PROPERTY HISTORY

The following information supplements the attached Seller's Condition Report for this property located at:

301 Michaels St. Cochrane

	Items of Interest		Last Serviced By Whom?
Age of Home			
Age of Roof	2020		
Age of Furnace	2021		
Age of Central Air	2021		
Age of Water Heater	08/06		
Age of Softener?	—		
Septic pumped how often?	—		
Is Water Softener rented?	Y	N	
Any roof repairs by you/previous owners?	Y	N	- chimney see RECR
Have you upgraded the electrical system?	Y	(N)	
Any Leaking, cracked or broken windows?	Y	(N)	
Do all windows open?	(Y)	N	
Has sewer line ever been cleaned out or broken and been repaired?	Y	(N)	
Have you ever paid/or been required to have flood insurance on this property?	Y	(N)	
Has the property ever been damaged by fire?	Y	(N)	
Is anything on the on the property not connected to the septic that should be?	Y	(N)	
Can you provide a copy of a previous Seller's Property Condition Report?	Y	(N)	
Has insulation been added?	Y	(N)	
Are there keys for all doors and locks?	(Y)	N	
Are there smoke detectors on each Level of the home	(Y)	N	

PROPERTY HISTORY (page2)

If home has gas appliances, are there Carbon Monoxide detectors present? Y (N) _____

Any water in basement? Y N see PECK _____

_____ dampness _____ backup through floor drain _____ from improper landscaping

_____ from window well _____ Other: please specify

_____

_____

Any problems with built-in appliances?

_____ Stove _____ Range Hood _____ Disposal

_____ Dishwasher X Refrigerator ice maker does not work. _____ Freezer

_____ Softener _____ Ceiling Fans _____ Window Air

_____ Oven _____ Microwave _____ Trash Compactor

_____ Satellite or Dish Components

When building fences, garage, or placing storage units or other permanent improvements, what was used to locate these improvements?

_____ Location report _____ Survey _____ Other (please specify below)

_____

_____

_____

Utility Companies:

Gas		Average monthly cost	
Electric	xcel	Average monthly cost	
Phone		Average monthly cost	
Internet	CCT	Average monthly cost	
Water/Sewer		Average monthly cost	
Oil/Propane	premier co-op	Average monthly cost	

Other information (Warranty info, special construction materials, extra technology, controls, etc):

_____

_____

_____

_____

_____

_____

_____

_____

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

X Leah Dellone 9-16-26

Signed Date Signed Date

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

_____ _____

Signed Date Signed Date