

C. BUSINESS AND COMMERCIAL CONCERNS

	YES	NO	N/A
C1. Are you aware of any violation of federal, state or local regulations, ordinances, laws or rules; any government agency or court orders requiring repair, alteration or correction of any existing condition; or any potential, threatened or pending claims against the business or its agents or materially affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C2. Are you aware of a material violation of the Americans with Disabilities Act (ADA) or other state or local laws requiring minimum accessibility for persons with disabilities with regard to the Property? NOTE: A building owner's or tenant's obligations under the ADA may vary dependent upon the financial or other capabilities of the building owner or tenant.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3. Are you aware of any material defects or deficiencies in any of the equipment, appliances, business fixtures, fixtures, tools, furniture or other business personal property included in the transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A
C4. Are you aware of any encumbrances on the business or the Property, all integral parts thereof, or the assets, except as stated in any schedule attached to this report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C5. Are you aware of any litigation, condemnation action, government proceeding or investigation in progress, threatened or in prospect against or related to the business or the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C6. Are you aware of any right granted to underlying lien holder(s) to accelerate the debtor's obligation by reason of the transfer of ownership of the Property, or any permission to transfer being required and not obtained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C7. Are you aware, with regard to the business or the Property, of any unpaid business taxes such as: income; sales; payroll; Social Security; unemployment; or any other employer/employee taxes due and payable or accrued; or any past due debts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C8. Are you aware of any material failure of the financial statements, or schedules to the financial statements, to present the true and correct condition of the business as of the date of the statements and schedules or a material change in the financial condition or operations of the business since the date of the last financial statements and schedules provided by owner, except for changes in the ordinary course of business which are not in the aggregate materially adverse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C9. Are you aware of any unresolved insurance claims, outstanding lease or contract agreements, back wages, due or claimed, product liability exposure, unpaid insurance premiums, unfair labor practice claims, or unpaid past due debts regarding the business or the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C10. Are you aware of any other defects affecting the real estate, deficiencies affecting the assets, or conditions or occurrences which would significantly reduce the value of the Property to a reasonable person with knowledge of the nature and scope of the condition or occurrence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C11. Explanation of "yes" responses _____			

D. TAXES, SPECIAL ASSESSMENTS, PERMITS, ETC.

	YES	NO	N/A
D1. Have you received notice of property tax increases, other than normal annual increases, or are you aware of a completed or pending reassessment of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D2. Are you aware that remodeling was done that may increase the Property's assessed value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Are you aware of pending special assessments or pending condominium special assessments affecting the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D4. Are you aware the Property is located within a special purpose district, such as a drainage district, that has the authority to impose assessments against the real property located within the district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D5. Are you aware of any proposed, planned or commenced construction of a public project or public improvements that may result in special assessments or materially affect the business or Property or the use of the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D6. Are you aware of any construction, remodeling, replacements, or repairs affecting the Property or the Property's structure or mechanical systems that were done or additions to this Property made during your period of ownership without the required permits and approvals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D7. Are you aware of any land division involving the Property for which a required state or local permit was not obtained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D8. Explanation of "yes" responses <u>put new siding and windows inn</u>			

E. LAND USE

	YES	NO	N/A
E1. Are you aware of any zoning or building code violations with respect to the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E2. Are you aware of any zoning variance or conditional use permit regarding the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	YES	NO	N/A
E3. Are you aware of the property or any portion of the Property being located in a 100-year floodplain, wetland, or shoreland zoning area under local, state, or federal regulations, or of flooding, standing water, or drainage or other water problems affecting the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E4. Are you aware of nonconforming uses of the Property or nonconforming structures on the Property? A nonconforming use is a use of land, a dwelling, or a building that existed lawfully before the current zoning ordinance was enacted or amended, but that does not conform to the use restrictions in the current ordinance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E5. Are you aware of conservation easements on the Property? A conservation easement is a legal agreement in which a property owner conveys some of the rights associated with ownership of his or her property to an easement holder such as a governmental unit or a qualified nonprofit organization to protect the natural habitat of fish, wildlife, or plants or a similar ecosystem, preserve areas for outdoor recreation or education, or for similar purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E6. Are you aware of restrictive covenants, conditions, or deed restrictions on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E7. Other than public rights of way, are you aware of nonowners having rights to use part of the Property, including, but not limited to, private rights-of-way and easements other than recorded utility easements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E8. Are you aware of the Property being subject to a mitigation plan, required under the Department of Natural Resources administrative rules regarding county shoreland zoning ordinances, that requires the owner to establish or maintain certain measures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E9. The use value assessment system values agricultural land based on the income that would be generated from its rental for agricultural use rather than its fair market value. When a person converts agricultural land to a non-agricultural use (e.g., residential or commercial development), that person may owe a conversion charge. For more information visit https://www.revenue.wi.gov/Pages/FAQS/slf-useassmt.aspx or (608) 266-2486.			
a. Are you aware of all or part of the Property having been assessed as agricultural land under Wis. Stat. § 70.32 (2r) (use value assessment)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are you aware of the Property having been assessed a use-value assessment conversion charge relating to this Property? (Wis. Stat. § 74.485 (2))	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are you aware of the payment of a use-value assessment conversion charge having been deferred relating to this Property? (Wis. Stat. § 74.485 (4))	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E10. Is all or part of the Property subject to or in violation of a farmland preservation agreement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E11. Is all or part of the Property subject to, enrolled in, or in violation of the Forest Crop Law, Managed Forest Law, the Conservation Reserve Program, or a comparable program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E12. Are you aware of a dam totally or partially located on the Property or ownership in a dam not located on the Property that will be transferred with the Property because it is owned collectively by members of a homeowners' association, lake district, or similar group? (If "yes," contact the Wisconsin Department of Natural Resources to find out if dam transfer requirements or agency orders apply.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E13. Are you aware of boundary or lot line disputes, encroachments, or encumbrances affecting the Property? Encroachments often involve some type of physical object belonging to one person but partially located on or overlapping on land belonging to another; such as, without limitation, fences, houses, garages, driveways, gardens, and landscaping. Encumbrances include, without limitation, a right or claim of another to a portion of the property or to the use of the property such as a joint driveway, liens, and licenses.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E14. Are you aware there is not legal access to the Property, or of any proposed road change, road work or change in road access which would materially affect the present use or access to the business or assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E15. Are you aware of federal, state, or local regulations requiring repairs, alterations, or corrections of an existing condition or orders to correct building code violations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E16. Are you aware of a pier attached to the Property that is not in compliance with state or local pier regulations? See http://dnr.wi.gov/topic/waterways for more information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E16m. Are you aware of a written agreement affecting riparian rights related to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E16n. Are you aware that the property abuts the bed of a navigable waterway that is owned by a hydroelectric operator?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Under Wis. Stat. s. 30.132, the owner of a property abutting the bed of a navigable waterway that is owned by a hydroelectric operator, as defined in s. 30.132 (1) (b), may be required to ask the permission of the hydroelectric operator to place a structure on the bed of the waterway.

- | | YES | NO | N/A |
|---|--------------------------|-------------------------------------|--------------------------|
| E17. Are you aware of one or more burial sites or archeological artifacts on the Property? (For information regarding the presence, preservation, and potential disturbance of burial sites, contact the Wisconsin Historical Society at www.wihist.org/burial-information or 800-342-7834). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| E18. Explanation of "yes" responses _____ | | | |
| _____ | | | |
| _____ | | | |

F. ENVIRONMENTAL

- | | YES | NO | N/A |
|--|--------------------------|-------------------------------------|--------------------------|
| F1. Are you aware of the presence of unsafe levels of mold on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F2. Are you aware of a defect or deficiency caused by unsafe concentrations of, or unsafe conditions relating to, radon, radium in water supplies, high voltage electric (100 KV or greater) or steel natural gas transmission lines located on but not directly serving the Property or business, lead in paint, lead in soil, pesticides, medical or infectious waste, or other potentially hazardous or toxic substances on the Property, or by previous storage or disposal of such substances on the Property or premises occupied by the business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F3. Are you aware of the presence of asbestos or asbestos-containing materials such as vermiculite insulation on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F4. Are you aware of the presence of or a defect or deficiency caused by unsafe concentrations of, unsafe conditions relating to, or the storage of hazardous or toxic substances on neighboring properties? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F5. Are you aware of current or previous termite, powder post beetle, or carpenter ant infestations or defects caused by animal, reptile, or insect infestations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F6. Are you aware of water quality issues caused by unsafe concentrations of or unsafe conditions relating to lead? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F7. Are you aware of the manufacture of methamphetamine or other hazardous or toxic substances on the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F8. Are you aware of governmental investigation or private assessment/audit (of environmental matters) ever being conducted or material violations of environmental or other laws or agreements regulating the Property, the business or the use of the assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F9. Are you aware of conditions constituting a significant health or safety hazard for occupants, invitees or employees of the business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| F10. Explanation of "yes" responses _____ | | | |
| _____ | | | |
| _____ | | | |

G. WELLS, SEPTIC SYSTEMS, STORAGE TANKS

- | | YES | NO | N/A |
|---|-------------------------------------|-------------------------------------|--------------------------|
| G1. Are you aware of defects in a well on the Property or in a well that serves the Property, including unsafe well water?
Well defects may include items such as an unused well not properly closed in conformance with state regulations, a well that was not constructed pursuant to state standards or local code, or a well that requires modifications to bring it into compliance with current code specifications. Well water defects might include, but are not limited to, unsafe levels of bacteria (total Coliform and E. coli), nitrate, arsenic, or other substances affecting human consumption safety. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G2. Are you aware of a joint well serving the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G3. Are you aware of a defect related to a joint well serving the Property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| G4. Are you aware that a septic system or other private sanitary disposal system serves the Property? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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	YES	NO	N/A
G5. Are you aware of defects in the septic system or other private sanitary disposal system on the Property or any out-of-service septic system that serves the Property and that is not closed or abandoned according to applicable regulations? Septic system defects may include items such as backups in toilets or in the basement; exterior ponding, overflows, or backups; or defective or missing baffles.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G6. Are you aware of underground or aboveground fuel storage tanks on or previously located on the Property? (If "yes," the owner, by law, may have to register the tanks with the Wisconsin Department of Agriculture, Trade and Consumer Protection at P.O. Box 8911, Madison, Wisconsin, 53708, whether the tanks are in use or not. Regulations of the Wisconsin Department of Agriculture, Trade and Consumer Protection may require the closure or removal of unused tanks.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G7. Are you aware of defects in the underground or aboveground fuel storage tanks on or previously located on the Property? Defects in underground or aboveground fuel storage tanks may include items such as abandoned tanks not closed in conformance with applicable local, state, and federal law; leaking; corrosion; or failure to meet operating standards.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G8. Are you aware of an "LP" tank on the Property? (If "yes," specify in the additional information space whether the owner of the Property either owns or leases the tank.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G9. Are you aware of defects in an "LP" tank on the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G10. Explanation of "yes" responses <u>has 5 septic systems</u>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

H. ADDITIONAL INFORMATION

	YES	NO	N/A
H1. Are you aware of a structure on the Property or occupied by the business that is designated as a historic building or that all or any part of the Property is in a historic district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H2. Are you aware of any agreements binding subsequent owners of the Property, such as a lease agreement or an extension of credit from an electric cooperative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3. Have you filed any insurance claims relating to damage to the Property or premises within the last five years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4. Are you aware of material damage to the Property from fire, wind, floods, earthquake, expansive soils, erosion or landslides?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H5. Are you aware of nearby airports, freeways, railroads or landfills, or significant odor, noise, water intrusion or other irritants emanating from neighboring property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H6. Are you aware of any shared usages with respect to the Property such as shared fences, walls, driveways, or signage, or any defect relating to the shared use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H7. Are you aware of leased parking serving the Property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H8. Are you aware of other defects affecting the Property? Other defects might include items such as drainage easement or grading problems; excessive sliding, settling, earth movements, or upheavals; or any other defect or material condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H9. Is the owner a foreign person, as defined in 26 USC 1445 (f)? (E.g., a nonresident alien individual, foreign corporation, foreign partnership, foreign trust, or foreign estate.) Section 1445 of the Internal Revenue Code (26 USC 1445), also known as the Foreign Investment In Real Property Tax Act or FIRPTA, provides that a transferee (buyer) of a U.S. real property interest must be notified in writing and must withhold tax if the transferor (seller) is a foreign person, unless an exception under FIRPTA applies to the transfer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H10. The owner has owned the Property for <u>3</u> years.			
H11. Explanation of "yes" responses			
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<hr/>			
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Note: Any sales contract provision requiring inspection of a residential dumbwaiter or elevator must be performed by a state-licensed elevator inspector.

WISCONSIN REALTORS® ASSOCIATION
4801 Forest Run Road, Madison, Wisconsin 53704

Page 7 of 7

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections at <http://www.doc.wi.gov> or by phone at 608-240-5830.

OWNER'S CERTIFICATION

The owner certifies the information in this report is true and correct to the best of the owner's knowledge as of the date on which the owner signs this report.

Entity Name (if any): Hayward Hotel LLC

Name & Title of Authorized Representative Signing for Entity: Nick Dillon

Authorized Signature for Entity:  Nick Dillon Date 08/12/2025

Owner _____ Date _____

Owner _____ Date _____

Owner _____ Date _____

CERTIFICATION BY PERSON SUPPLYING INFORMATION

A person other than the owner certifies that the person supplied information on which the owner relied for this report and that the information is true and correct to the best of the person's knowledge as of the date on which the person signs this report.

Person _____ Items _____ Date _____

Person _____ Items _____ Date _____

BUYER'S ACKNOWLEDGEMENT

The prospective buyer acknowledges that technical knowledge such as that acquired by professional inspectors may be required to detect certain defects such as the presence of asbestos, building code violations, and floodplain status.

I acknowledge receipt of a copy of this statement.

Entity Name (if any): _____

Name & Title of Authorized Representative Signing for Entity: _____

Authorized Signature for Entity: _____ Date _____

Prospective buyer _____ Date _____

Prospective buyer _____ Date _____

Prospective buyer _____ Date _____

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No representation is made as to the legal validity of any provision or the adequacy of any provision in any specific transaction.

This report form does not satisfy Wis. Stat. chapter 709 which generally applies to transfers of real estate containing 1-4 dwelling units or vacant land.

UTILITIES

Well Records



Well Construction Report WISCONSIN UNIQUE WELL NUMBER				GS828		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																																
Property Owner NORTHERN PINE INN 2						Phone # (715)634-4959		1. Well Location				Fire # (if avail.)																														
Mailing Address 9966 N HWY 27 SOUTH						Town of HAYWARD						9966																														
City HAYWARD						State WI		Zip Code 54843				Street Address or Road Name and Number 9966 N HW 27 SOUTH																														
County		Co. Permit #		Notification #		Completed 07-24-1986		Subdivision Name				Lot #		Block #																												
Sawyer						Well Constructor (Business Name) THOMAS BUTTERFIELD						Lic. # 555		Facility ID # (Public Wells) 858009350		Latitude / Longitude in Decimal Degree (DD) °N °W		Method Code																								
Address ROUTE 1 BOX 1086 STONE LAKE WI 54876						Well Plan Approval #						SW NE Section Township Range or Govt Lot # 33 41 N 9 W		Approval Date (mm-dd-yyyy)		2. Well Type New Well																										
Hicap Permanent Well #				Common Well #		Specific Capacity				Reason for replaced or reconstructed well ?																																
3. Well serves # of MOTEL						Hicap Well ? No						Construction Type Drilled																														
Non-community						Hicap Property ? No						of previous unique well # constructed in																														
Heat Exchange ___ # of drillholes						Hicap Potable ?						Reason for replaced or reconstructed well ?																														
4. Potential Contamination Sources - ON REVERSE SIDE																																										
5. Drillhole Dimensions and Construction Method														8. Geology																												
Dia. (in.)			From (ft.)			To (ft.)			Upper Enlarged Drillhole						Lower Open Bedrock						Geology Codes			Type, Caving/Noncaving, Color, Hardness, etc...						From (ft.)			To (ft.)									
6			Surface			118			No Rotary - Mud Circulation						No						T			TOP SOIL						Surface			8									
No			Rotary - Air			No			No			Rotary - Air & Foam						No						A G			COARSE GRAVEL						8			16						
No			Drill-Through Casing Hammer			No			No			Reverse Rotary						No						T X			SAND IN TAN CLAY						16			27						
No			Cable-tool Bit ___in. dia...			No			No			Dual Rotary						No						A G			COARSE DARK GRAVEL						27			36						
No			Temp. Outer Casing ___in. dia			No			No			Removed? ___depth ft. (If NO explain on back side)						No						T C			TAN CLAY						36			42						
No			G			Y			GRAVEL, SANDY LAYERS						42						50																					
G			LARGE BOULDERS			50						58																														
G			GRAVEL			58						116																														
G			GRAVEL & BOULDERS			116						118																														
6. Casing, Liner, Screen														9. Static Water Level														11. Well Is														
Dia. (in.)			Material, Weight, Specification Manufacturer & Method of Assembly						From (ft.)			To (ft.)			___ ft. below ground surface														15 in. above grade													
6			A53 SWW BLK STEEL NEW P&E #19:00						Surface			118			10. Pump Test														Developed ? No													
Dia. (in.)			Screen type, material & slot size						From (ft.)			To (ft.)			Pumping level 45 ft. below surface														Disinfected ? No													
Pumping at 25 GP for 2 Hrs.			Pumping Method ?														Capped ? No																									
7. Grout or Other Sealing Material														12. Notified Owner of need to fill & seal ?																												
Method														Filled & Sealed Well(s) as needed?														No														
13. Constructor / Supervisory Driller														Lic #														Date Signed														
Drill Rig Operator														Lic or Reg #														Date Signed														

4a. Potential Contamination SourcesIs the well located in floodplain ? No

Type	Qualifier	Distance	Type	Qualifier	Distance
POWTS dispersal component (soil absorption unit or mound)		104	Building Overhang		30
			Septic or Holding, or POWTS Tank	>	100

Comment:

Created On: 08-01-2014

Created by: GIFFOJ


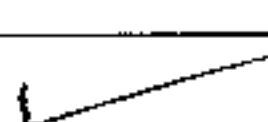
Updated On: 07-11-2023

Updated by: W23583

WELL CONSTRUCTOR'S REPORT
FORM 3300-15

NOTE
WHITE COPY — DIVISION'S COPY
GREEN COPY — DRILLER'S COPY
YELLOW COPY — OWNER'S COPY

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
Box 450
Madison, Wisconsin 53701

1. COUNTY Sawyer		CHECK ONE <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		NAME Hayward	
2. LOCATION - 1/4 Section Section Township Range NE of SE 33 41N 9W		3. OWNER AT TIME OF DRILLING Frank Druffel			
OR - Grid or street no. Highway 27, So.		ADDRESS 1008 Wheeling Road			
AND - If available subdivision name, lot & block no.		POST OFFICE Mt. Prospect, Ill. 60056			
4. Distance in feet from well to nearest: (Record answer in appropriate block)		BUILDING 45	SANITARY SEWER C. I. TILE	FLOOR DRAIN C. I. TILE	FOUNDATION DRAIN SEWER CONNECTED INDEPENDENT
CLEAR WATER DRAIN C. I. TILE	SEPTIC TANK 78	PRIVY	SEEPAGE PIT	ABSORPTION FIELD 100'	BARN SILO ABANDONED WELL SINK HOLE
OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) None					
5. Well is intended to supply water for: Motel					
6. DRILLHOLE				9. FORMATIONS	
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6	Surface	200			
7. CASING, LINER, CURBING, AND SCREEN					
Dia. (in.)	Kind and Weight		From (ft.)	To (ft.)	
6	ASTM A-53 New T&C 19:45, blk		Surface	127	
8. GROUT OR OTHER SEALING MATERIAL				10. TYPE OF DRILLING MACHINE USED	
Kind		From (ft.)	To (ft.)		
Self-fill		Surface	3		
11. MISCELLANEOUS DATA				10. TYPE OF DRILLING MACHINE USED	
Yield test: 1 Hrs. at		25 GPM			
Depth from surface to normal water level		14 ft.			
Depth to water level when pumping		25 ft.			
Water sample sent to Madison, Wis.				laboratory on: 4-13 19 76	
Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.					
SIGNATURE 				COMPLETE MAIL ADDRESS Rte 5, Box 101, Hayward, Wis. 54843	
Please do not write in space below					
COLIFORM TEST RESULT 3356		GAS - 24 HRS.		GAS - 48 HRS.	
				CONFIRMED	
				REMARKS 	

UTILITIES

Septic Records





State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 31237
County Permit # 6-031
County Sawyer

*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required MAY 7 '76 State Plan I.D. # 7600943

A. OWNER OF PROPERTY Northern Pk. Mobile Mailing Address: 9966 N 5TH 27
Guenter Schmidt Rtc HAYWARD, WIS. 54843

B. LOCATION: SW 1/4 NE 1/4, Section 33, T 41 N, R 9 E (or) (W) Lot# City
Subdivision Name, nearest road, lake or landmark Blk# Village
 Township HAYWARD

C. TYPE OF OCCUPANCY: *Commercial *Industrial *Other (specify) *Variance
Single family Match Duplex No. of Bedrooms 5-2 Beds No. of Persons Match

D. TYPE OF APPLIANCES: Dishwasher YES X NO Food Waste Grinder YES X NO # of Bathrooms 5
Automatic Washer YES X NO Other (specify)

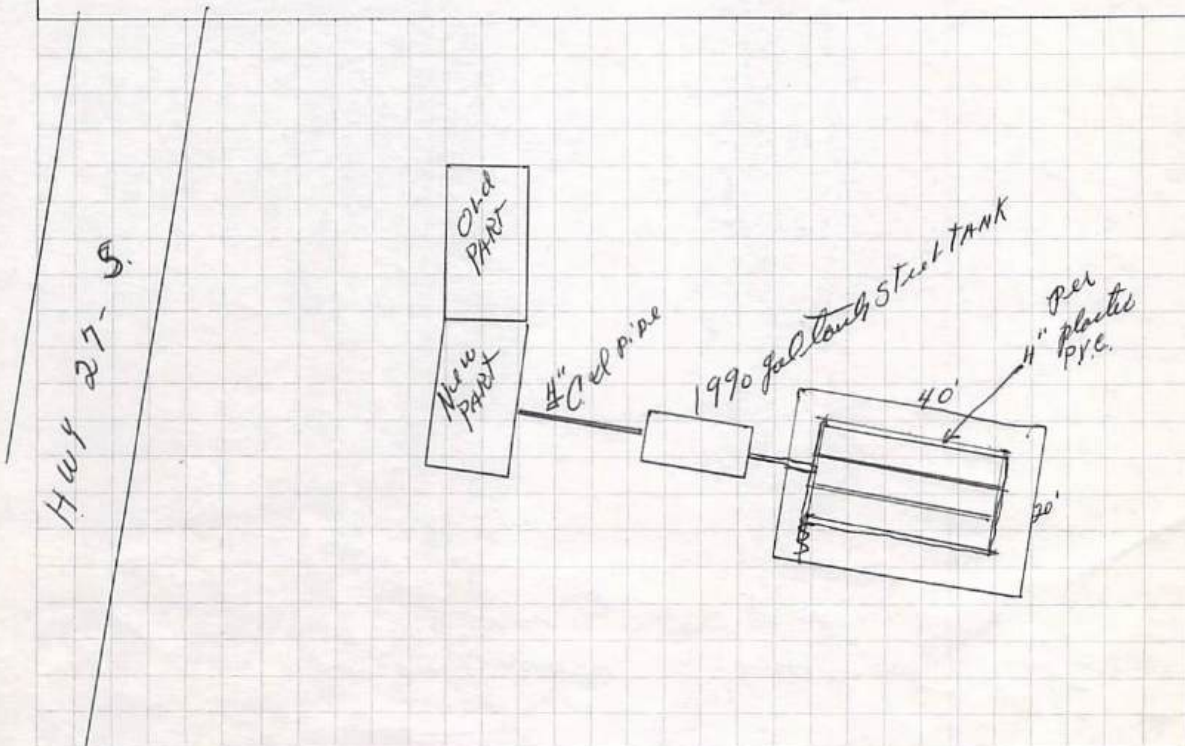
E. SEPTIC TANK CAPACITY 1990 Total gallons No. of tanks 1
*Holding tank capacity Total gallons No. of tanks
New Installation X Addition Replacement Prefab Concrete
*Poured in Place Steel X Other (specify)

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 1 2) 1 3) 1 Total Absorb Area 800 sq. ft.
New Addition Replacement *Fill System
Seepage Trench: No. Lin. Feet Width Depth Tile Depth No. of Trenches
Seepage Bed: Length 46' Width 20' Depth 18" Tile Depth 36" No. of Lines 4
Seepage Pit: Inside diameter Liquid Depth Tile Size 4"
Percent slope of land FLAT Distance from critical slope Ret

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester,

NAME CLARENCE M. DEALL C.S.T. # 55-471 and other information
obtained from Self (owner/builder).
Plumber's Signature Clarence M. Deall MP/MPRSW# 1498 Phone # 715-634-2313

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).



Do Not Write in Space Below - FOR DEPARTMENT USE ONLY

Date of Application 05-18-76 Fees Paid: State 1.00 County 10.00 Date May 18, 1976

Permit Issued/Revised (date) 05-18-76 Issuing Agent Name Robyn Kephart - Deputy

Inspection Yes No

Valid#

Date Rec'd

5-18-76 OAS

1. county (white copy)

2. state (pink copy)

3. owner (green copy)

4. plumber (canary copy)

DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701

Revised Date 3/1/75



APPLICATION FOR SANITARY PERMIT

(PLB 67)

CST 86-025

88-058

07-214

SAWYER

COUNTY

UNIFORM SANITARY PERMIT #

77073

86-070

-Attach complete plans in accord with s. H 63.05, Wis. Adm. Code for the system, on paper not less than 8½x11 inches in size.

-See reverse side for instructions for completing this application. PLEASE PRINT

PROPERTY OWNER HARRY CHIPMAN			MAILING ADDRESS NORTHERN PINES MOTEL HAYWARD WIS		
PROPERTY LOCATION SW 1/4 NE 1/4, S 33, T 41, N, R 9 E (or) W			CITY: VILLAGE: TOWN OF: HAYWARD		
LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME	NEAREST ROAD, LAKE OR LANDMARK 9966 N STH 27		STATE PLAN I.D. NUMBER 8602628

TYPE OF BUILDING OR USE SERVED

☐ 1 or 2 Family Number of Bedrooms:☒ Public (Specify): **MOTEL - 12 UNIT**

THIS PERMIT IS FOR A:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> New System | <input type="checkbox"/> Tank Replacement | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Replacement Soil Absorption System | <input type="checkbox"/> Revision | <input type="checkbox"/> Privy |
| <input type="checkbox"/> Alternate System | <input type="checkbox"/> Reconnection | <input type="checkbox"/> Petition for Modification |

IF THIS IS A CONVENTIONAL SYSTEM COMPLETE THIS BLOCK.

- | | | | |
|---|---|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Seepage Bed | <input type="checkbox"/> Seepage Trench | <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> System-In-Fill | <input type="checkbox"/> In-Ground Pressure | <input type="checkbox"/> Vault Privy | <input type="checkbox"/> Pit Privy |
- ☐ Existing, For Which A Previous Permit Is On File, Permit # _____ issued _____.
- ☐ An Existing System That Has Been Inspected And Is Compliant As Far As Soil Conditions.

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity	2500	1	K				
Lift Pump Tank/Siphon Chamber							
Holding Tank capacity							

Manufacturer: **WIESER CONCRETE**

IF THIS IS AN ALTERNATIVE SYSTEM COMPLETE THIS BLOCK:

☐ Mound ☐ In-Ground Pressure

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump/Siphon Chamber							

Manufacturer:

PERCOLATION RATE (Minutes per inch): 1	ABSORPTION AREA REQUIRED (Square Feet): 2380	ABSORPTION AREA PROPOSED (Square Feet): 2380	WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
---	---	---	---

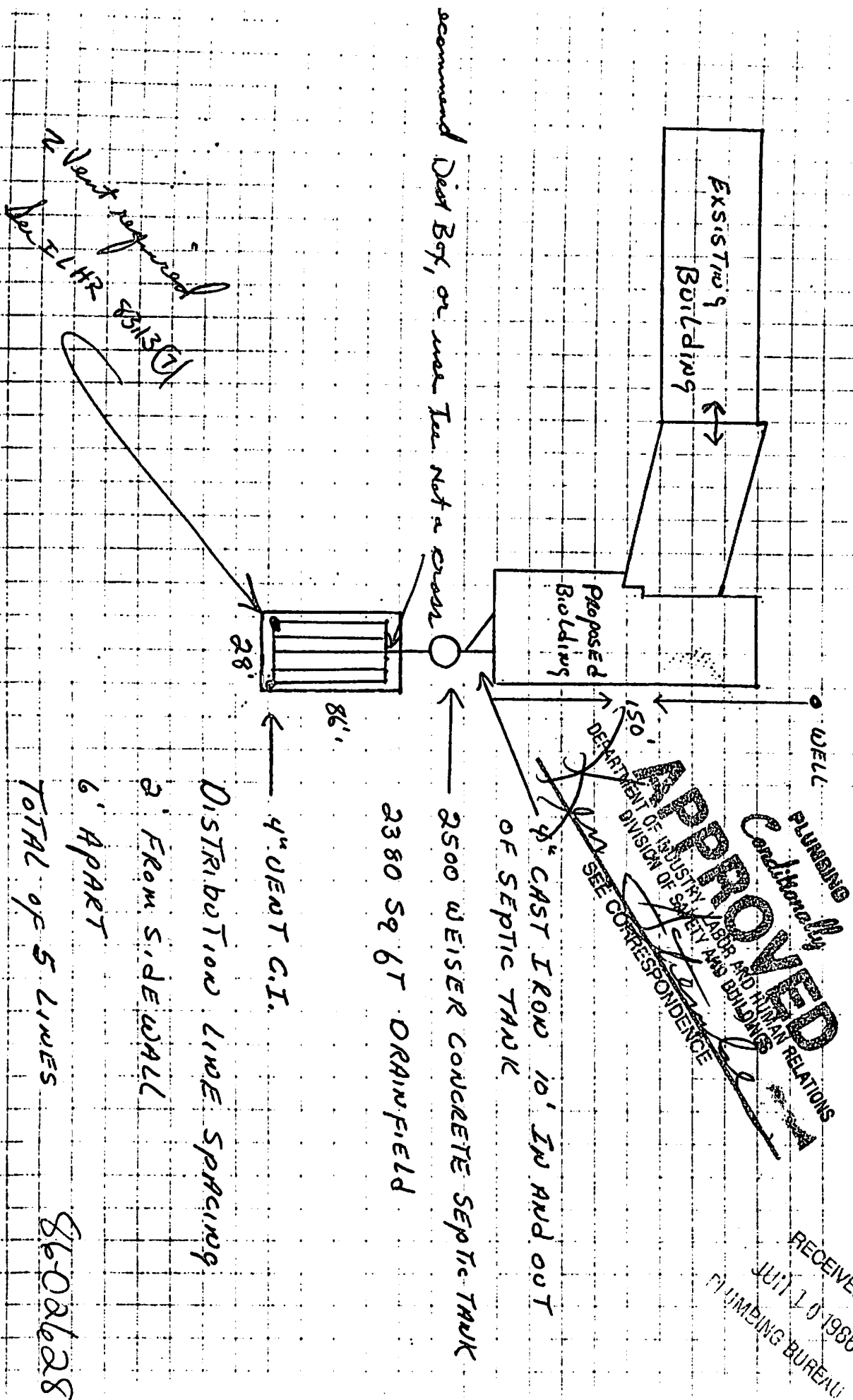
I, the undersigned, hereby assume responsibility for installation of the private sewage system shown on the attached plans.

Name of Plumber (Print): ROBERT D. PATKO	Signature: <i>Robert D. Patko</i>	MP/MPSW No.: MP5889	Phone Number: (715) 865-5131
Plumber's Address: Box 33 STONE LAKE WIS 54876		Name of Designer: ROBERT D. PATKO	

COUNTY/DEPARTMENT USE ONLY

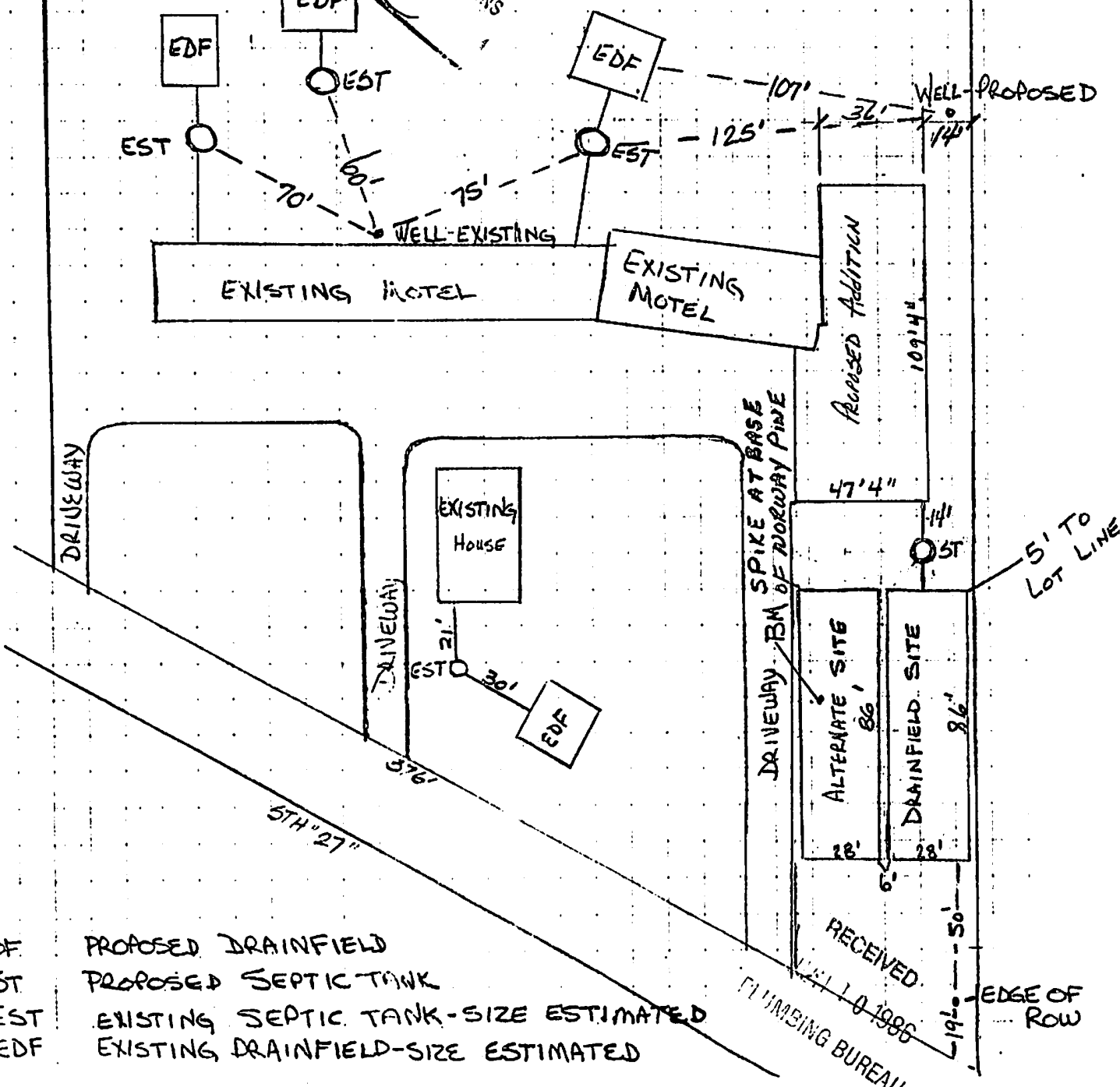
Signature of Issuing Agent: <i>Gayle Janczak</i>	Fee: \$95.00	Date: 6-23-86	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination
Reason for Disapproval:				

Alternate course(s) of Action Available:



PROPERTY OF HARRY CHIDMAN
SW 1/4 N. 1/4 Sec 33, T41N, R9W
TOWN OF HAYWARD, SAWYER CO.
DESIGNED BY ROBERT D. PATKO
MP# 5887

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
APPROVED
Conditionally
SEE CORRESPONDENCE



- DF PROPOSED DRAINFIELD
- ST PROPOSED SEPTIC TANK
- EST EXISTING SEPTIC TANK-SIZE ESTIMATED
- EDF EXISTING DRAINFIELD-SIZE ESTIMATED

PLUMBING BUREAU



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

CST 88-075

-Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER HARRY CHIPMAN			PROPERTY LOCATION SW 1/4 NE 1/4, S 33 T 41 N, R 9 E (or) W		
PROPERTY OWNER'S MAILING ADDRESS RET HAYWARD WIS			LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME
CITY, STATE HAYWARD WIS	ZIP CODE 54843	PHONE NUMBER (715) 634-4959	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: HAYWARD		NEAREST ROAD, LAKE OR LANDMARK Hiway 27 S 24 996N

II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms if 1 or 2 Family _____ OR ☒ Public (Specify): **12 unit motel Assembly room**

III. PURPOSE OF APPLICATION: (Check only one in #1. Check #2, 3 or 4, if applicable)

- a. ☒ New System b. ☐ Replacement System c. ☐ Replacement of Septic Tank Only d. ☐ Reconnection of an Existing System e. ☐ Repair of an Existing System
- ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____
- ☐ An Existing System has been inspected and soil conditions meet minimum requirements.
- ☐ The System is shared by more than one owner/building. Attach Common Ownership Agreement to County Copy.

IV. TYPE OF SYSTEM: (Check only one in #1 and only one in #2)

- a. ☒ Conventional b. ☐ Alternative c. ☐ Experimental
- a. ☐ System-In-Fill b. ☐ Holding Tank c. ☐ Pit Privy d. ☐ Vault Privy e. ☐ Mound f. ☐ IGP

V. ABSORPTION SYSTEM INFORMATION: (Check one)

- a. ☒ Seepage Bed b. ☐ Seepage Trench c. ☐ Seepage Pit

2. PERCOLATION RATE (Minutes per inch): 3	3. ABSORPTION AREA REQUIRED (Square Feet): 1792	4. ABSORPTION AREA PROPOSED (Square Feet): 1800	5. SYSTEM ELEVATION 94'6" Feet	6. WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
---	---	---	--	--

VI. TANK INFORMATION	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<input checked="" type="checkbox"/>		2500	1	WIESER	<input checked="" type="checkbox"/>					
Lift Pump Tank/Siphon Chamber											

VII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the private sewage system shown on the attached plans.

Plumber's Name (Print): ROBERT D. PATKO	Plumber's Signature: (No Stamps) Robert D. Patko	MP/MPSW No.: MP5889	Business Phone Number: (715) 865-5131
Plumber's Address (Street, City, State, Zip Code): Box 33 STONE LAKE WI 54876		Name of Designer: ROBERT D. PATKO	

VIII. SOIL TEST INFORMATION

Certified Soil Tester (CST) Name ARLYN HELM	CST # 3331
CST's ADDRESS (Street, City, State, Zip Code) P.O. Box 71 SPOONER WI 54801	Phone Number: (715) 635 7595

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee \$90.00	Groundwater Surcharge Fee \$25.00	Date 6-7-88	Issuing Agent Signature (No Stamps) Paula J. Janczak
--	---------------------------------------	---	-----------------------	--

X. COMMENTS/REASONS FOR DISAPPROVAL:

PAGE 2 OF 7

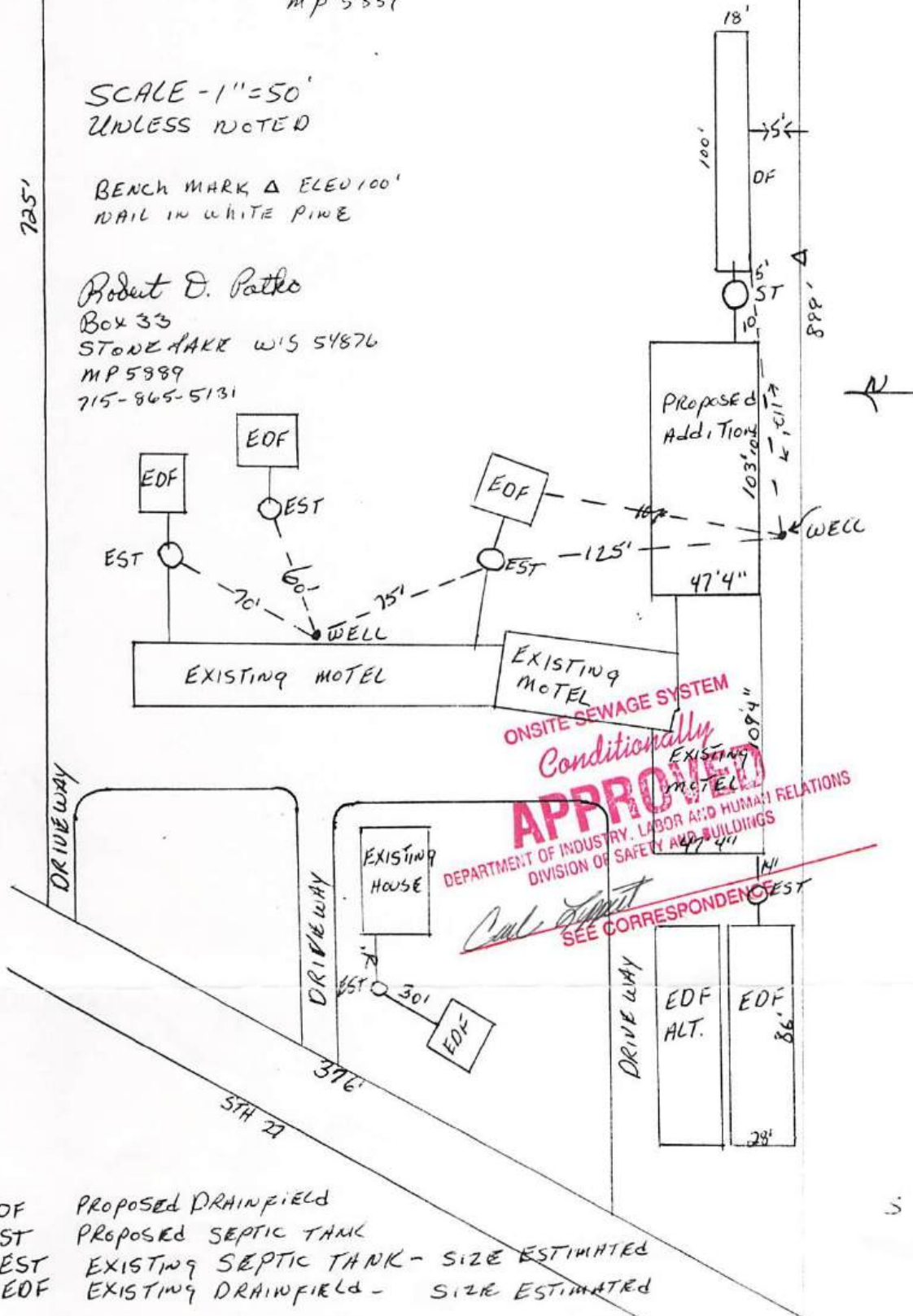
PLOT PLAN

PROPERTY OF HARRY CHIPMAN
 SW 1/4 NE 1/4 SEC 33 T41N R9W
 TOWN OF HAYWARD, SAWYER CTY
 DESIGNER - ROBERT D. PATKO
 MP 5889

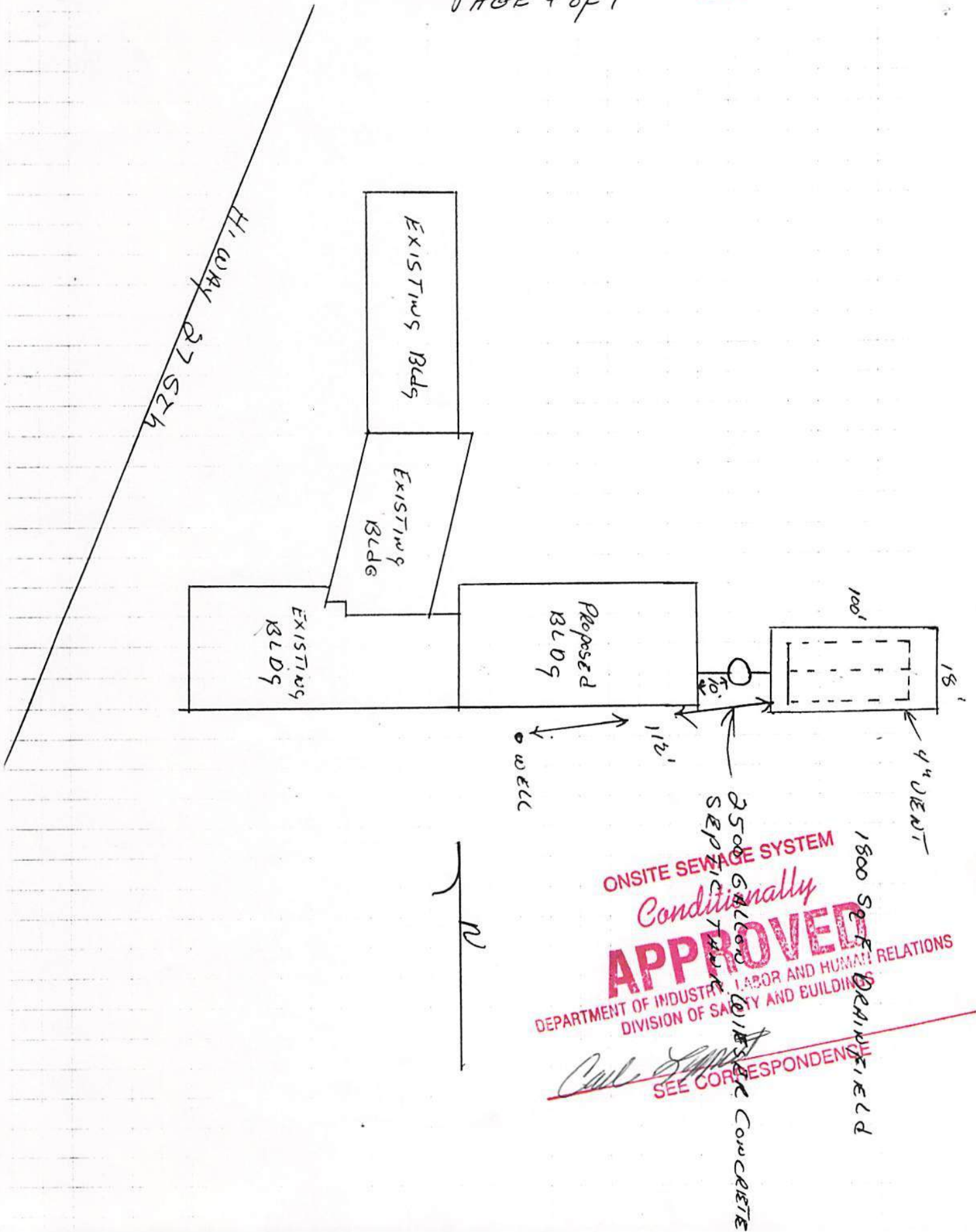
SCALE - 1" = 50'
 UNLESS NOTED

BENCH MARK Δ ELEV 100'
 NAIL IN WHITE PINE


Robert D. Patko
 Box 33
 STONE LAKE WIS 54876
 MP 5889
 715-845-5131



DF PROPOSED DRAINFIELD
 ST PROPOSED SEPTIC TANK
 EST EXISTING SEPTIC TANK - SIZE ESTIMATED
 EDF EXISTING DRAINFIELD - SIZE ESTIMATED



CST 07-142

		commerce.wi.gov Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County <u>Sawyer</u> Sanitary Permit Number (to be filled in by Co.) <u>505035</u>	
Sanitary Permit Application In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.				State Transaction Number <u>1424124</u>	
I. Application Information – Please Print All Information					
Property Owner's Name <u>Gurukrupa, Inc.</u>				Parcel # <u>57-010-2-41-09-33-1</u> <u>03-000-000070</u>	
Property Owner's Mailing Address <u>9966N State Hwy. 27</u>				Property Location <u>010-941-33-1307</u>	
City, State <u>Hayward, WI</u>		Zip Code <u>54843</u>		Phone Number <u>715-634-4959</u>	
II. Type of Building (check all that apply) <input type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms _____ <input checked="" type="checkbox"/> Public/Commercial – Describe Use <u>Motel (5 BR)</u> <input type="checkbox"/> State Owned – Describe Use _____				Govt. Lot <u>SW 1/4, NE 1/4, Section 33</u> T <u>41</u> N; R <u>9</u> <u>W</u> (circle one) Subdivision Name _____ <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input checked="" type="checkbox"/> Town of <u>Hayward</u>	
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A. <input type="checkbox"/> New System		<input checked="" type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only	
B. <input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber <input type="checkbox"/> Permit Transfer to New Owner	
List Previous Permit Number and Date Issued _____					
IV. Type of POWTS System/Component/Device: (Check all that apply) <input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound \geq 24 in. of suitable soil <input type="checkbox"/> Mound $<$ 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation	
<u>487.5</u>	<u>.7</u>	<u>696.43</u>	<u>711.6</u>	<u>96.10'</u>	
VI. Tank Info		Capacity in Gallons	Total Gallons	# of Units	Manufacturer
New Tanks Existing Tanks					
Septic or Holding Tank		<u>1000</u>	<u>1047.9</u>	<u>1</u>	<u>Rasmussen</u>
Dosing Chamber					
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) <u>A. Rasmussen & Sons</u>		Plumber's Signature <u>[Signature]</u>		MP/MPRS Number <u>220173</u>	Business Phone Number <u>715-798-3355</u>
Plumber's Address (Street, City, State, Zip Code) <u>P.O. Box 66 Cable WI 54821</u>					
VIII. County/Department Use Only					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Owner Given Reason for Denial		Permit Fee <u>\$240.00</u>	Date Issued <u>8-9-07</u>	Issuing Agent Signature <u>Kelly Nechuta</u>	
IX. Conditions of Approval/Reasons for Disapproval IMPORTANT NOTICE: Wisconsin State Statute, Chapter 145.245 (3), states you are required to have your septic tank pumped/inspected at least once every 3 years.					

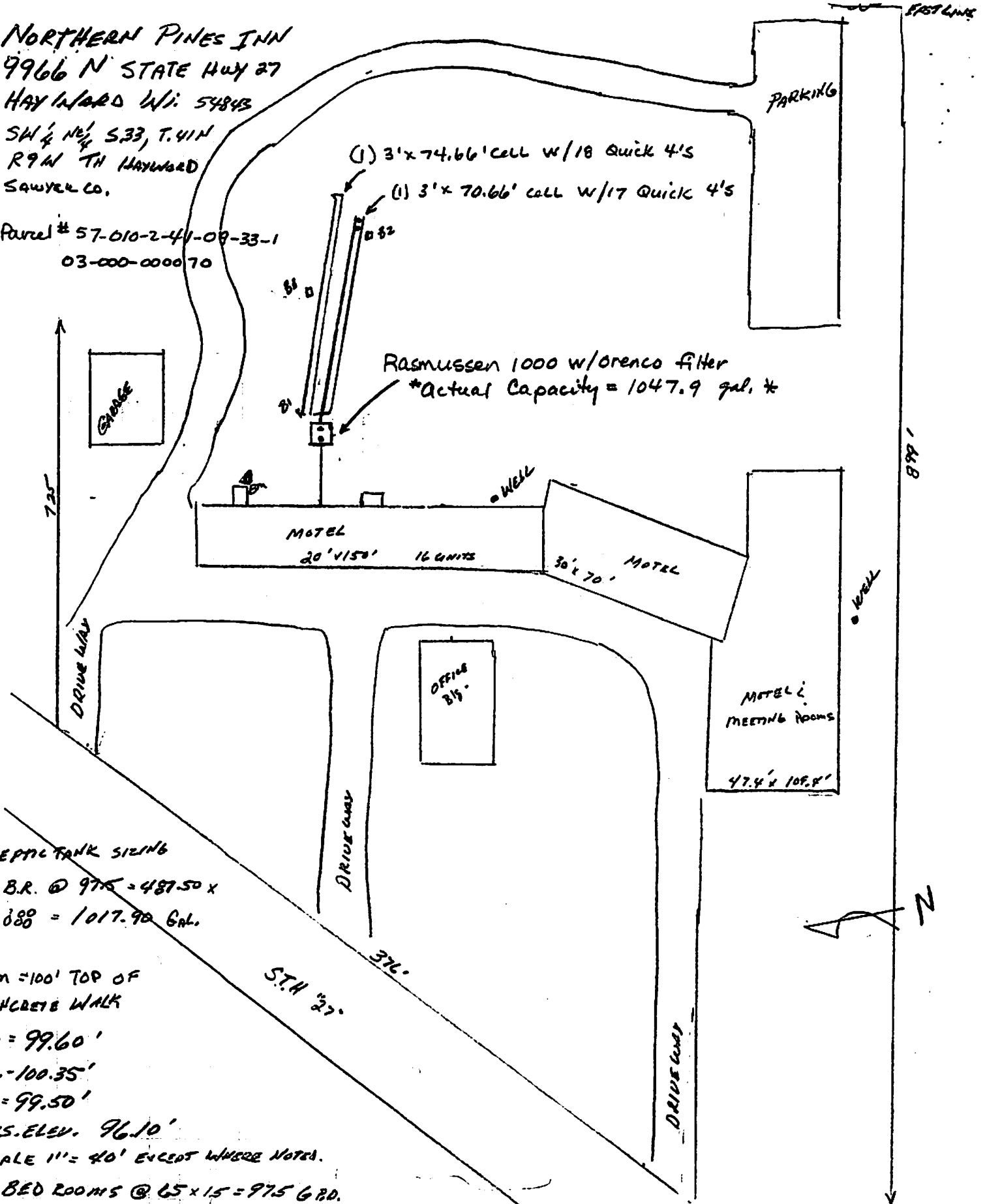
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

 emergency
 7-10-07

NORTHERN PINES INN
9966 N STATE HWY 27
HAYWARD WI 54843

SW 1/4 NE 1/4 S33, T.41N
R9W TH HAYWARD
SAWYER CO.

Parcel # 57-010-2-41-08-33-1
03-000-000070



SEPTIC TANK SIZING

5 B.R. @ 97.5 = 487.50 x
2.088 = 1017.90 GAL.

Bm = 100' TOP OF
CONCRETE WALK

B1 = 99.60'

B2 = 100.35'

B3 = 99.50'

SYS. ELEV. 96.10'

SCALE 1" = 40' EXCEPT WHERE NOTED.

5 BED ROOMS @ 65 x 15 = 975 GPD.

= 7 LOADING RATE = 696.43 gpd.

RECOMMEND TWO CELLS 70' LONG w/ INFILTRATORS 700 sq ft.
1 CELL 68' w/ VENT + 2.66'
1 CELL 72' " " + 2.66'

Andy Rasmussen
MAP# 220173
7/24/07



Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707-7162
CST 19-115

County
Sawyer

Sanitary Permit Number (to be filled in by Co.)

611094

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number

Project Address (if different than mailing address)
9966N State Hwy 27. Hayward, WI 54843

I. Application Information – Please Print All Information

Property Owner's Name
Gurukrupa Inc.

Parcel #
010941331307

Property Owner's Mailing Address
2615 West Devon Ave

Property Location

City, State
Chicago, IL

Zip Code
60659

Phone Number
715-699-2519

Govt. Lot
SW ¼, NE ¼, Section 33
(circle one)
T 41 N ; R 09 E or W

II. Type of Building (check all that apply)

☒ 1 or 2 Family Dwelling – Number of Bedrooms 3

Lot #

☐ Public/Commercial – Describe Use _____

Block #

☐ State Owned – Describe Use _____

CSM Number

Subdivision Name

☐ City of
☐ Village of
☒ Town of Hayward

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. ☐ New System ☒ Replacement System ☐ Treatment/Holding Tank Replacement Only ☐ Other Modification to Existing System (explain)

B. ☐ Permit Renewal Before Expiration ☐ Permit Revision ☐ Change of Plumber ☐ Permit Transfer to New Owner
List Previous Permit Number and Date Issued
84-143 Issued 10/3/84

IV. Type of POWTS System/Component/Device: (Check all that apply)

☒ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☐ At-Grade ☐ Mound ≥ 24 in. of suitable soil ☐ Mound < 24 in. of suitable soil
☐ Holding Tank ☐ Other Dispersal Component (explain) ☐ Pretreatment Device (explain)

V. Dispersal/Treatment Area Information:

Design Flow (gpd) 450 Design Soil Application Rate(gpdsf) 0.7 Dispersal Area Required (sf) 643 Dispersal Area Proposed (sf) 700 System Elevation 94.5 +

VI. Tank Info	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank		1000	1000	1	Huffcut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) Jason Kuettel Plumber's Signature *[Signature]* MP/MPRS Number 675751 Business Phone Number 715-798-3355

Plumber's Address (Street, City, State, Zip Code)
42940 US Hwy 63 S Cable, WI 54821

VIII. County/Department Use Only

☒ Approved ☐ Disapproved ☐ Owner Given Reason for Denial Permit Fee \$ 350.00 Date Issued 8/13/19 Issuing Agent Signature *[Signature]*

IX. Conditions of Approval/Reasons for Disapproval

ORIGINAL

NO REFUNDS AFTER
ISSUE OF PERMIT

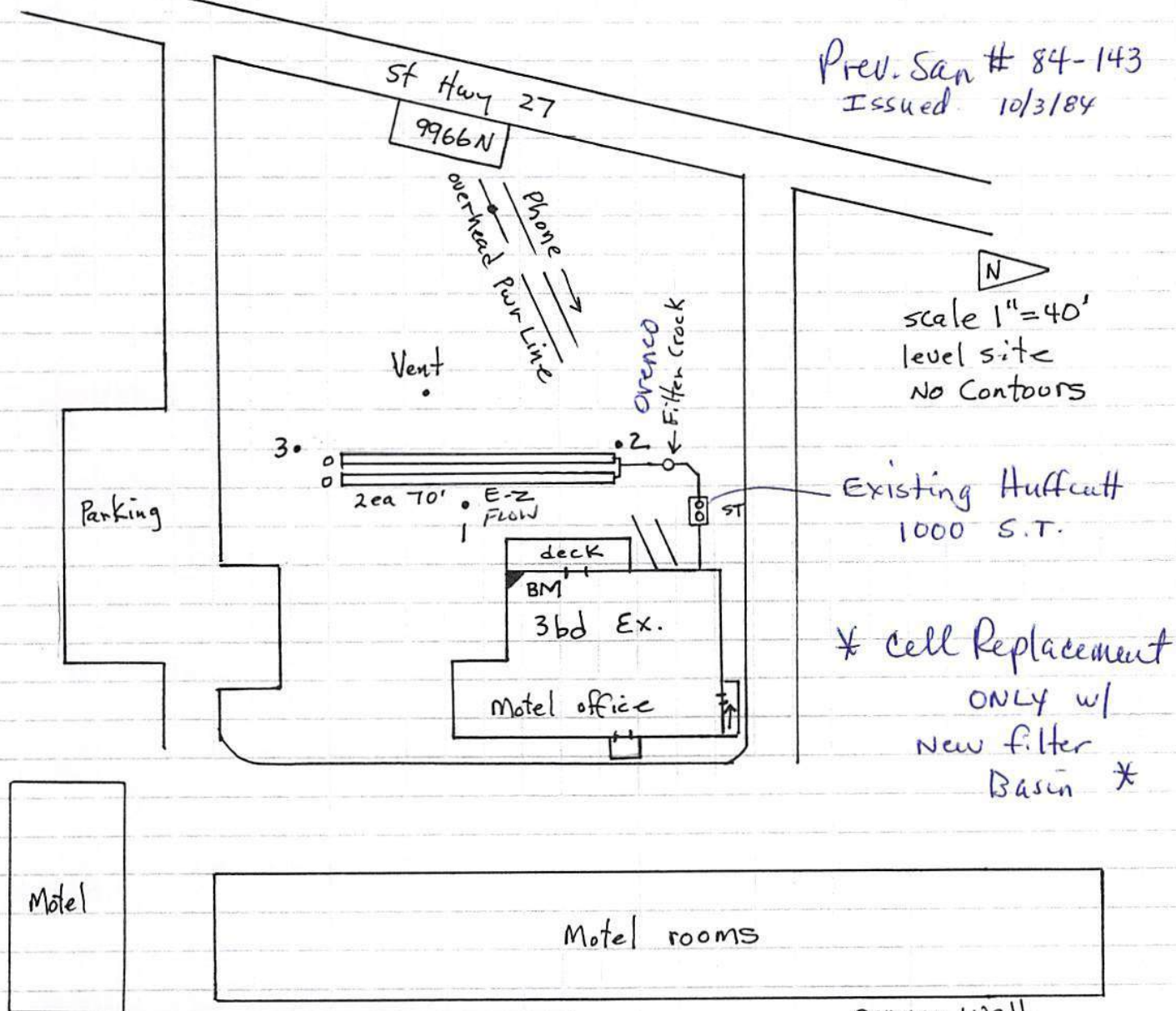
RECEIVED
AUG 07 2019

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

Owner:
GuruKrupa Inc.
dba Northern Pines Motel
2615 West Devon Ave.
Chicago, IL 60659

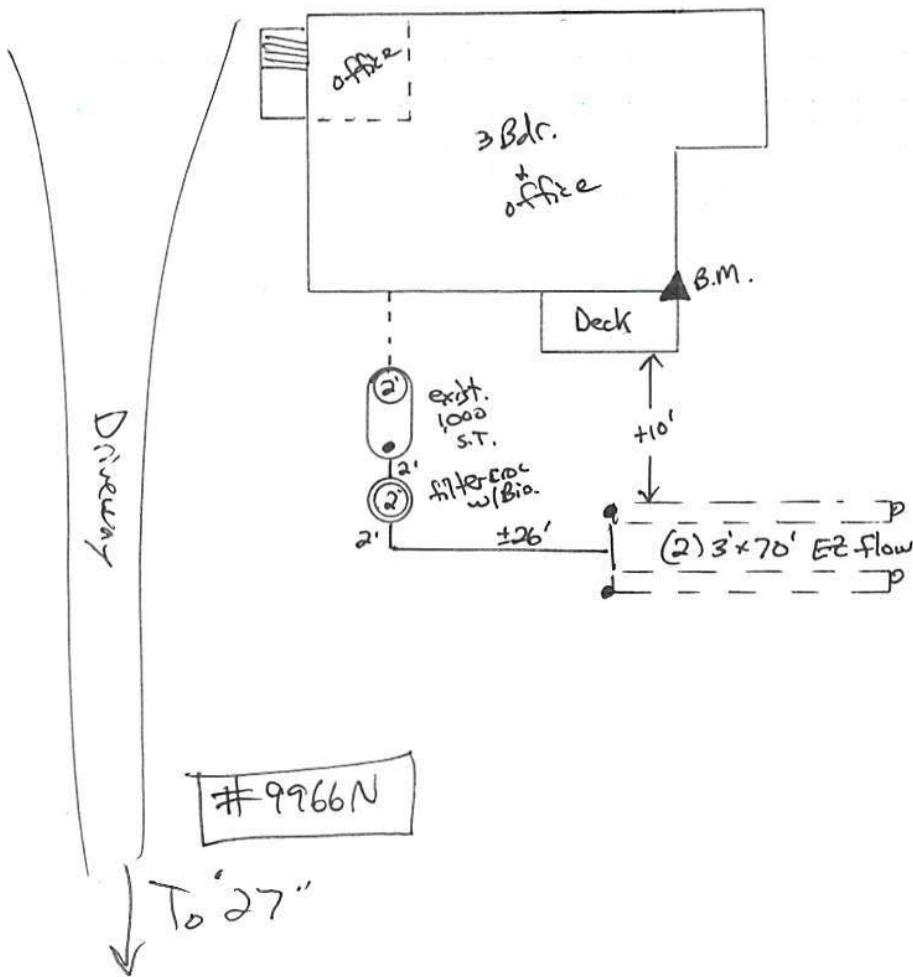
Legal:
Sawyer Co., Hayward Twp.
PIN: 010-941-33-1307
SW/NE S33 T41N R09W
site: 9966N St. Hwy 27

Prev. San # 84-143
Issued 10/3/84



[Signature]
8/6/2019
MP # 675751

Motel



N

COUNTY TAX RECORDS

Property Tax Record



Real Estate Sawyer County Property Listing

Today's Date: 8/5/2025

Property Status: **Current**

Created On: 2/6/2007 7:55:23 AM

Description Updated: 3/24/2022

Tax ID: 13185
PIN: 57-010-2-41-09-33-1 03-000-000070
 Legacy PIN: 010941331307
 Map ID: .3.7
 Municipality: (010) TOWN OF HAYWARD
 STR: S33 T41N R09W
 Description: PRT SWNE
 Recorded Acres: 6.260
 Lottery Claims: 0
 First Dollar: Yes
 Zoning: (RR1) Residential/Recreational One
 ESN: 444

Tax Districts Updated: 2/6/2007

1 State of Wisconsin
 57 Sawyer County
 010 Town of Hayward
 572478 Hayward Community School District
 001700 Technical College

Recorded Documents Updated: 10/20/2021

WARRANTY DEED
 Date Recorded: 11/4/2022 [442152](#)
 Grantee: HAYWARD HOTEL LLC
 Sale Price: 0 0 Acres

WARRANTY DEED
 Date Recorded: 10/27/2021 [435538](#)
 Grantee: OHM SHIV LLC
 Sale Price: 0 0 Acres

WARRANTY DEED
 Date Recorded: 10/29/2003 [316773](#)
 Grantee: GURUKRUPA INC
 Sale Price: 0 0 Acres

QUIT CLAIM DEED
 Date Recorded: 12/29/1994 [245889](#)
 Grantee: C & M LIMITED PARTNERSHIP
 Sale Price: 0 0 Acres

WARRANTY DEED
 Date Recorded: 5/19/1988 [209113](#)
 Grantee: HARRY K & D MARLENE CHIPMAN
 Sale Price: 0 0 Acres

Ownership Updated: 11/9/2022

HAYWARD HOTEL LLC TREGO WI

Billing Address:
HAYWARD HOTEL LLC
 W7237 RAPPY LAKE RD
 TREGO WI 54888

Mailing Address:
HAYWARD HOTEL LLC
 W7237 RAPPY LAKE RD
 TREGO WI 54888

Site Address * indicates Private Road

9966N STATE HWY 27 HAYWARD 54843

Property Assessment Updated: 11/9/2015

2025 Assessment Detail			
Code	Acres	Land	Imp.
G2-COMMERCIAL	6.260	104,400	539,100
2-Year Comparison			
	2024	2025	Change
Land:	104,400	104,400	0.0%
Improved:	539,100	539,100	0.0%
Total:	643,500	643,500	0.0%

Property History

N/A

Real Estate Sawyer County Tax Record

LISTING FOR TAX YEAR: 2024

Today's Date: 8/5/2025

Tax Records: [2024](#) [2023](#) [2022](#) [2021](#) [2020](#) [2019](#) [2018](#) [2017](#) [2016](#) [2015](#) [2014](#) [2013](#)
[2012](#) [2011](#) [2010](#) [2009](#) [2008](#) [2007](#) [2006](#)



Property Identification

Tax ID:	13185
PIN:	57-010-2-41-09-33-1 03-000-000070
Legacy PIN:	010941331307
Map ID:	.3.7



2024 Ownership

HAYWARD HOTEL LLC

Billing Address

HAYWARD HOTEL LLC
W7237 RAPPY LAKE RD
TREGO WI 54888



2024 Property Values

Total Land Value:	104,400
Total Improved Value:	539,100
Total Forestry Land Value:	0
Total Value:	643,500
Estimated Fair Market - Land:	176,600
Estimated Fair Market - Improved:	912,200
Estimated Fair Market - Forest Land:	0
Total Estimated Fair Market:	1,088,800



2024 Levy & Tax Information

Aggregate Ratio:	0.591
Mill Rate:	0.012616681
School Credit:	1,048.26



Specials

N/A



2024 Tax Bill

Status: Delinquent

	Due	Paid	Balance
Gross Real Estate	8,118.83		
First Dollar Credit	- 44.52		
Lottery Credit	- 0.00		
Real Estate	8,074.31	6,730.42	1,343.89
Special Assessments	0.00	0.00	0.00
Special Charges	0.00	0.00	0.00
Delinquent Utilities	0.00	0.00	0.00
Private Forest	0.00	0.00	0.00
Managed Forest Open	0.00	0.00	0.00
Managed Forest Closed	0.00	0.00	0.00
Interest			94.07
Penalty			23.52
Amount Due If Paid By 8/31/2025:			1,461.48



Installments

Installment #	Due	Payable To	Amount
Installment 1	1/31/2025	Municipality	4,037.16
Installment 2	7/31/2025	County	4,037.15
Total ->			8,074.31



Payments

Receipt #	Posted	Paid By	Amount
25999-00885	3/17/2025	NICHILAS DILLON	6,898.68

POWTS

POWT Type			Notes	Updated By:	Updated On:
Conventional			A. Rasmussen - Plbr. 3 Bdr, 1,000 gallon tank	Valerie Heath	10/08/2019
Maint	Pump	5/31/2024		Northwest Sanitary	06/02/2024
Conventional				conversion- Carmody Systems	08/09/2007
Maint	Pump	5/31/2024	all hotel tanks	Northwest Sanitary	06/02/2024
Maint	Pump	5/23/2022	all septic serviced	Northwest Sanitary	06/16/2022
Maint	Pump	10/26/2021	office and hotel septic	Northwest Sanitary	11/08/2021
Maint	Pump	4/23/2021	office and back septic	Northwest Sanitary	04/26/2021
Maint	Pump	9/14/2020		Northwest Sanitary	12/23/2020
Maint	Pump	5/12/2020		Northwest Sanitary	01/05/2021
Maint	Pump	11/4/2019	office septic and 2 hotel septic	Northwest Sanitary	12/10/2019
Maint	Pump	8/20/2019	new drainfield being installed	Northwest Sanitary	09/13/2019
Maint	Pump	7/2/2019	office tank	Northwest Sanitary	07/23/2019
Maint	Pump	5/31/2019	office septic tank	Northwest Sanitary	08/14/2019
Maint	Pump	5/13/2019	all hotel septic	Northwest Sanitary	05/29/2019
Maint	Pump	5/3/2019		Northwest Sanitary	07/10/2019
Maint	Pump	4/17/2019	main house	Northwest Sanitary	05/02/2019
Maint	Pump	1/21/2019		Northwest Sanitary	05/14/2019
Maint	Pump	11/28/2018	office and 2 motel tanks	Northwest Sanitary	12/18/2018
Maint	Pump	5/31/2017		Northwest Sanitary	07/13/2017
Maint	Pump	2/27/2017		Northwest Sanitary	01/18/2018
Maint	Pump	4/18/2016		Northwest Sanitary	05/09/2016
Maint	Pump	4/18/2016		Northwest Sanitary	05/09/2016
Maint	Pump	3/27/2015		Northwest Sanitary	04/21/2015
Maint	Pump	3/27/2015		Northwest Sanitary	04/21/2015
Maint	Pump	5/15/2014		Northwest Sanitary	06/03/2014
Maint	Pump	9/23/2013		Northwest Sanitary	10/17/2013
Maint	Pump	9/23/2013		Northwest Sanitary	10/17/2013
Maint	Pump	4/14/2012		Northwest Sanitary	05/16/2012

Permit

Maint	Pump	4/14/2012		Northwest Sanitary	06/16/2012
Maint	Pump	4/14/2012		Northwest Sanitary	07/08/2012
Maint	Pump	4/13/2012		Northwest Sanitary	05/16/2012
Maint	Pump	4/13/2012		Northwest Sanitary	06/16/2012
Maint	Pump	4/13/2012		Northwest Sanitary	07/08/2012
Maint	Pump	5/14/2011	Cleaned all hotel and office septic tanks today.	Northwest Sanitary	06/06/2011
Maint	Pump	7/13/2010		Northwest Sanitary	08/13/2010
Maint	Pump	7/8/2009		Northwest Sanitary	08/12/2009
Maint	Pump	6/22/2009		Northwest Sanitary	07/02/2009
Maint	Pump	6/1/2008		Northwest Sanitary	06/20/2008
Maint	Pump	5/15/2008		Northwest Sanitary	06/20/2008
Maint	Pump	7/9/2007		Northwest Sanitary	03/06/2008
Maint	Pump	5/14/2007		Northwest Sanitary	12/03/2007
Maint	Pump	6/8/2005	Pumped 5 tanks, Riser installed.	Genes Sanitary Service	09/07/2005

Notification

Campaign Name	Sent Date:	Powts Type:
Spring 2024	5/13/2024	Conventional
Spring 2023 Pump Reminder	5/22/2023	Conventional

Permit

Permit No Type Issue Date	Updated By:	Updated On:
19-115 CST 8/13/2019	Eric Wellauer	08/13/2019
Document 010-941-33-1307-CST-2019-115	CST Document	
07-142 CST 7/27/2007	conversion-Legacy Permit System	01/01/2019
Document 010-941-33-1307-CST-2007-142	CST Document	
88-075 CST 7/7/1988	conversion-Legacy Permit System	01/01/2019
86-025 CST 5/8/1986	conversion-Legacy Permit System	01/01/2019
84-180 CST 10/3/1984	conversion-Legacy Permit System	01/01/2019
82-182 CST 9/23/1982	conversion-Legacy Permit System	01/01/2019
92-329 LUP 9/11/1992	conversion-Legacy Permit System	01/01/2019

Document	010-941-33-1307-LUP-1992-329	LUP Document	
	88-289 LUP 11/2/1988	Miriam Ubbelohde	02/21/2024
Document	010-941-33-1307-LUP-1988-289	LUP Document	
	88-097 LUP 6/7/1988	Miriam Ubbelohde	02/20/2024
Document	010-941-33-1307-LUP-1988-097	LUP Document	
	86-113 LUP 6/27/1986	Miriam Ubbelohde	05/20/2024
Document	010-941-33-1307-LUP-1986-113	LUP Document	
	84-038 LUP 5/7/1984	Michelle Harris	04/19/2024
Document	010-941-33-1307-LUP-1984-038	LUP Document	
	19-154 SAN 8/13/2019	Valerie Heath	10/11/2019
Document	010-941-33-1307-SAN-2019-154	SAN Document	
	07-214 SAN 8/9/2007	conversion-Legacy Permit System	01/01/2019
Document	010-941-33-1307-SAN-2007-214	SAN Document	
	88-058 SAN 6/7/1988	conversion-Legacy Permit System	01/01/2019
Document	010-941-33-1307-SAN-1988-058	SAN Document	
	86-070 SAN 6/23/1986	conversion-Legacy Permit System	01/01/2019
Document	010-941-33-1307-SAN-1986-070	SAN Document	
	84-143 SAN 10/3/1984	conversion-Legacy Permit System	01/01/2019
Document	010-941-33-1307-SAN-1984-143	SAN Document	
	83-072 SAN 6/10/1983	conversion-Legacy Permit System	01/01/2019
Document	010-941-33-1307-SAN-1983-072	SAN Document	
	76-031 SAN 5/18/1976	Miriam Ubbelohde	02/21/2024
Document	010-941-33-1307-SAN-1976-031	SAN Document	

TRH Permit

Permit No | Type | Issue Date

Updated By:

Updated On:

No TRH Permit found for this property

Tax ID: 13185

PIN: 57-010-2-41-09-33-1 03-000-000070

Legacy PIN: 010941331307

Map ID: .3,7

Documents

Sanitary Permit 010-941-33-1307-SAN-1976-031

Land Use 010-941-33-1307-LUP-1992-329

Land Use 010-941-33-1307-LUP-1986-113

Sanitary Permit 010-941-33-1307-SAN-1986-070

Display Document

REAL ESTATE AGENCY DISCLOSURE

Disclosure to Customers



DISCLOSURE TO CUSTOMERS

1 Prior to negotiating on your behalf, the brokerage firm, or an agent associated with the firm, must provide you the
2 following disclosure statement:

3 **DISCLOSURE TO CUSTOMERS** You are a customer of the brokerage firm (hereinafter Firm). The Firm is either an agent of
4 another party in the transaction or a subagent of another firm that is the agent of another party in the transaction. A
5 broker or a salesperson acting on behalf of the Firm may provide brokerage services to you. Whenever the Firm is
6 providing brokerage services to you, the Firm and its brokers and salespersons (hereinafter Agents) owe you, the
7 customer, the following duties:

- 8 ■ The duty to provide brokerage services to you fairly and honestly.
- 9 ■ The duty to exercise reasonable skill and care in providing brokerage services to you.
- 10 ■ The duty to provide you with accurate information about market conditions within a reasonable time if you request it,
11 unless disclosure of the information is prohibited by law.
- 12 ■ The duty to disclose to you in writing certain Material Adverse Facts about a property, unless disclosure of the
13 information is prohibited by law (see lines 57-66).
- 14 ■ The duty to protect your confidentiality. Unless the law requires it, the Firm and its Agents will not disclose your
15 confidential information or the confidential information of other parties (see lines 24-40).
- 16 ■ The duty to safeguard trust funds and other property held by the Firm or its Agents.
- 17 ■ The duty, when negotiating, to present contract proposals in an objective and unbiased manner and disclose the
18 advantages and disadvantages of the proposals.

19 Please review this information carefully. An Agent of the Firm can answer your questions about brokerage services,
20 but if you need legal advice, tax advice, or a professional home inspection, contact an attorney, tax advisor, or home
21 inspector.

22 This disclosure is required by section 452.135 of the Wisconsin statutes and is for information only. It is a plain-
23 language summary of the duties owed to a customer under section 452.133(1) of the Wisconsin statutes.

24 **CONFIDENTIALITY NOTICE TO CUSTOMERS** The Firm and its Agents will keep confidential any information given to the Firm
25 or its Agents in confidence, or any information obtained by the Firm and its Agents that a reasonable person would want
26 to be kept confidential, unless the information must be disclosed by law or you authorize the Firm to disclose particular
27 information. The Firm and its Agents shall continue to keep the information confidential after the Firm is no longer
28 providing brokerage services to you.

29 The following information is required to be disclosed by law:

- 30 1. Material Adverse Facts, as defined in Wis. Stat. § 452.01(5g) (see lines 52-60).
- 31 2. Any facts known by the Firm or its Agents that contradict any information included in a written inspection report
32 on the property or real estate that is the subject of the transaction.

33 To ensure that the Firm and its Agents are aware of what specific information you consider confidential, you may list
34 that information below (see lines 36-40). At a later time, you may also provide the Firm or its Agents with other information
35 you consider to be confidential.

36 **CONFIDENTIAL INFORMATION:** _____
37 _____

38 **NON-CONFIDENTIAL INFORMATION** (the following information may be disclosed by the Firm and its Agents): _____
39 _____
40 _____ *(Insert information you authorize to be disclosed, such as financial qualification information.)*

41 **THIS IS A DISCLOSURE AND DOES NOT CREATE A CONTRACT. THIS DISCLOSURE IS TO BE PROVIDED BY**
42 **AN AGENT ASSOCIATED WITH A LISTING FIRM OR WITH A SUBAGENT FIRM PROVIDING BROKERAGE**
43 **SERVICES TO A BUYER OR TENANT.**

44 **FAIR HOUSING/ NON-DISCRIMINATION**

45 The Firm and its agents agree that they will not discriminate based on race, color, sex, sexual orientation as defined in
46 Wisconsin Statutes § 111.32(13m), disability, religion, national origin, marital status, lawful source of income, age,
47 ancestry, family status, status as a victim of domestic abuse, sexual assault, or stalking, or in any other unlawful manner.

48 **NOTICE ABOUT SEX OFFENDER REGISTRY**

49 You may obtain information about the sex offender registry and persons registered with the registry by contacting the
50 Wisconsin Department of Corrections on the Internet at <http://www.doc.wi.gov> or by telephone at 608-240-5830.

DEFINITIONS

A "Material Adverse Fact" is defined in Wis. Stat. § 452.01(5g) as an Adverse Fact that a party indicates is of such significance, or that is generally recognized by a competent licensee as being of such significance to a reasonable party, that it affects or would affect the party's decision to enter into a contract or agreement concerning a transaction or affects or would affect the party's decision about the terms of such a contract or agreement.

An "Adverse Fact" is defined in Wis. Stat. § 452.01(1e) as a condition or occurrence that a competent licensee generally recognizes will significantly and adversely affect the value of the property, significantly reduce the structural integrity of improvements to real estate, or present a significant health risk to occupants of the property; or information that indicates that a party to a transaction is not able to or does not intend to meet his or her obligations under a contract or agreement made concerning the transaction.

COMPENSATION

The Firm does not charge compensation to show homes to a customer under this disclosure.

Real estate commissions and compensation are not set by law and are fully negotiable. A firm may not represent that the firm's services are free or available at no cost to their clients, unless they receive no financial compensation from any source for those services.

The Firm may receive compensation from the listing firm as an agent working with a buyer as customer in the purchase of a property.

ACKNOWLEDGMENT


Wisconsin law requires the Firm to request the customer's signed acknowledgment that the customer has received a copy of this written disclosure statement if the Firm will provide brokerage services related to real estate primarily intended for use as a residential property containing one to 4 dwelling units.

SIGNING THIS FORM TO ACKNOWLEDGE RECEIPT DOES NOT CREATE ANY CONTRACTUAL OBLIGATIONS FOR EITHER THE CUSTOMER OR THE FIRM.

By signing and dating below I/we acknowledge receipt of a copy of this disclosure.

(x) _____
Customer Signature ▲ Print Name ▲ Date ▲

(x) _____
Customer Signature ▲ Print Name ▲ Date ▲

(x)  _____
Agent for Firm ▲ Print Name ► Jeremy Mavis Woodland Developments & Realty Firm Name ▲ Date ▲

LISTING AGENT:

**JEREMY
MAVIS**

Sales Associate

Woodland Dev. & Realty

(715) 558-2866

JDMAVIS@GMAIL.COM

