

LOT OR TITLE INFORMATION		Yes	No	Don't Know	N/A	Comments
14.	If leased, does the property use comply with applicable local ordinances?				X	
15.	Does this property or any portion of this property receive rent?		X			If yes, how much \$ _____ and how often _____
16.	Do you pay any mandatory fees or special assessments to a homeowners' or condominium association?	X				If yes, what are the fees or assessments? \$ 20.00 per YEAR (annually, semi-annually, monthly) Payable to whom: 9 mile LAK ASSN. For what purpose: _____
17.	Are you aware if the property has ever had water in either the front, rear, or side yard for more than forty-eight (48) hours?		X			
18.	Is the property located in a flood plain?		X			
19.	Are federally protected wetlands located upon any part of the property?		X			
20.	Has the property been designated as a historic property by a local governing body pursuant to SDCL 1-19B-20?		X			
21.	Is the property located within an established historic district?		X			
22.	Are you aware of any private transfer fee obligations, as defined pursuant to § 43-4-48, that would require a buyer or seller of the property to pay a fee or charge upon the transfer of the property, regardless of whether the fee or charge is a fixed amount or is determined as a percentage of the value of the property?		X			If yes, what are the fees or charges? \$ _____ per _____ (annually, semi-annually, monthly)

Additional Comments _____

II. STRUCTURAL INFORMATION

STRUCTURAL INFORMATION		Yes	No	Don't Know	N/A	Comments
1.	Are you aware of any water penetration in the walls, windows, doors, basement, or crawl space?		X			
2.	Have any water damage related repairs been made?		X			
3.	Are there any unrepaired water-related damages that remain?		X			
4.	Are you aware if drain tile is installed on the property?		X			
5.	Are you aware of any interior cracked walls, ceilings, or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas?	X				SEAM CRACKS IN SHEET ROCK
6.	Type of roof covering:					Asphalt Shingles
7.	Age of roof covering, if known:					20 yrs
8.	Are you aware of any roof leakage, past or present?		X			
9.	Have any roof repairs been made? When and by whom?	X				Roof Replaced 2006
10.	Is there any existing unrepaired damage to the roof?		X			
11.	Are you aware of insulation in ceiling/attic?	X				
12.	Are you aware of insulation in walls?	X				
13.	Are you aware of insulation in the floors?	X				
14.	Are you aware of any pest infestation or damage, either past or present?		X			
15.	Are you aware of the property having been treated or repaired for any pest infestation or damage?		X			If yes, who treated it and when?
16.	Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit?	X				ELECTRICAL PANEL updated
17.	Was a permit obtained for work performed upon the property?		X			IN 2016 - NO PERMIT
18.	Was the work approved by an inspector as required by local or state ordinance?		X			
19.	Are you aware of any past or present damage to the property (e.g., fire, smoke, wind, floods, hail, or snow)?		X			
20.	Have any insurance claims been made for damage to the property?		X			

	STRUCTURAL INFORMATION	Yes	No	Don't Know	N/A	Comments
21.	Was an insurance payment received for damage to the property?		<input checked="" type="checkbox"/>			
22.	Has the damage to the property been repaired?		<input checked="" type="checkbox"/>			
23.	Are there any unrepaired damages to the property from the insurance claim?		<input checked="" type="checkbox"/>			
24.	Are you aware of any problems with sewer blockage or backup, past or present?		<input checked="" type="checkbox"/>			
25.	Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway?		<input checked="" type="checkbox"/>			

Additional Comments _____

III. SYSTEMS/UTILITIES INFORMATION

	SYSTEMS/UTILITIES INFORMATION	Working	Not Working	None	Comments
1.	Air Conditioning System			<input checked="" type="checkbox"/>	Age of system, if known:
2.	Air Exchanger			<input checked="" type="checkbox"/>	
3.	Air Purifier			<input checked="" type="checkbox"/>	
4.	Attic Fan	<input checked="" type="checkbox"/>			
5.	Bathroom Whirlpool and Controls			<input checked="" type="checkbox"/>	
6.	Burglar Alarm & Security System			<input checked="" type="checkbox"/>	
7.	Ceiling Fan(s)	<input checked="" type="checkbox"/>			
8.	Central Air - Electric			<input checked="" type="checkbox"/>	
9.	Central Air - Water Cooled			<input checked="" type="checkbox"/>	
10.	Cistern			<input checked="" type="checkbox"/>	
11.	Dishwasher			<input checked="" type="checkbox"/>	
12.	Disposal			<input checked="" type="checkbox"/>	
13.	Doorbell			<input checked="" type="checkbox"/>	
14.	Fireplace			<input checked="" type="checkbox"/>	
15.	Fireplace Insert			<input checked="" type="checkbox"/>	
16.	Garage Door(s)			<input checked="" type="checkbox"/>	
17.	Garage Door Opener(s)			<input checked="" type="checkbox"/>	
18.	Garage Door Control(s)			<input checked="" type="checkbox"/>	
19.	Garage Wiring			<input checked="" type="checkbox"/>	
20.	Home Heating System(s) Type:	<input checked="" type="checkbox"/>			Age of system, if known: <i>LESS THAN 10 YRS</i>
21.	Hot Tub and Controls			<input checked="" type="checkbox"/>	
22.	Humidifier			<input checked="" type="checkbox"/>	
23.	In-Floor Heat			<input checked="" type="checkbox"/>	
24.	Intercom			<input checked="" type="checkbox"/>	
25.	Light Fixtures	<input checked="" type="checkbox"/>			
26.	Microwave	<input checked="" type="checkbox"/>			
27.	Microwave Hood	<input checked="" type="checkbox"/>			
28.	Plumbing and Fixtures	<input checked="" type="checkbox"/>			
29.	Pool and Equipment			<input checked="" type="checkbox"/>	
30.	Propane Tank (select one): Leased ___ Owned ___			<input checked="" type="checkbox"/>	If leased, from where:
31.	Radon System			<input checked="" type="checkbox"/>	
32.	Sauna			<input checked="" type="checkbox"/>	
33.	Septic/Leaching Field	<input checked="" type="checkbox"/>			
34.	Sewer Systems/Drains	<input checked="" type="checkbox"/>			
35.	Smart Home System			<input checked="" type="checkbox"/>	Smart Home System includes:
36.	Smoke/Fire Alarm(s)			<input checked="" type="checkbox"/>	
37.	Solar House - Heating			<input checked="" type="checkbox"/>	
38.	Sump Pump(s)			<input checked="" type="checkbox"/>	
39.	Switches and Outlets	<input checked="" type="checkbox"/>			

	SYSTEMS/UTILITIES INFORMATION	Working	Not Working	None	Comments
40.	Underground Sprinkler and Heads			<input checked="" type="checkbox"/>	
41.	Vent Fan – Kitchen			<input checked="" type="checkbox"/>	
42.	Vent Fan – Bathroom	<input checked="" type="checkbox"/>			
43.	Water Heater (select one): Electric <input checked="" type="checkbox"/> Gas ___	<input checked="" type="checkbox"/>			Age of system, if known: REPLACED: SEPT 2025
44.	Water Purifier (select one): Leased ___ Owned ___			<input checked="" type="checkbox"/>	If leased, from where:
45.	Water Softener (select one): Leased ___ Owned ___			<input checked="" type="checkbox"/>	If leased, from where:
46.	Well and Pump			<input checked="" type="checkbox"/>	
47.	Wood Burning Stove			<input checked="" type="checkbox"/>	

Additional Comments _____

IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed? If the answer is yes to any of the questions below, please explain in additional comments or on an attached separate sheet.

	HAZARDOUS CONDITIONS	Existing Conditions		Tests Performed		Comments
		Yes	No	Yes	No	
1.	Methane Gas					
2.	Lead Paint					
3.	Radon Gas (House)					
4.	Radon Gas (Well)					
5.	Radioactive Materials					
6.	Landfill, Mineshaft					
7.	Expansive Soil					
8.	Mold					
9.	Toxic Materials					
10.	Urea Formaldehyde Foam Insulations					
11.	Asbestos Insulation					
12.	Buried Fuel Tanks					
13.	Chemical Storage Tanks					
14.	Fire Retardant Treated Plywood					
15.	Production of Methamphetamines					
16.	Use of Methamphetamines					

V. MISCELLANEOUS INFORMATION

	MISCELLANEOUS INFORMATION	Yes	No	Don't Know	N/A	Comments
1.	Is the street or road located at the end of the driveway to the property public or private? Public ___ Private <input checked="" type="checkbox"/>					
2.	Is there a written road maintenance agreement? If yes, attach a copy of the maintenance agreement.					COVENANT/LAKE ASSN.
3.	Has the fireplace/wood stove/chimney flue been cleaned? If yes, please provide date of service.				<input checked="" type="checkbox"/>	
4.	Since you have owned the property, are you aware of a human death by homicide or suicide occurring on the property?		<input checked="" type="checkbox"/>			
5.	Is the water source (select one): Public <input checked="" type="checkbox"/> Private ___					If private, what is the date and result of the last water test?

