History of Property

A supplement to the Seller's Property Condition Report for property located at:

Address: 3617 Raintree Pl.

City: LaCrosse State: WI Zip: 54601

Age of Home? 35 yrs

Age of roof? unknown Serviced by: _____

Has there been any interior damage from ice buildup?	☐ YES	☒ NO
Has there been any leakage?	☐ YES	☒ NO
Has there been any repairs or replacement made to the roof?	☐ YES	☒ NO

Comments: _____

Age of furnace? 6 yrs Serviced by: Schneider

Age of central air? unknown Serviced by: Schneider

Age of water heater? 2 yrs Serviced by: Maxwell White

Age of water softener? unknown Serviced by: _____

☐ Rented ☒ Owned

Fireplace (heat source, etc.)? N/A Serviced by: _____

Age of well? N/A Serviced by: _____

Depth of well? _____ Serviced by: _____

When Septic was last pumped? N/A Serviced by: _____

Septic pumped how often? _____ Serviced by: _____

Septic sized for how many bedrooms? _____

Is anything on property not connected to the septic that should be?	☐ YES	☐ NO	Serviced by: _____
Sewer line ever cleaned out or broken?	☐ YES	☐ NO	Serviced by: _____
Have you ever paid flood insurance?	☐ YES	☒ NO	Serviced by: _____
Was property ever damaged by fire?	☐ YES	☒ NO	Serviced by: _____
Has electrical system been upgraded?	☐ YES	☒ NO	Serviced by: _____
GFI Outlets?	☐ YES	☐ NO	

Location(s)? _____

Has insulation been added?	☐ YES	☒ NO	Serviced by: _____
Are there keys for all doors?	☒ YES	☐ NO	Serviced by: _____
Do you know who the builder was?	☐ YES	☒ NO	Serviced by: _____
Has the property been surveyed?	☐ YES	☒ NO	Serviced by: _____

Basement, Crawlspace, Slab:

Cracked floor/walls	☐ YES	☐ NO	Leakage/seepage	☐ YES	☐ NO
Drain tile problem	☐ YES	☐ NO	Sewer backup	☐ YES	☐ NO
Flooding	☐ YES	☐ NO	Wet floors/walls	☐ YES	☐ NO
Foundation problem	☐ YES	☐ NO			

Comments: _____

History of Property

Current Homeowners Insurance Co. _____

Have you made an insurance claims that have not been repaired? ☐ YES ☒ NO, if so, what? _____

_____

Notice of property reassessment, special assessments (municipal improvements)? Please specify:

_____

_____

Utility Companies:

Gas: Xcel Avg. Cost: ~$200/month combined

Electric: Xcel Avg. Cost: ~

Phone: _____ Avg. Cost: _____

Cable: Spectrum Avg. Cost: _____

Water/Sewer: City of LaX Avg. Cost: $123/quarter

If you are not using cable, is it available to this house? ☒ YES ☐ NO

Do you have access to high speed internet connection? ☒ YES ☐ NO

If YES, please specify services. ☐ Cable ☐ DSL ☐ Satellite

How is refuse handled? City of LaX

If refuse is picked up at the house, which day is trash day? Thursday OR ☐ Not Applicable

Do you have pets? If YES, please specify type of pet and number of each. ☐ YES ☐ NO

Type of pet: _____ Number: _____

Type of pet: _____ Number: _____

Type of pet: _____ Number: _____

Please list any contractors used for furnace cleaning, plumbing or electrical problems, etc.:

Name of contractor: _____ Type of work: _____

Name of contractor: _____ Type of work: _____

Name of contractor: _____ Type of work: _____

Name of contractor: _____ Type of work: _____

Please note any other information a new homeowner would find useful to know about this property or the neighborhood: _____

_____

_____

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

Jennifer Rothwell

Signature Signature

I acknowledge receipt of this report:

_____

Signature Signature