

# ***Don R. Wallick Auctions, Inc.***

965 N. Wooster Avenue - Strasburg, Ohio 44680 - [www.WallickAuctions.com](http://www.WallickAuctions.com)

Toll Free: 1-866-348-9446 - Tel: 330-878-0075 - Fax: 330-878-7318

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# THE TUSCARAWAS COUNTY TITLE COMPANY

203 FAIR AVENUE NE  
PO BOX 548  
NEW PHILADELPHIA, OHIO 44663-0548  
TELEPHONE 330-364-4450  
FAX 330-343-2976  
email: tusctitle@tusctitle.net

*Complete Title Examinations  
and Escrow Closing Services  
Serving a 9 County Area*

## TAX AND LEGAL REPORT

DATE: August 15, 2008

REQUESTED BY: Don Wallick Wallick Auctions

PROPERTY ADDRESS: 720 Fair Ave., N.E. New Philadelphia Ohio

PRESENT OWNER: Ida L. Gustin

VOLUME: 569

PAGE: 577

TRANSFER: July 21, 1982

PARCEL NO: 43-01439.000

=====

REAL ESTATE TAXES ARE CURRENTLY LISTED ON THE 2007 TAX DUPLICATE IN THE NAME OF:

Ida L. Gustin

PARCEL NO.: 43-01439.000  
DESC. WHOLE 2841

### VALUATIONS:

LAND: 4,810  
BUILDING: 18,770  
TOTAL: 23,580  
HOMESTEAD:  
AUV:

### TAXES:

GENERAL TAXES: \$ 785.92  
TAX REDUCTION: \$-291.41  
10% ROLLBACK: \$ -49.45  
2 1/2% REDUCTION \$ -11.83  
HOMESTEAD CREDIT \$  
TOTAL PER 1/2 YEAR \$ 433.23  
UNPAID REAL \$  
CURRENT SA: \$  
PENALTY: \$  
PRIOR DEL: \$  
TOTAL DUE: \$ -0-

Special Assessments: None  
Map No.: 7.02

Taxes for the first half year 2007 are PAID.  
Taxes for the second half year 2007 are PAID.

BY: Crista Sigrist

PRIOR FILE NO.

This information, including any lot dimensions shown, is derived solely from public records. While the information is usually reliable, it cannot be guaranteed without a full title examination and a current survey to verify its accuracy.



EXCLUSIVE AGENT FOR  
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY





MAP NUMBER 7.02  
 SECTION & PLAT  
 ROUTING NUMBER 49.000  
 PROPERTY CLASS 510 Single family owner occ  
 USER KEY  
 PROPERTY ADD 720 FAIR AVE NE  
 NEIGHBORHOOD 24.14 New Philadelphia Corp  
 LIVING AREA 1036

WHOLE 2841

TOPOGRAPHY UTILITIES STREET/ROAD NEIGHBORHOOD ASSESSMENT DATE 01/01/04  
 Level Water Paved Blighted ANN EQUAL  
 High Sewer Static LAND 12840  
 Rolling Gas Proposed IMPROV 50120  
 Swampy Electric Sidewalk DECLININ 57370  
 All Alley TRANSIT 4490  
 ASSESSED IMPROV 18770  
 TOTAL 22030

LAND USE	SOIL ID	ACREAGE	SO. FOOT/DEPTH	BASE RATE	ADJUSTED RATE	EXTENDED VALUE	INFLU FCTR	MARKET VALUE
PR		48.000	175	250.00	107	267.50	12840	12840
TOTAL								12840

VALUATIONS	ANN EQUAL	ANN EQUAL
01/01/04	12840	13740
MARKET IMPROV	50120	53610
TOTAL	62960	67370
LAND	4490	4810
ASSESSED IMPROV	18770	18770
TOTAL	22030	23580

CONSTRUCTION DATA	LEVEL	FIN AREA	VALUE
OCCUPANCY 1 single fa	1 2 3 4	420	1.00
# OF UNITS		420	420
STORY HEIGHT 2.00	FLOORS	420	2.00
ATTIC	Earth		
BASMENT	Slab		
CRAWL/HP	Sub/Joist		
SLAB	Headwood/Pir	420	ATTIC
ROOFING	Car		BSMNT
TYRE	HEAT/AC		CREAML/HB
MATERIAL	1 Asphalt		72085
PLUMBING	Central Warm Air		72085
1	Hot Water/Steam		
FULL BATHS	Gas		
HAHP BATHS	AIR COND		
OTHER FIXTURES	NO PLUMBING		
ACCOMMODATIONS	Plaster/Drywall		
7	Paneling		
2	Fiberboard		
BEDROOMS	EXTERIOR		
FAMILY ROOMS	Frame/Aluminum		
1	DINING ROOMS		
REC ROOM TYPE	Stucco		
REC ROOM AREA	Tile		
FIREPLACE SK	Concrete block		
FIREPLACE OPN	Metal		
LINEAL BR LGT	Concrete		
LINEAL BR LGT	Brick		
# OF DORMERS	FOUNDATION	4.00	
CONDITION	INSULATION	WALL=0, CEIL=D	
LAYOUT	APPLIANCES		

PRICING LAIDER	ROW	TYPE	ADJUSTMENT	VALUE
CNSH BASE AREA	420	1.00		420
FIN AREA	420	2.00		840
TOTAL BASE				1260
ROW TYPE ADJUSTMENT				
SUB TOTAL				1260
UNFINISHED INTERIOR				
1 EXTRA LIVING UNITS				
REC ROOM				
FIREPLACE				
LINEAL BRICK				
DORMERS				
NO HEATING				
AIR CONDITIONING				
PLUMBING	+ 5			
NO PLUMBING				
SUB TOTAL				1260
1 UNIT				
GARAGES & CARPORTE				
EXTERIOR FEATURES				
TOTAL				1260

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STATE OF OHIO  
DEPARTMENT OF COMMERCE

Effective 1/1/07

**RESIDENTIAL PROPERTY DISCLOSURE FORM**

Pursuant to section 5302.30 of the Revised Code and rule 1301:1-4-10 of the Administrative Code.  
**TO BE COMPLETED BY OWNER (Please Print)**

Property Address:

720 FAIR AVE NE

New Philadelphia

Owners Name(s):

IDA LEE BROKAW AND LYMAN E. BROKAW

Date: 8-13-08, 20\_\_

Owner  is  is not occupying the property. If owner is occupying the property, since what date: 1982

**Purpose of Disclosure Form:** This is a statement of the condition of the property and of information concerning the property actually known by the owner as required by Ohio Revised Code Section 5302.30. Unless otherwise advised in writing by the owner, the owner, other than having lived at or owning the property, possesses no greater knowledge than that which could be obtained by a careful inspection of the property by a potential purchaser. Unless otherwise advised, owner has not conducted any inspection of generally inaccessible areas of the property. THIS STATEMENT IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER OF THE PROPERTY. THIS STATEMENT IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION.

**Owner's Statement:** The representations contained on this form are made by the owner and are not the representations of the owner's agent or subagent. This form and the representations contained in it are provided by the owner exclusively to potential purchasers in a transfer made by the owner, and are not made to purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate. **For example, although some questions are limited to the past five years material problems or defects that occurred over five years ago that have not been fully corrected are required to be disclosed.**

**Instructions to Owner:** (1) Answer ALL questions. (2) Identify any material matters in the property that are actually known. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown.

**THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE**

**A) WATER SUPPLY:** The source of water supply to the property is (check appropriate boxes):

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Public Water Service | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Private Water Service           | <input type="checkbox"/> Cistern      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Private Well                    | <input type="checkbox"/> Spring       | _____                                |
| <input type="checkbox"/> Shared Well                     | <input type="checkbox"/> Pond         | _____                                |

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water?

Yes  No If "Yes", please describe: \_\_\_\_\_

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household)  Yes  No

If owner knows of any leaks, backups or other material problems with the water supply system or quality or quantity of the water since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Owner's Initials ILB/ Date 8 / 13 - 08

Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_

Property Address 720 FAIR AVE NE

**B) SEWER SYSTEM:** The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Public Sewer | <input type="checkbox"/> Private Sewer | <input type="checkbox"/> Septic Tank    |
| <input type="checkbox"/> Leach Field             | <input type="checkbox"/> Aeration Tank | <input type="checkbox"/> Filtration Bed |
| <input type="checkbox"/> Unknown                 | <input type="checkbox"/> Other         |   |

If not a public or private sewer, date of last inspection: \_\_\_\_\_

Do you know of any current leaks, backups or other material problems with the sewer system servicing the property?  Yes  No

If "Yes", please describe: \_\_\_\_\_

If owner knows of any leaks, backups or other material problems with the sewer system since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

**C) ROOF:** Do you know of any current leaks or other material problems with the roof or rain gutters?  Yes  No

If "Yes", please describe: NEW ROOF 2003

If owner knows of any leaks or other material problems with the roof or rain gutters since owning the property (but not longer than the past 5 years), please describe and indicate any repairs completed: \_\_\_\_\_

**D) WATER INTRUSION:** Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space?  Yes  No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding; moisture seepage; moisture condensation; ice damming; sewer overflow/backups; or leaking pipes, plumbing fixtures, or appliances?  Yes  No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

Purchaser is advised that every home contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector. Have you ever had the property inspected for mold by a qualified inspector?

Yes  No If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: \_\_\_\_\_

**E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS):**

Do you know of any movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?

Yes  No If "Yes", please describe: \_\_\_\_\_

If owner knows of any repairs, alterations or modifications to control the cause or effect of any problem identified above, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

Do you know of any previous or current fire or smoke damage to the property?  Yes  No

If "Yes", please describe and indicate any repairs completed: \_\_\_\_\_

**F) MECHANICAL SYSTEMS:** Do you know of any current problems or defects with the following mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

	YES	NO	N/A		YES	NO	N/A
1) Electrical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) Water softener	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Central Air conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is security system leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Fireplace/chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical system since owning the property (but not longer than the past 5 years): \_\_\_\_\_

Owner's Initials I.L.B. Date 8 / 13 - 08

Purchaser's Initials \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_





Property Address 720 FAIR AVE NE

G) WOOD BORING INSECTS/TERMITES: Do you know of the presence of any wood boring insects/termites in or on the property or any existing damage to the property caused by wood boring insects/termites?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

If owner knows of any inspection or treatment for wood boring insects/termites, since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

H) PRESENCE OF HAZARDOUS MATERIALS: Do you know of the previous or current presence of any of the below identified hazardous materials on the property?

- |   | Yes                      | No                       | Unknown                             |
|---|--------------------------|--------------------------|-------------------------------------|
| 1) Lead-Based Paint                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Asbestos                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Urea-Formaldehyde Foam Insulation              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Radon Gas                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| a. If "Yes", indicate level of gas if known _____ |                          |                          |                                     |
| 5) Other toxic or hazardous substances            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: \_\_\_\_\_

I) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:

- |  | Yes                      | No                                  | Unknown                  |
|--|--------------------------|-------------------------------------|--------------------------|
| Is the property located in a designated flood plain?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

J) DRAINAGE/EROSION: Do you know of any current flooding, drainage, settling or grading or erosion problems affecting the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

If owner knows of any repairs, modifications or alterations to the property or other attempts to control any flooding, drainage, settling, grading or erosion problems since owning the property (but not longer than the past 5 years), please describe: \_\_\_\_\_

K) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOME OWNERS ASSOCIATION: Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property?  Yes  No

If "Yes", please describe: \_\_\_\_\_

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property).  Yes  No

If "Yes", please describe: \_\_\_\_\_

Do you know of any recent or proposed assessments, which could affect the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

Is the property subject to any rules or regulations of, or the payment of any fees or charges to, a Homeowners Association, Condominium Association or any other Community Association?  Yes  No

If "Yes", please describe: \_\_\_\_\_

Owner's Initials ILLB/ Date 8 / 13 - 08 Purchaser's Initials / Date /



Property Address 720 FAIR AVE NE

- L) BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS:** Do you know of any of the following conditions affecting the property?
- |                           |                          |                                     |   |                          |                                     |
|---------------------------|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
|                           | Yes                      | No                                  |   | Yes                      | No                                  |
| 1) Boundary Agreement     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4) Shared Driveway                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Boundary Dispute       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5) Party Walls                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Recent Boundary Change | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6) Encroachments From or on Adjacent Property | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above questions is "Yes", please describe: \_\_\_\_\_

**M) UNDERGROUND STORAGE TANKS/WELLS:** Do you know of any underground storage tanks (existing or removed), oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

**N) OTHER KNOWN MATERIAL DEFECTS:** The following are other known material defects in or on the property: \_\_\_\_\_

For purposes of this section, material defects would include any non-observable physical condition existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that could inhibit a person's use of the property.

Owner represents that the statements contained in this form are made in good faith based on his/her actual knowledge as of the date signed by the Owner. Owner is advised that the information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law or that may exist to preclude fraud, either by misrepresentation, concealment or nondisclosure in a transaction involving the transfer of residential real estate.

OWNER: Ida Lee Brokaw DATE: 8-13-08

OWNER: Lyman E. Brokaw DATE: 8-13-08

**RECEIPT AND ACKNOWLEDGEMENT OF POTENTIAL PURCHASERS**

Potential purchasers are advised that the owner has no obligation to update this form but may do so according to Revised Code Section 5302.30(G). Pursuant to Ohio Revised Code Section 5302.30(K), if this form is not provided to you prior to the time you enter into a purchase contract for the property, you may rescind the purchase contract by delivering a signed and dated document of rescission to Owner or Owner's agent, provided the document of rescission is delivered prior to all three of the following dates: 1) the date of closing; 2) 30 days after the Owner accepted your offer; and 3) within 3 business days following your receipt or your agent's receipt of this form or an amendment of this form.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE FORM AND UNDERSTAND THAT THE STATEMENTS ARE MADE BASED ON THE OWNERS ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER.

Owner makes no representations with respect to any offsite conditions. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to offsite issues that may affect purchaser's decision to purchase the property. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to Ohio's Sex Offender Registration and Notification Law (commonly referred to as "Megan's Law"). This law requires the local Sheriff to provide written notice to neighbors if a sex offender resides or intends to reside in the area. The notice provided by the Sheriff is a public record and is open to inspection under Ohio's Public Records Law. If concerned about this issue, purchaser assumes responsibility to obtain information from the Sheriff's office regarding the notices they have provided pursuant to Megan's Law.

My/Our Signature below does not constitute approval of any disclosed condition as represented herein by the owner.

PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_



# AGENCY DISCLOSURE STATEMENT



The real estate agent who is providing you with this form is required to do so by Ohio law. You will not be bound to pay the agent or the agent's brokerage by merely signing this form. Instead, the purpose of this form is to confirm that you have been advised of the role of the agent(s) in the transaction proposed below. (For purposes of this form, the term "seller" includes a landlord and the term "buyer" includes a tenant.)

Property Address: 720 Fair Ave NE

Buyer(s): \_\_\_\_\_

Seller(s): IDA LEE BROKAW and LYMAN E BROKAW

## I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by \_\_\_\_\_, and \_\_\_\_\_  
AGENT(S) BROKERAGE

The seller will be represented by \_\_\_\_\_, and \_\_\_\_\_  
AGENT(S) BROKERAGE

## II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

If two agents in the real estate brokerage \_\_\_\_\_ represent both the buyer and the seller, check the following relationship that will apply:

Agent(s) \_\_\_\_\_ work(s) for the buyer and Agent(s) \_\_\_\_\_ work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.

Every agent in the brokerage represents every "client" of the brokerage. Therefore, agents \_\_\_\_\_ and \_\_\_\_\_ will be working for both the buyer and seller as "dual agents". Dual agency is explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* \_\_\_\_\_

## III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

Agent(s) Don R. Wallick / Jane Schenck and real estate brokerage Pisocco Mathias will

be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* \_\_\_\_\_

represent only the (check one)  seller or  buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

## CONSENT

I (we) consent to the above relationships as we enter into this real estate transaction. If there is a dual agency in this transaction, I (we) acknowledge reading the information regarding dual agency explained on the back of this form.

BUYER/TENANT \_\_\_\_\_ DATE \_\_\_\_\_

BUYER/TENANT \_\_\_\_\_ DATE \_\_\_\_\_

IDA LEE BROKAW 8-13-08  
SELLER/LANDLORD DATE

LYMAN E BROKAW 8-13-08  
SELLER/LANDLORD DATE



Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii)  Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii)  Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(c) \_\_\_\_\_ Purchaser has received copies of all information listed above.

(d) \_\_\_\_\_ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) W Agent has informed the seller of the seller's obligations under 42 U.S.C.4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

<u>X</u> <u>Ida Lee Brokaw</u>	<u>8-13-08</u>	<u>X</u> <u>Lyman E Brokaw</u>	<u>8-13-08</u>
Seller	Date	Seller	Date
<u>W</u>	<u>8/13/08</u>		
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date

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**Auction Conducted By:**  
**Don R. Wallick Auctions, Inc.**  
**Auctioneers: Don R. Wallick**  
**Brennan R. Wallick**  
**Ryan W. Wallick**

Don R. Wallick Auctions, Inc.

965 N. Wooster Avenue  
Strasburg, Ohio 44680  
info@WallickAuctions.com  
<http://www.WallickAuctions.com>



Toll Free: 1-866-348-9446 - Tel: 330-878-0075 - Fax: 330-878-7318