



THE STATE  
of

**ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Real Estate Commission**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## State of Alaska Residential Real Property Transfer Disclosure Statement

Prepared in compliance with Alaska Statute (AS) 34.70.010 - 34.70.200

AS 34.70.010 requires that before a Transferee/Buyer (hereafter referred to as Buyer) makes a written offer of residential real property, the Transferor/Seller (hereafter referred to as Seller) must deliver a completed written disclosure form. This disclosure statement is in compliance with AS 34.70.010. It concerns the residential real property\* located in the Recording District, Judicial District, State of Alaska as listed below.

|                                          |                                       |                 |           |              |
|------------------------------------------|---------------------------------------|-----------------|-----------|--------------|
| <b>Recording District:</b>               | <b>Kenai</b>                          |                 |           |              |
| <b>Legal Description:</b>                | <b>Robinette Commercial #4 Tr 5A2</b> |                 |           |              |
| <b>Property Address/<br/>City/Other:</b> | <b>36142 Pine Street</b>              | <b>Soldotna</b> | <b>AK</b> | <b>99669</b> |

\*Residential real property means any single-family dwelling, or two single family dwelling units under one roof, or any individual unit in a multi-unit structure or common interest ownership community whose primary purpose is to provide housing. AS 34.70.200(2) and (3).

**Exemption for First Sale:** Under AS 34.70.120, the first transfer of an interest in residential real property that has never been occupied is exempt from the requirement for the Seller to complete the Disclosure Statement.

**Waiver by Agreement:** Under AS 34.70.110, completion of this disclosure statement may be waived when transferring an interest in residential real property if the Seller and Buyer agree in writing. Signing this waiver does not affect other obligations for disclosure.

**Violation or Failure to Comply:** A person who negligently violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200 is liable to the Buyer for actual damages suffered by the Buyer as a result of the violation or failure. If the person willfully violates or fails to perform a duty required by AS 34.70.010 - AS 34.70.200, the Seller is liable to the Buyer for up to three times the actual damages. In addition to the damages, a court may also award the Buyer costs and attorney fees to the extent allowed under the rules of court.

*AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the transferee after the transferee has made a written offer, the transferee may terminate the offer by delivering a written notice of termination to the transferor or the transferor's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.*

*AS 34.70.040(b) provides that if an item that must be completed in the disclosure statement is unknown or is unavailable to the Seller, and if the Seller or Seller's agent has made a reasonable effort to ascertain the information, the Seller may make an approximation based on the best information available to the Seller or Seller's agent. It must be reasonable, clearly labeled as an approximation, and not used to avoid the disclosure requirements of AS 34.70.010 - AS 34.70.200.*

All disclosures made in this statement are required to be made in good faith (AS 34.70.060). The Seller must disclose defects or other conditions in the real property, or the real property interest being transferred. The Seller does not need to include a search of the public records, nor does it require a professional inspection of the property.

If the information supplied in this disclosure statement becomes inaccurate as a result of an act or agreement after the disclosure statement is delivered to the Buyer, the Seller is required to deliver an amendment to the disclosure statement to the Buyer. An addendum/amendment form for that purpose may be attached to this disclosure statement.

Upon delivery to a buyer, any inspection/reports generated by a purchase agreement of this property automatically becomes an addendum/amendment to the property disclosure.

*[Signature]*  
Seller's Initials  
11/14/23  
Date

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Date

**PART I Seller's Information Regarding Property****Property Type**

|                                                                          |                                                                             |                                                        |                                      |                                       |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|---------------------------------------|
| <b>Property Type:</b><br>(Check One)                                     | <input checked="" type="checkbox"/> Single                                  | <input type="checkbox"/> Zero Lot Line/Town House      | <input type="checkbox"/> Condominium | <input type="checkbox"/> Townhome/PUD |
|                                                                          | <input type="checkbox"/> Duplex (Including single Family with an Apartment) | <input type="checkbox"/> Other (Please Specify): _____ |                                      |                                       |
| <b>Do you currently occupy the property?</b>                             | <input type="checkbox"/> Yes                                                | <input checked="" type="checkbox"/> No                 | <b>If yes, how long?</b>             |                                       |
| <b>If not the current occupant, have you ever occupied the property?</b> | <input checked="" type="checkbox"/> Yes                                     | <input type="checkbox"/> No                            | <b>If yes, when?</b>                 | 2021                                  |
| <b>*Year Property was Built:</b>                                         | 1986                                                                        |                                                        |                                      |                                       |

\*If property was built prior to 1978, or if Seller has any knowledge of lead-based paint, Seller must complete Disclosure of Information and Acknowledgment of Lead-based Paint and/or Lead-Based Paint Hazards in accordance with Section 1018 of the Residential Lead-Based Paint Hazard Reduction Act of 1992 (also known as Title X) and provide Buyer with the "Protect Your Family from Lead in Your Home" pamphlet. The pamphlet can be found online at [EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards](http://EPA.Gov/Lead/Real-Estate-Disclosures-about-Potential-Lead-Hazards)

|                                             |                                        |                                                     |                                       |                                                         |                                       |
|---------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------|---------------------------------------------------------|---------------------------------------|
| <b>Construction Overview:</b>               | <input type="checkbox"/> Wood Frame    | <input type="checkbox"/> Manufactured               | <input type="checkbox"/> Modular      | <input checked="" type="checkbox"/> Other: <u>Steel</u> |                                       |
| <b>Foundation:</b>                          | <input type="checkbox"/> Masonry Block | <input checked="" type="checkbox"/> Poured Concrete | <input type="checkbox"/> Treated Wood | <input type="checkbox"/> Piling                         | <input type="checkbox"/> Other: _____ |
| <b>Name of Original Builder (If Known):</b> | Harris Enterprises                     |                                                     |                                       |                                                         |                                       |

**Property Features**

Check all items that have known defects or malfunctions. Describe the defect or malfunction on the Addendum/Amendment(s) to the Disclosure Statement.

|                                                                 |                                             |                                                      |                                                         |                                                    |
|-----------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Auto Garage Door Opener(s) # of: _____ | <input type="checkbox"/> Garbage Disposal   | <input type="checkbox"/> Hot Tub Cover               | <input type="checkbox"/> Satellite Dish                 | <input type="checkbox"/> Water Filtering System    |
| <input type="checkbox"/> Barbecue                               | <input type="checkbox"/> Generator          | <input type="checkbox"/> Instant Hot Water Dispenser | <input type="checkbox"/> Security System                | <input type="checkbox"/> Water Softener            |
| <input type="checkbox"/> Central Vacuum Installed               | <input type="checkbox"/> Generator Hook-Up  | <input type="checkbox"/> Intercom                    | <input type="checkbox"/> Smoke Detector(s) # of: _____  | <input type="checkbox"/> Window Blinds # of: _____ |
| <input type="checkbox"/> CO Detector(s) # of: _____             | <input type="checkbox"/> Greenhouse         | <input type="checkbox"/> Jetted Tub                  | <input type="checkbox"/> Steam Shower Room              | <input type="checkbox"/> Window Rods # of: _____   |
| <input type="checkbox"/> Cooktop(s) # of: _____                 | <input type="checkbox"/> Attached           | <input type="checkbox"/> Microwave(s) # of: _____    | <input type="checkbox"/> Storage Shed # of: _____       | <input type="checkbox"/> Window Screens            |
| <input type="checkbox"/> Dishwasher(s) # of: _____              | <input type="checkbox"/> Detached           | <input type="checkbox"/> Oven(s) # of: _____         | <input type="checkbox"/> Stove(s), Pellet # of: _____   | <input type="checkbox"/> Wood Stove(s) # of: _____ |
| <input type="checkbox"/> Dryer(s) # of: _____                   | <input type="checkbox"/> Ventilating System | <input type="checkbox"/> Paddle Fan(s) # of: _____   | <input type="checkbox"/> Trash Compactor(s) # of: _____ | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Fire Alarms                            | <input type="checkbox"/> Heating System     | <input type="checkbox"/> Refrigerator(s) # of: _____ | <input type="checkbox"/> T.V. Antenna                   |                                                    |
| <input type="checkbox"/> Freezer(s) # of: _____                 | <input type="checkbox"/> Hot Tub            | <input type="checkbox"/> Rods & Blinds               | <input type="checkbox"/> Washer(s) # of: _____          |                                                    |
| <b>Comments:</b>                                                |                                             |                                                      |                                                         |                                                    |

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**PART I Seller's Information Regarding Property (continued)****Structural Components**

Check only those items that have known defects, malfunctions or have had repairs performed within the last five years. Also, check items that need to be replaced/repaired.

| Repaired or Replaced     | Needs Repair                                    | Repaired or Replaced     | Needs Repair                                       | Repaired or Replaced     | Needs Repair                              | Repaired or Replaced     | Needs Repair                                      |
|--------------------------|-------------------------------------------------|--------------------------|----------------------------------------------------|--------------------------|-------------------------------------------|--------------------------|---------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Air Conditioner        | <input type="checkbox"/> | <input type="checkbox"/> Fireplaces(s) # of: _____ | <input type="checkbox"/> | <input type="checkbox"/> Patio/Decking    | <input type="checkbox"/> | <input type="checkbox"/> Swimming Pool            |
| <input type="checkbox"/> | <input type="checkbox"/> Carport                | <input type="checkbox"/> | <input type="checkbox"/> Floors                    | <input type="checkbox"/> | <input type="checkbox"/> Plumbing Systems | <input type="checkbox"/> | <input type="checkbox"/> Ventilator System        |
| <input type="checkbox"/> | <input type="checkbox"/> Ceilings               | <input type="checkbox"/> | <input type="checkbox"/> Foundation                | <input type="checkbox"/> | <input type="checkbox"/> Pool Cover       | <input type="checkbox"/> | <input type="checkbox"/> Venting                  |
| <input type="checkbox"/> | <input type="checkbox"/> Chimneys               | <input type="checkbox"/> | <input type="checkbox"/> Garage                    | <input type="checkbox"/> | <input type="checkbox"/> Private Walkways | <input type="checkbox"/> | <input type="checkbox"/> Washer/Dryer Hookups     |
| <input type="checkbox"/> | <input type="checkbox"/> Crawl Space            | <input type="checkbox"/> | <input type="checkbox"/> Garage Floor Drain        | <input type="checkbox"/> | <input type="checkbox"/> Rain Gutters     | <input type="checkbox"/> | <input type="checkbox"/> Water Heater             |
| <input type="checkbox"/> | <input type="checkbox"/> Doors                  | <input type="checkbox"/> | <input type="checkbox"/> Gas Starter               | <input type="checkbox"/> | <input type="checkbox"/> Retaining Walls  | <input type="checkbox"/> | <input type="checkbox"/> Water Supply             |
| <input type="checkbox"/> | <input type="checkbox"/> Driveways              | <input type="checkbox"/> | <input type="checkbox"/> Heat Recovery             | <input type="checkbox"/> | <input type="checkbox"/> Roof             | <input type="checkbox"/> | <input type="checkbox"/> Wind Generators          |
| <input type="checkbox"/> | <input type="checkbox"/> Electrical Systems     | <input type="checkbox"/> | <input type="checkbox"/> Heating Systems           | <input type="checkbox"/> | <input type="checkbox"/> Sewage Systems   | <input type="checkbox"/> | <input type="checkbox"/> Windows                  |
| <input type="checkbox"/> | <input type="checkbox"/> Electronic Air Cleaner | <input type="checkbox"/> | <input type="checkbox"/> Humidifier                | <input type="checkbox"/> | <input type="checkbox"/> Skylights        | <input type="checkbox"/> | <input type="checkbox"/> Woodstove(s) # of: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Exterior Walls         | <input type="checkbox"/> | <input type="checkbox"/> Insulation                | <input type="checkbox"/> | <input type="checkbox"/> Slabs            | <input type="checkbox"/> | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> | <input type="checkbox"/> Fences/Gates           | <input type="checkbox"/> | <input type="checkbox"/> Interior Walls            | <input type="checkbox"/> | <input type="checkbox"/> Solar Panels     | <input type="checkbox"/> | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> | <input type="checkbox"/> Filtration             | <input type="checkbox"/> | <input type="checkbox"/> Mechanical                | <input type="checkbox"/> | <input type="checkbox"/> Stove, Pellet    |                          |                                                   |

Describe the defect, malfunction, or repair on the Addendum/Amendment(s) to the Disclosure Statement.

Describe any other items not covered above:

Comments:

**PART II Documentation**

Check the documents for the subject property that the seller has available for review:

- |                                                                      |                                                                        |                                                                                    |
|----------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> As-Built Survey                  | <input type="checkbox"/> Party Wall Agreement                          | <input type="checkbox"/> Title Information                                         |
| <input type="checkbox"/> Certificate of Occupancy                    | <input type="checkbox"/> PUR-101                                       | <input type="checkbox"/> Water Rights Certificates                                 |
| <input checked="" type="checkbox"/> Deed Restrictions                | <input type="checkbox"/> PUR-102                                       | <input checked="" type="checkbox"/> Well Log & Water Tests                         |
| <input type="checkbox"/> Energy Rating Certificate                   | <input type="checkbox"/> Resale Certificate                            | <input checked="" type="checkbox"/> Written Agreement with Adjacent Property Owner |
| <input type="checkbox"/> Engineer/Property/Home Inspection Report(s) | <input type="checkbox"/> Shared Septic Agreement                       | <input type="checkbox"/> Other: _____                                              |
| <input type="checkbox"/> Flood Evaluation Certificate                | <input type="checkbox"/> Shared Well Agreement                         | <input type="checkbox"/> Other: _____                                              |
| <input type="checkbox"/> Hazardous Materials Test(s)                 | <input checked="" type="checkbox"/> Soil Tests                         |                                                                                    |
| <input type="checkbox"/> Lease/Rental Agreement                      | <input checked="" type="checkbox"/> Subdivision Covenants/Restrictions |                                                                                    |

  
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**PART II Documentation (continued)**

Supply information for the following:


| Item                   | Average Monthly Utility Cost | Company/Source | Utility History Attached            |
|------------------------|------------------------------|----------------|-------------------------------------|
| Coal                   | \$                           |                | <input type="checkbox"/>            |
| Electric               | \$                           | Homer Electric | <input checked="" type="checkbox"/> |
| Gas                    | \$                           | Enstar         | <input checked="" type="checkbox"/> |
| Oil                    | \$                           |                | <input type="checkbox"/>            |
| Propane                | \$                           |                | <input type="checkbox"/>            |
| Refuse                 | \$                           |                | <input type="checkbox"/>            |
| Security Alarm Systems | \$                           |                | <input type="checkbox"/>            |
| Sewer                  | \$                           |                | <input type="checkbox"/>            |
| Water                  | \$                           |                | <input type="checkbox"/>            |
| Wood                   | \$                           |                | <input type="checkbox"/>            |
| Other                  | \$                           |                | <input type="checkbox"/>            |

**PART III Additional Information**

To the best of your knowledge, are you aware of any of the following conditions with respect to the subject property? For any "Yes" answer, indicate the relevant item number and explain the condition on the Addendum/Amendment(s) to the Disclosure Statement.

|                                                                                                | Yes                      | No                                  | UNK                      |
|------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Do you know of any existing, pending, or potential legal action(s) concerning the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you know of any street or utility improvements planned that will affect the property?    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Road maintenance provided?                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, provided by:                                                                           |                          |                                     |                          |

  
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**PART III Additional Information (continued)**

|                                                                                                         |  | Yes                      | No                                  | UNK                      |
|---------------------------------------------------------------------------------------------------------|--|--------------------------|-------------------------------------|--------------------------|
| 4. Is the property currently rented or leased?                                                          |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, expiration date:                                                                                |  |                          |                                     |                          |
| 5. Is there a homeowner's association (HOA) for the property?                                           |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, HOA Name:                                                                                       |  | HOA Phone Number:        |                                     |                          |
| <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Inactive |  | Monthly Dues:            | \$ _____ per _____                  |                          |
| Are there any levied or pending assessments?                                                            |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Name of person responsible for issuing resale certificate:                                              |  | Phone Number:            |                                     |                          |

**Setbacks/Restrictions**

|                                                                                                                                                                                                         | Yes                                 | No                                  | UNK                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Have you been notified of any proposed zoning changes for the property?                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Are you aware of features of the property shared in common with adjoining property owners, such as walls, fences and driveways, whose use or responsibility for maintenance may affect the property? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. Are there subdivision conditions, covenants, or restrictions?                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. Are you aware of any violations of building codes, zoning, setback requirements, subdivision covenants, borough, or city restrictions on this property?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. Are you aware of any nonconforming uses of this property?                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Are you aware of any deed, or other private restrictions on the use of the property?                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Are you aware of any variances being applied for, or granted, on this property?                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. Are you aware of any easements on the property?                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

  
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**PART III Additional Information (continued)****Heating System(s)**

Check all types that apply:

- |                                                   |                                              |                                       |                                                  |
|---------------------------------------------------|----------------------------------------------|---------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Boiler System | <input type="checkbox"/> Geo Thermal         | <input type="checkbox"/> Monitor/Toyo | <input checked="" type="checkbox"/> Wood Stove   |
| <input type="checkbox"/> Electrical Heat          | <input type="checkbox"/> Heat Pump           | <input type="checkbox"/> Pellet Stove | <input checked="" type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Forced Air    | <input type="checkbox"/> Hot Water Baseboard | <input type="checkbox"/> Radiant Heat |                                                  |

|              |      |               |      |                 |      |
|--------------|------|---------------|------|-----------------|------|
| Age (Years): | 2011 | Last Cleaned: | 2020 | Last Inspected: | 2023 |
|--------------|------|---------------|------|-----------------|------|

- |         |                                                                  |                                   |                                                 |                                          |
|---------|------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------|
| Source: | <input type="checkbox"/> Coal                                    | <input type="checkbox"/> Electric | <input checked="" type="checkbox"/> Natural Gas | <input checked="" type="checkbox"/> Wood |
|         | <input type="checkbox"/> Propane Tank which is:                  | <input type="checkbox"/> Leased   | <input type="checkbox"/> Owned                  |                                          |
|         | <input type="checkbox"/> Oil with _____ Gallon Storage which is: | <input type="checkbox"/> Buried   | <input type="checkbox"/> Above Ground           | <input type="checkbox"/> Other: _____    |

Age of Tank:

**Sewer System**

|                                                                                                      |                                                                                                                                                                                                                                         | Yes                                 | No                                  | UNK                      |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Type:                                                                                                | <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Community <input type="checkbox"/> Other: _____                                                                                    |                                     |                                     |                          |
| 1. Does your sewer system have a lift station/lift pump?                                             |                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Private:                                                                                          | <input type="checkbox"/> Holding Tank <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Other: _____                                                                                                             |                                     |                                     |                          |
| Drain Field System:                                                                                  | <input type="checkbox"/> Bed <input type="checkbox"/> Crib <input type="checkbox"/> Mound <input type="checkbox"/> Pit <input checked="" type="checkbox"/> Trench <input type="checkbox"/> Other: _____                                 |                                     |                                     |                          |
| Innovative Sewer System:                                                                             | <input type="checkbox"/> Biocycle <input type="checkbox"/> Intermittent Sand Filter <input type="checkbox"/> Recirculating Upflow Filter <input type="checkbox"/> Secondary Sewer Treatment Plant <input type="checkbox"/> Other: _____ |                                     |                                     |                          |
| 2. Has the sewer system failed while you owned the property?                                         |                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain:                                                                                     |                                                                                                                                                                                                                                         |                                     |                                     |                          |
| Age of Sewer System:                                                                                 |                                                                                                                                                                                                                                         | Location:                           |                                     |                          |
| 3. Have you had any work, maintenance or inspections done on the sewer system during your ownership? |                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, explain: Upgrade                                                                             |                                                                                                                                                                                                                                         |                                     |                                     |                          |
| Approval/Certification Source:                                                                       | Arne Tikka                                                                                                                                                                                                                              | Date: (If Known)                    | 8/16/12<br><del>10/4/09</del>       |                          |
| 4. Are you aware of any abandoned sewer systems, leach fields, cribs, etc., on the property?         |                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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**PART III Additional Information (continued)****Water Supply**

|                                                                                                                                                         |                                                  |                                                                  |                                    |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|------------------------------------|---------------------------------------|
| <b>Type:</b>                                                                                                                                            | <input type="checkbox"/> Public                  | <input checked="" type="checkbox"/> Private                      | <input type="checkbox"/> Community | <input type="checkbox"/> Other: _____ |
|                                                                                                                                                         | <input type="checkbox"/> Water Tank: Size: _____ | <input type="checkbox"/> Shared Well (provide agreement, if any) |                                    |                                       |
| <b>Well Depth (Feet):</b><br>(If Private)                                                                                                               | 103ft                                            | <b>Flow Rate (Gallons per Minute):</b><br>(If Private)           | 30gal                              | <b>Date Tested:</b> 11/28/11          |
| <b>Location of Operational Well:</b>                                                                                                                    | Northwest corner of property                     |                                                                  |                                    |                                       |
|                                                                                                                                                         |                                                  |                                                                  | Yes                                | No UNK                                |
| 1. Are there any abandoned wells on the property?                                                                                                       | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| 2. Have you had any problems with your water supply?                                                                                                    | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| 3. Are you aware of any contaminants in your water supply, to include but not limited to E-coli, nitrates, heavy metals, arsenic or other contaminants? | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| 4. Has the well failed while you have owned the property?                                                                                               | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| 5. Have you ever had a well pump problem or failure?                                                                                                    | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| 6. Do you supply water to, or receive water from, others?                                                                                               | <input type="checkbox"/>                         | <input checked="" type="checkbox"/>                              | <input type="checkbox"/>           |                                       |
| If yes, is there a recorded agreement?                                                                                                                  | <input type="checkbox"/>                         | <input type="checkbox"/>                                         | <input type="checkbox"/>           |                                       |
| 7. Do you have a water rights certificate for this property?                                                                                            | <input checked="" type="checkbox"/>              | <input type="checkbox"/>                                         | <input type="checkbox"/>           | Not transferable                      |

**Water Heater**

|                     |                              |                                         |                                   |                                       |
|---------------------|------------------------------|-----------------------------------------|-----------------------------------|---------------------------------------|
| <b>Type:</b>        | <input type="checkbox"/> Oil | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Other: _____ |
| <b>Age (Years):</b> | 2011                         | <b>Capacity (Gallons):</b>              | 40gal                             |                                       |

*JMT* 11/14/23  
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**PART III Additional Information (continued)****Roof or Other Leakage**

|                                                                                               |                                                                                                                                                                                                             |                           |                                                                                       |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------|
| Type:                                                                                         | <input type="checkbox"/> Asphalt/Composition Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Built-Up <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Other: _____ |                           |                                                                                       |
| Age (Years):                                                                                  | 37                                                                                                                                                                                                          | Location of Attic Access: |                                                                                       |
|                                                                                               |                                                                                                                                                                                                             |                           | Yes No UNK                                                                            |
| 1. Are you aware of any ice damming on the roof?                                              |                                                                                                                                                                                                             |                           | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| If yes, provide location:                                                                     |                                                                                                                                                                                                             |                           |                                                                                       |
| 2. Are you aware of any water leaking into the home? (i.e., windows, lights, fireplace, etc.) |                                                                                                                                                                                                             |                           | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| If yes, provide location:                                                                     |                                                                                                                                                                                                             |                           |                                                                                       |

**Fireplace and/or Woodstove**

|                                           |                                                                                                                                                                               |                         |       |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------|
| Type:                                     | <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Pellet <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Other: _____ |                         |       |
| Date Chimney(s) Last Cleaned or Serviced: | 2022                                                                                                                                                                          | Cleaned or Serviced By: | owner |

**Freeze-Ups**

|                                                                                  |  |  |                                                                                       |
|----------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------|
|                                                                                  |  |  | Yes No UNK                                                                            |
| 1. Have you had any frozen water lines, sewer lines, drains, or heating systems? |  |  | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| If yes, please explain:                                                          |  |  |                                                                                       |
| 2. Are there any heat tapes, heat lamps, or other freeze prevention devices?     |  |  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| If yes, provide location and explain use: Incoming waterline Never used          |  |  |                                                                                       |

**Drainage**

|                                                                                         |                                                                                                                                                                   |                             |                                                                                       |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|
|                                                                                         |                                                                                                                                                                   |                             | Yes No UNK                                                                            |
| 1. Are you aware of ever having any water in the crawl space, basement, or lower level? |                                                                                                                                                                   |                             | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| If yes, how was the problem resolved?                                                   | <input type="checkbox"/> Sump Pump(s) <input type="checkbox"/> Curtain Drain <input type="checkbox"/> Rain Gutter/Extension <input type="checkbox"/> Other: _____ |                             |                                                                                       |
| Date Problem was Resolved:                                                              |                                                                                                                                                                   | Location of Each Sump Pump: |                                                                                       |
| 2. To where does the water drain after it leaves the sump pump?                         |                                                                                                                                                                   |                             |                                                                                       |

CSH  
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**PART III Additional Information (continued)**

|                                                                | Yes                      | No                                  | UNK                      |
|----------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 3. <i>If gutters, where do downspouts discharge?</i>           |                          |                                     |                          |
| 4. Is there a floor drain in the structure, including garage?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, where is it located and where does it drain to?</i> |                          |                                     |                          |

**Inspection**

|                                                                                                                      | Yes                      | No                                  | UNK                      |
|----------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. To the best of your knowledge, has the property been inspected by an engineer/home inspector in the last 5 years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Has there been any energy rating on the property?                                                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Encroachments**

|                                                                                    | Yes                      | No                                  | UNK                      |
|------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Does anything on your property encroach (extend) onto your neighbor's property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does anything on your neighbor's property encroach onto your property?          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Environmental Concerns**

|                                                                                                                                                                                                                                                                                                       | Yes                                 | No                                  | UNK                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Are you aware of any substances, materials, or products that may be an environmental hazard such as asbestos, formaldehyde, radon gas, lead-based paint, fuel or chemical storage tanks, contaminated soil, water, or by-products from the production of methamphetamines on the subject property? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any mildew or mold issues affecting this property?                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any underground storage tanks on this property, other than previously referenced fuel or septic tanks?                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, number of tanks:</i>                                                                                                                                                                                                                                                                       |                                     |                                     |                          |
| 4. Are you aware if the property is in an avalanche zone/mudslide area?                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever filed an insurance claim for any environmental damage to the property?                                                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you aware of a waste disposal site or a gravel pit within a one-mile radius of the property?                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

  
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**PART III Additional Information (continued)****Flood Zone Designation**

|                                                                                                                                                                  | Yes                      | No                                  | UNK                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Is this property in a flood zone?                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any erosion/erosion zone or accretion affecting this property?                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any damage to the property or any of the structures from flood, landslide, avalanche, high winds, fire, earthquake, or other natural causes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you aware if the property has flooded?                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Soil Stability**

|                                                                                                                                                                    | Yes                      | No                                  | UNK                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Are you aware of any debris buried or filling on any portion of the property?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any permafrost or other soil problems which have caused settling, slippage, sliding, or heaving that affects the improvements of the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any drainage, or grading problems that affect this property?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Constructions, Improvements/Remodel**

|                                                                                            | Yes                                 | No                                  | UNK                      |
|--------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Have you remodeled, made any room additions, structural modifications, or improvements? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| If yes, please describe:                                                                   | Built Apartment 2011                |                                     |                          |
| Was the work performed with necessary permits in compliance with building codes?           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a final inspection performed, if applicable?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any open building permits for the property?                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Has a fire ever occurred in the structure?                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Pest Control or Wood Destroying Organisms**

|                                                                                                               | Yes                      | No                                  | UNK                      |
|---------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Are you aware of any termites, ants, insects, squirrels, vermin, rodents, bed bugs, etc. in the structure? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, when?                                                                                                 |                          | Where?                              | What type?               |
| If yes, describe what was done to resolve the problem:                                                        |                          |                                     |                          |

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**PART III Additional Information (continued)**

|                                                                                                                         |  |        |  | Yes                      | No                                  | UNK                      |
|-------------------------------------------------------------------------------------------------------------------------|--|--------|--|--------------------------|-------------------------------------|--------------------------|
| 2. Has there been damage in the past resulting from termites, ants, insects, squirrels, rodents, etc. in the structure? |  |        |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes, when?                                                                                                           |  | Where? |  | What type?               |                                     |                          |
| If yes, describe what was done to resolve the problem:                                                                  |  |        |  |                          |                                     |                          |

**Other**

|                                                                                                         |  |  |  | Yes                      | No                                  | UNK                      |
|---------------------------------------------------------------------------------------------------------|--|--|--|--------------------------|-------------------------------------|--------------------------|
| 1. Are you aware of any murder or suicide having occurred on the property within the preceding 3 years? |  |  |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you aware of any human burial sites on the property?                                             |  |  |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any smoking of any kind inside the property during your ownership?                  |  |  |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Noise**

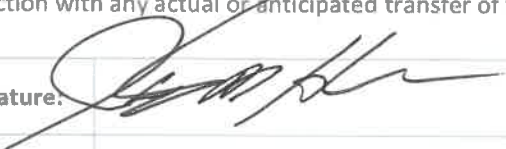
|                                                                                                                                              |  |         |  | Yes                                 | No                       | UNK                      |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--|-------------------------------------|--------------------------|--------------------------|
| 1. Are you aware of any noise sources that may affect the property, including airplanes, trains, dogs, traffic, racetracks, neighbors, etc.? |  |         |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain:                                                                                                                      |  | Highway |  |                                     |                          |                          |

**Pets**

|                                                   |  |        |  | Yes                                 | No                       | UNK                      |
|---------------------------------------------------|--|--------|--|-------------------------------------|--------------------------|--------------------------|
| 1. Have there been any pets/animals in the house? |  |        |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many and what type?                   |  | 2 Dogs |  |                                     |                          |                          |

**PART IV Agreement**

I/We have completed this disclosure statement according to AS 34.70.010 - AS 34.70.200 and these instructions, and the statements are made in good faith and are true and correct to the best of my/our knowledge as of the date signed. I/We authorize any licensees involved or participating in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated transfer of the property or interest in the property.

|                   |                                                                                     |       |          |
|-------------------|-------------------------------------------------------------------------------------|-------|----------|
| Seller Signature: |  | Date: | 11/14/23 |
| Seller Signature: |                                                                                     | Date: |          |

  
Seller's Initials

11/14/23  
Date

36142 Pine Street  
Soldotna AK 99669  
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Date



THE STATE  
of

ALASKA

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Real Estate Commission**

550 West 7<sup>th</sup> Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8160

Email: [RealEstateCommission@Alaska.Gov](mailto:RealEstateCommission@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](https://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## Buyer's Notice and Receipt of Copy

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether a person who has been convicted of a sex offense resides in the vicinity of the property that is the subject of the Transferee's (Buyer's) potential real estate transaction. This information is available at the following locations: Alaska State Trooper Posts, Municipal Police Departments, and on the State of Alaska, Department of Public Safety Internet site: <https://dps.alaska.gov/Home>

**Transferee (Buyer) Awareness Notice:** Under AS 34.70.050, Transferee (Buyer) is independently responsible for determining whether, in the vicinity of the property that is the subject of the transferee's potential real estate transaction, there is an agricultural facility or agricultural operation that might produce odor, fumes, dust, blowing snow, smoke, burning, vibrations, noise, insects, rodents, the operation of machinery including aircraft, and other inconveniences or discomforts as a result of lawful agricultural operations.

The Buyer is urged to inspect the property carefully and to have the property inspected by an expert. Buyer understands that there are aspects of the property of which the Seller may not have knowledge and that this disclosure statement does not encompass those aspects. Buyer also acknowledges that they have read and received a signed copy of this statement from the Seller or any licensee involved or participating in this transaction.

Licensees are not responsible for an act, error, or omission on the part of the seller/s.

Licensees are not responsible for an act, error, or omission on the part of a buyer/s when the buyer/s choose not to have the property professionally inspected prior to purchase.

|                  |  |       |  |
|------------------|--|-------|--|
| Buyer Signature: |  | Date: |  |
| Buyer Signature: |  | Date: |  |

Seller's Initials

Date

36142 Pine Street

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Phone: (907) 269-8160

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Website: [ProfessionalLicense.Alaska.Gov/RealEstateCommission](http://ProfessionalLicense.Alaska.Gov/RealEstateCommission)

## Explanation Addendum or Amendment to the Disclosure Statement

Use this page to:

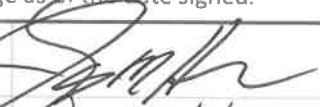
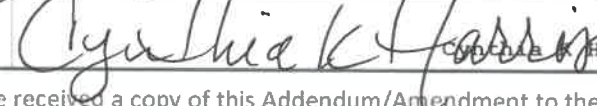
- 1) clarify repairs, defects, or malfunctions.
- 2) explain items in more detail.
- 3) make changes or update this disclosure form.

AS 34.70.020 provides that if a disclosure statement or material amendment is delivered to the Buyer after the Buyer has made a written offer, the Buyer may terminate the offer by delivering a written notice of termination to the Seller or the Seller's licensee within three days after the disclosure statement or amendment is delivered in person or within six days after the disclosure statement or amendment is delivered by deposit in the mail.

In compliance with AS 34.70.080, the Seller amends the disclosure statement for the real property described below:

| List items changed or clarified. Use additional Addendum/Amendment pages, if necessary. |                  |
|-----------------------------------------------------------------------------------------|------------------|
| Page Number                                                                             | Item/Explanation |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |
|                                                                                         |                  |

I/We (Seller(s)) certify that the information in this Addendum/Amendment to the Disclosure Statement is true and correct to the best of my/our knowledge as of the date signed.

|                                                                                                       |                  |                |
|-------------------------------------------------------------------------------------------------------|------------------|----------------|
| Seller Signature:  | James M Harris   | Date: 11/14/23 |
| Seller Signature:  | Cynthia K Harris | Date: 11/14/23 |

I/We (Buyer(s)) have received a copy of this Addendum/Amendment to the Disclosure Statement.

|                        |             |
|------------------------|-------------|
| Buyer Signature: _____ | Date: _____ |
| Buyer Signature: _____ | Date: _____ |

36142 Pine Street  
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Buyer's Initials

Date