

History of Property Worksheet

The following information supplements the attached Seller's Property Condition Report for the property located at: 417 East Larkspur Ln Anchorage, AK 99508

Age of Home?	<u>31</u>	Last Service?	By Whom?
Age of Roof?	<u>Est 15 yrs -</u>	<u>more info coming from First American Flooding - Had a 50yr warranty</u>	
Age of Furnace?	<u>12</u>	<u>New 7/14 Schneider</u>	
Age of Central Air?	<u>12</u>	<u>New 7/14 Schneider</u>	
Age of Water Heater?	<u>3 years</u>	<u>Has a 11 year warranty Home Depot -</u>	
Age of Septic System?		<u>NA</u>	
How often Septic pumped?		<u>NA</u>	
Type of water supply (circle one)	<u>Municipal</u>	or	Private Well
Type of heat (circle one)	<u>LP</u>	or	Oil <u>Natural Gas</u>
Is Water Softener rented?	Yes or <u>No</u>		
Any roof repairs by you/previous owner?	<u>Yes</u> or No	<u>New Roof</u>	
Have you upgraded the electrical system?	Yes or <u>No</u>		
Any leaking, cracked or broken windows?	Yes or <u>No</u>		
Do all the windows Open? Screens?	<u>Yes</u> or No	<u>Front Door Screen - In Basement? other window screens in basement</u>	
Has sewer lined been cleaned out?	Yes or <u>No</u>		
Has sewer lined ever been broken?	Yes or <u>No</u>		
Have you ever paid flood insurance?	Yes or <u>No</u>		
Has property been damaged by fire?	Yes or <u>No</u>		
Has insulation been added?	Yes or <u>No</u>		
Fuel tank? Registered?	Yes or No	<u>NA</u>	
Are there keys for all doors?	<u>Yes</u> or No		
<u>Garson Gutters - Installed 6-29-23 - Have a Warranty</u>			

What was used as a reference for property lines when fence, shed & garage was erected?

____ Location Report ____ Survey ____ Other: _____

Is anything on the property not connected to septic/sewer that should be?

Other Information: _____

Comments: _____

The information contained in this report is true and correct to the best of my knowledge.

Seller: Randy Huber
Date: 8-10-2026

Seller: _____
Date: _____

With my signature, I acknowledge receipt of a copy of this report.

Buyer: _____
Date : _____

Buyer: _____
Date : _____