

# OKLAHOMA REAL ESTATE COMMISSION

## APPENDIX A. RESIDENTIAL PROPERTY CONDITION DISCLOSURE STATEMENT

**Notice to Seller:** Oklahoma Law (the "Residential Property Condition Disclosure Act," Title 60, O.S., § 831 *et seq.*) requires Sellers of 1 and/or 2 residential dwelling units to complete this form. A Seller must complete, sign and date this disclosure form and deliver it or cause it to be delivered to a purchaser as soon as practicable, but in any event no later than before an offer is accepted by the Seller. If the Seller becomes aware of a defect after delivery of this statement, but before the Seller accepts an offer to purchase, the Seller must deliver or cause to be delivered an amended disclosure statement disclosing the newly discovered defect to the Purchaser. If the disclosure form or amendment is delivered to a Purchaser after an offer to purchase has been made by the Purchaser, the offer to purchase shall be accepted by the Seller only after a Purchaser has acknowledged receipt of this statement and confirmed the offer to purchase in writing.

**Notice to Purchaser:** The declarations and information contained in this disclosure statement are not warranties, express or implied of any kind, and are not a substitute for any inspections or warranties the Purchaser may wish to obtain. The information contained in this disclosure statement is not intended to be a part of any contract between the Purchaser and Seller. The information and statements contained in this disclosure statement are declarations and representations of the Seller and are not the representations of the real estate licensee.

"Defect" means a condition, malfunction, or problem that would have a materially adverse effect on the monetary value of the property, or that would impair the health or safety of future occupants of the property. 59 O.S. Section 832(9).

LOCATION OF SUBJECT PROPERTY 18850 SW 44th Street  
El Reno OK 73036-8066

SELLER IS ☐ IS NOT ☒ OCCUPYING THE SUBJECT PROPERTY.

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Complete this form yourself. (4) If an item is not on the property, or will not be included in the sale, mark "None/Not Included." If you do not know the facts, mark "Do Not Know if Working." (5) The date of completion by you may not be more than 180 days prior to the date this form is received by a purchaser.

ARE THE ITEMS LISTED BELOW IN NORMAL WORKING ORDER?

| Appliances/Systems/Services                                                                                                                                                                                                                                  | Working                             | Not Working | Do Not Know if Working | None/ Not Included                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|------------------------|-------------------------------------|
| Sprinkler System                                                                                                                                                                                                                                             |                                     |             |                        | <input checked="" type="checkbox"/> |
| Swimming Pool                                                                                                                                                                                                                                                |                                     |             |                        | <input checked="" type="checkbox"/> |
| Hot Tub/Spa                                                                                                                                                                                                                                                  |                                     |             |                        | <input checked="" type="checkbox"/> |
| Water Heater <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Solar                                                                                                                                        | <input checked="" type="checkbox"/> |             |                        |                                     |
| Water Purifier                                                                                                                                                                                                                                               |                                     |             |                        | <input checked="" type="checkbox"/> |
| Water Softener <input type="checkbox"/> Leased <input type="checkbox"/> Owned                                                                                                                                                                                |                                     |             |                        | <input checked="" type="checkbox"/> |
| Sump Pump                                                                                                                                                                                                                                                    |                                     |             |                        | <input checked="" type="checkbox"/> |
| Plumbing                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> |             |                        |                                     |
| Whirlpool Tub                                                                                                                                                                                                                                                |                                     |             |                        | <input checked="" type="checkbox"/> |
| Sewer System <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private<br>If private, select type: <input checked="" type="checkbox"/> Septic/Aerobic <input type="checkbox"/> Septic/Lateral Lines <input type="checkbox"/> Septic/Lagoon | <input checked="" type="checkbox"/> |             |                        |                                     |
| Air Conditioning System <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Heat Pump                                                                                                                         | <input checked="" type="checkbox"/> |             |                        |                                     |
| Window Air Conditioner(s)                                                                                                                                                                                                                                    |                                     |             |                        | <input checked="" type="checkbox"/> |
| Attic Fan                                                                                                                                                                                                                                                    |                                     |             |                        | <input checked="" type="checkbox"/> |
| Fireplaces                                                                                                                                                                                                                                                   |                                     |             |                        | <input checked="" type="checkbox"/> |
| Heating System <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Heat Pump                                                                                                                                  | <input checked="" type="checkbox"/> |             |                        |                                     |
| Humidifier                                                                                                                                                                                                                                                   |                                     |             |                        | <input checked="" type="checkbox"/> |
| Ceiling Fans                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> |             |                        |                                     |
| Gas Supply <input type="checkbox"/> Public <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Butane                                                                                                                                       | <input checked="" type="checkbox"/> |             |                        |                                     |
| Propane Tank <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned                                                                                                                                                                       | <input checked="" type="checkbox"/> |             |                        |                                     |

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| Appliances/Systems/Services                                                                                                                                    | (Continued from page 1) | Working      | Not Working | Do Not Know if Working | None/ Not Included |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|-------------|------------------------|--------------------|
| Electric Air Purifier                                                                                                                                          |                         |              |             |                        | X                  |
| Garage Door Opener                                                                                                                                             |                         | X            |             |                        |                    |
| Intercom                                                                                                                                                       |                         |              |             |                        | X                  |
| Central Vacuum                                                                                                                                                 |                         |              |             |                        | X                  |
| Security System <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Monitored <input type="checkbox"/> Financed |                         | X            |             |                        |                    |
| Smoke Detectors                                                                                                                                                |                         | X            |             |                        |                    |
| Fire Suppression System Date of Last Inspection _____                                                                                                          |                         |              |             |                        | X                  |
| Dishwasher                                                                                                                                                     |                         | X            |             |                        |                    |
| Electrical Wiring                                                                                                                                              |                         | X            |             |                        |                    |
| Garbage Disposal                                                                                                                                               |                         | X            |             |                        |                    |
| Gas Grill                                                                                                                                                      |                         | <del>X</del> |             |                        | X                  |
| Vent Hood                                                                                                                                                      |                         | X            |             |                        |                    |
| Microwave Oven                                                                                                                                                 |                         |              |             |                        | X                  |
| Built-in Oven/Range                                                                                                                                            |                         |              |             |                        | X                  |
| Kitchen Stove                                                                                                                                                  |                         | X            |             |                        |                    |
| Trash Compactor                                                                                                                                                |                         |              |             |                        | X                  |
| Built-In Icemaker                                                                                                                                              |                         |              |             |                        | X                  |
| Solar Panels <input type="checkbox"/> Leased <input type="checkbox"/> Owned <input type="checkbox"/> Financed                                                  |                         |              |             |                        | X                  |
| Generators <input type="checkbox"/> Leased <input type="checkbox"/> Owned <input type="checkbox"/> Financed                                                    |                         |              |             |                        | X                  |
| Source of Household Water <input checked="" type="checkbox"/> Public <input type="checkbox"/> Well <input type="checkbox"/> Private/Rural District             |                         | X            |             |                        |                    |

IF YOU ANSWERED Not Working to any items on pages 1 and 2, please explain. Attach additional pages with your signature.

### Zoning and Historical

1. Property is zoned: (Check One) ☐ residential ☐ commercial ☐ historical ☐ office ☒ agricultural ☐ industrial  
☐ urban conservation ☐ other ☐ unknown ☐ no zoning classification
2. Is the property designated as historical or located in a registered historical district or historic preservation overlay district?  
☐ Yes ☒ No ☐ Unknown

### Flood and Water

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3. Are you aware if the dwelling or improvements are located in a FEMA defined flood zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br><br>If yes, what type of flood zone? (check all that apply)<br><input type="checkbox"/> 100-year flood zone <input type="checkbox"/> 500-year flood zone <input type="checkbox"/> floodway <input type="checkbox"/> outside hazard area<br><br>Are you aware if the dwelling or improvements are located in a municipal or other government defined flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what type of flood zone? _____ |     |    |
| 4. Are you aware if the dwelling or improvements are located in or adjacent to a regulated flood control reservoir (dam)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| 5. Are you aware of any flood insurance requirements concerning the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | X  |
| 6. Are you aware of any flood insurance on the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | X  |

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| Flood and Water                                                                                                                | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 7. Are you aware of the property being damaged or affected by flood, storm run-off, sewer backup, draining or grading defects? |                                     | <input checked="" type="checkbox"/> |
| 8. Are you aware of any surface or ground water drainage systems which assist in draining the property, e.g. "French Drains?"  | <input checked="" type="checkbox"/> |                                     |
| 9. Are you aware of any occurrence of water in the heating and air conditioning duct system?                                   |                                     | <input checked="" type="checkbox"/> |
| 10. Are you aware of water seepage, leakage or other draining defects in any of the improvements on the property?              |                                     | <input checked="" type="checkbox"/> |

| Additions/Alterations/Repairs                                                                                                                                                                      | Yes | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| 11. Are you aware of any additions being made without required permits?                                                                                                                            |     | <input checked="" type="checkbox"/> |
| 12. Are you aware of any previous foundation repairs?                                                                                                                                              |     | <input checked="" type="checkbox"/> |
| 13. Are you aware of any alterations or repairs having been made to correct defects?                                                                                                               |     | <input checked="" type="checkbox"/> |
| 14. Are you aware of any defect or condition affecting the interior or exterior walls, ceilings, roof structure, slab/foundation, basement/storm cellar, floors, windows, doors, fences or garage? |     | <input checked="" type="checkbox"/> |
| 15. Are you aware of the roof covering ever being repaired or replaced during your ownership of the property?                                                                                      |     | <input checked="" type="checkbox"/> |
| 16. Approximate age of roof covering, if known <u>6 yrs</u><br>number of layers, if known <u>1</u>                                                                                                 |     |                                     |
| 17. Do you know of any current defects with the roof covering?                                                                                                                                     |     | <input checked="" type="checkbox"/> |
| 18. Are you aware of treatment for termite or wood-destroying organism infestation?                                                                                                                |     | <input checked="" type="checkbox"/> |
| 19. Are you aware of a termite bait system installed on the property? If yes, annual cost \$ _____                                                                                                 |     | <input checked="" type="checkbox"/> |
| 20. Are you aware of any damage caused by termites or wood-destroying organisms?                                                                                                                   |     | <input checked="" type="checkbox"/> |
| 21. Are you aware of major fire, tornado, hail, earthquake or wind damage?                                                                                                                         |     | <input checked="" type="checkbox"/> |
| 22. Have you ever received payment on an insurance claim for damages to residential property and/or any improvements which were not repaired?                                                      |     | <input checked="" type="checkbox"/> |
| 23. Are you aware of defects pertaining to sewer, septic, lateral lines or aerobic system?                                                                                                         |     | <input checked="" type="checkbox"/> |

| Environmental                                                                                                                                                                   | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 24. Are you aware of the presence of asbestos?                                                                                                                                  |                                     | <input checked="" type="checkbox"/> |
| 25. Are you aware of the presence of radon gas?                                                                                                                                 |                                     | <input checked="" type="checkbox"/> |
| 26. Have you tested for radon gas?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |
| 27. Are you aware of the presence of lead-based paint?                                                                                                                          |                                     | <input checked="" type="checkbox"/> |
| 28. Have you tested for lead-based paint?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |
| 29. Are you aware of any underground storage tanks on the property?                                                                                                             |                                     | <input checked="" type="checkbox"/> |
| 30. Are you aware of the presence of a landfill on the property?                                                                                                                |                                     | <input checked="" type="checkbox"/> |
| 31. Are you aware of the existence of hazardous or regulated materials and other conditions having an environmental impact?                                                     |                                     | <input checked="" type="checkbox"/> |
| 32. Are you aware of the existence of prior manufacturing of methamphetamine?                                                                                                   |                                     | <input checked="" type="checkbox"/> |
| 33. Have you had the property inspected for mold?                                                                                                                               |                                     | <input checked="" type="checkbox"/> |
| 34. Are you aware of any remedial treatment for mold on the property?                                                                                                           |                                     | <input checked="" type="checkbox"/> |
| 35. Are you aware of any condition on the property that would impair the health or safety of the occupants?                                                                     |                                     | <input checked="" type="checkbox"/> |
| 36. Are you aware of any wells located on the property?                                                                                                                         | <input checked="" type="checkbox"/> |                                     |
| 37. Are you aware of any dams located on the property?<br>If yes, are you responsible for the maintenance of that dam? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     | <input checked="" type="checkbox"/> |

| Property Shared in Common, Easements, Homeowner's Associations and Legal                                                                                                                      | Yes | No                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| 38. Are you aware of features of the property shared in common with the adjoining landowners, such as fences, driveways, and roads whose use or responsibility has an effect on the property? |     | <input checked="" type="checkbox"/> |

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| Property Shared in Common, Easements, Homeowner's Associations and Legal (Continued from page 3)                                               | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 39. Other than utility easements serving the property, are you aware of any easements or right-of-ways affecting the property?                 | X   |    |
| 40. Are you aware of encroachments affecting the property?                                                                                     |     | X  |
| 41. Are you aware of a mandatory homeowner's association?                                                                                      |     |    |
| Amount of dues \$ _____ Special Assessment \$ _____                                                                                            |     |    |
| Payable: (check one) <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually                     |     |    |
| Are there unpaid dues or assessments for the property? <input type="checkbox"/> YES <input type="checkbox"/> NO                                |     |    |
| If yes, what is the amount? \$ _____ Manager's Name _____                                                                                      |     | X  |
| Phone Number _____                                                                                                                             |     |    |
| 42. Are you aware of any zoning, building code or setback requirement violations?                                                              |     | X  |
| 43. Are you aware of any notices from any government or government-sponsored agencies or any other entities affecting the property?            |     | X  |
| 44. Are you aware of any surface leases, including but not limited to agricultural, commercial or oil and gas?                                 |     | X  |
| 45. Are you aware of any filed litigation or lawsuits directly or indirectly affecting the property, including a foreclosure?                  |     | X  |
| 46. Is the property located in a fire district which requires payment?                                                                         |     |    |
| If yes, amount of fee \$ _____ Paid to Whom _____                                                                                              |     | X  |
| Payable: (check one) <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually                     |     |    |
| 47. Is the property located in a private utility district?                                                                                     |     |    |
| Check applicable <input type="checkbox"/> Water <input type="checkbox"/> Garbage <input type="checkbox"/> Sewer <input type="checkbox"/> Other |     |    |
| If other, explain _____                                                                                                                        |     | X  |
| Initial membership fee \$ _____ Annual membership fee \$ _____ (if more than one utility attach additional pages)                              |     |    |

| Miscellaneous                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 48. Are you aware of other defect(s) affecting the property not disclosed above?                                                                    |     | X  |
| 49. Are you aware of any other fees, leases, liens, dues or financed fixtures or improvements required on the property that you have not disclosed? |     | X  |
| 50. Are you aware of any warranties covering the property, its fixtures, or improvements (foundation, roof shingles, etc.)?                         |     | X  |

If you answered YES to any of the items on pages 2-4, list the item number(s) and explain. If needed, attach additional pages with your signature(s), date(s) and location of the subject property.

#36 domestic well not in use

#8 French Drain 2 on house 2 on barn

#39 Road Easement on the west side of property

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On the date this form is signed, the seller states that based on seller's **CURRENT ACTUAL KNOWLEDGE** of the property, the information contained above is true and accurate.

Are there any additional pages attached to this disclosure? ☐ YES ☒ NO If yes, how many? \_\_\_\_\_

Jim White 9/17/2026 Linda White Sept 17, 26  
Seller's Signature Jim White Date Seller's Signature Linda White Date

**A real estate licensee has no duty to the Seller or the Purchaser to conduct an independent inspection of the property and has no duty to independently verify the accuracy or completeness of any statement made by the Seller in the disclosure statement.**

**The Purchaser understands that the disclosures given by the Seller on this statement are not a warranty of condition.** The Purchaser is urged to carefully inspect the property, and, if desired, to have the property inspected by a licensed expert. For specific uses, restrictions and flood zone status, contact the local planning, zoning and/or engineering department. The Purchaser acknowledges that the Purchaser has read and received a signed copy of this statement. This completed acknowledgement should accompany an offer to purchase on the property identified. This is to advise that this disclosure statement is not valid after 180 days from the date completed by the Seller.

Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Purchaser's Signature \_\_\_\_\_ Date \_\_\_\_\_

The disclosure and disclaimer statement forms and the Oklahoma Residential Property Condition Disclosure Act information pamphlet are made available at the Oklahoma Real Estate Commission [www.orec.ok.gov](http://www.orec.ok.gov).

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