



ALBAN TITLE

204 2nd Street NE • New Philadelphia, Ohio 44663
330-343-5800 • Fax 330-343-5877 • Email: albantitle@tusco.net

TAX AND LEGAL REPORT

DATE: 6/30/2010

REQUESTED BY: Brooke @ Wallick Auctions

PROPERTY ADDRESS: 213 Grant Street, Dover

PRESENT OWNER: Kollar, George F. - Trustee Kollar Family Trust

VOL: 1240 **PAGE:** 2322 **TRANSFER:** 11/13/2006

PARCEL NO: 15-04217.000

REAL ESTATE TAXES ARE CURRENTLY LISTED ON THE 2009 TAX
DUPLICATE IN GEORGE F. KOLLAR- TRUSTEE KOLLAR FAMILY TRUST.

PARCEL NO: 15-04217.000

DESC: WHOLE 3565 S SI 3566

VALUATIONS:

LAND:	17,170
BUILDINGS:	<u>35,060</u>
TOTAL:	52,230
HOMESTEAD:	
AUV:	

Special Assessments:

Map No.:

TAXES:

GENERAL TAXES:	2,024.43
REDUCTION:	-755.31
10% ROLLBACK:	-126.91
2 1/2 % REDUCTION:	-31.73
HOMESTEAD CREDIT:	-186.04
TOTAL PER 1/2 YEAR:	924.44
UNPAID REAL:	
CURRENT SA:	6.00
CURRENT SA:	
PENALTY:	
PRIOR DEL R.E.:	
TOTAL DUE:	930.44

Taxes for the first half year 2009 are PAID.
Taxes for the second half year 2009 are PAID.

BY: Kristine J. Simpson

PRIOR FILE NO.

This information, including any log 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.

2908 13-44217-000 OWNER KOLLAR GEORGE F - TRUSTEE KOLLAR FAMILY TRUST TRICAP COUNTY, LANE IL2850 COMMENTS/RENO 92 Land 98 Imp 4950 Land 8270 Imp

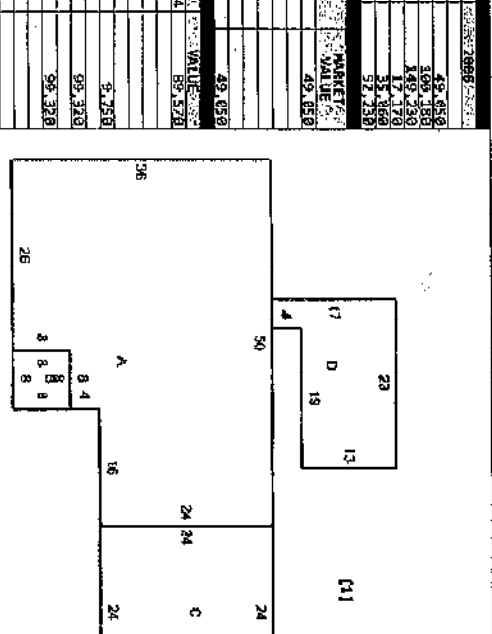
13-44217-000 OWNER KOLLAR GEORGE F - TRUSTEE KOLLAR FAMILY TRUST TRICAP COUNTY, LANE IL2850 COMMENTS/RENO 92 Land 98 Imp 4950 Land 8270 Imp

PROPERTY AND 213 GRANT ST
 PORTLAND, OR 97207
 CITY OF PORTLAND - PLANNING AND ZONING DEPARTMENT
 1515 NE OREGON STREET, SUITE 200, PORTLAND, OR 97232
 PHONE: 503-948-2200

CONSTRUCTION	UNIT	PRICE	AREA	VALUE	MARKET	ADJUSTED COST	REASON	ADJUSTED VALUE
L.E.V.E.L.	BASE	1.234	154	190	190	190	190	49,650
BOLLING	BASE	1.000	154	154	154	154	154	3,600
HIGH	BASE	1.000	154	154	154	154	154	1,480
NEEL	BASE	1.000	154	154	154	154	154	17,170
WELL	BASE	1.000	154	154	154	154	154	35,960
WELL	BASE	1.000	154	154	154	154	154	52,230
TOTAL								190,000

CONSTRUCTION	UNIT	PRICE	AREA	VALUE	MARKET	ADJUSTED COST	REASON	ADJUSTED VALUE
L.E.V.E.L.	BASE	1.234	154	190	190	190	190	49,650
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HIGH	BASE	1.000	154	154	154	154	154	1,480
NEEL	BASE	1.000	154	154	154	154	154	17,170
WELL	BASE	1.000	154	154	154	154	154	35,960
WELL	BASE	1.000	154	154	154	154	154	52,230
TOTAL								190,000

NO.	DESCRIPTION	UNIT	PRICE	AREA	VALUE
1	NO HEATING	1	154	154	190,000
2	AIR COND	1	154	154	19,000
3	NO HEATING	1	154	154	19,000
4	AIR COND	1	154	154	19,000
5	NO HEATING	1	154	154	19,000
6	AIR COND	1	154	154	19,000
7	NO HEATING	1	154	154	19,000
8	AIR COND	1	154	154	19,000
9	NO HEATING	1	154	154	19,000
10	AIR COND	1	154	154	19,000
11	NO HEATING	1	154	154	19,000
12	AIR COND	1	154	154	19,000
13	NO HEATING	1	154	154	19,000
14	AIR COND	1	154	154	19,000
15	NO HEATING	1	154	154	19,000
16	AIR COND	1	154	154	19,000
17	NO HEATING	1	154	154	19,000
18	AIR COND	1	154	154	19,000
19	NO HEATING	1	154	154	19,000
20	AIR COND	1	154	154	19,000
21	NO HEATING	1	154	154	19,000
22	AIR COND	1	154	154	19,000
23	NO HEATING	1	154	154	19,000
24	AIR COND	1	154	154	19,000
25	NO HEATING	1	154	154	19,000
26	AIR COND	1	154	154	19,000
27	NO HEATING	1	154	154	19,000
28	AIR COND	1	154	154	19,000
29	NO HEATING	1	154	154	19,000
30	AIR COND	1	154	154	19,000
31	NO HEATING	1	154	154	19,000
32	AIR COND	1	154	154	19,000
33	NO HEATING	1	154	154	19,000
34	AIR COND	1	154	154	19,000
35	NO HEATING	1	154	154	19,000
36	AIR COND	1	154	154	19,000
37	NO HEATING	1	154	154	19,000
38	AIR COND	1	154	154	19,000
39	NO HEATING	1	154	154	19,000
40	AIR COND	1	154	154	19,000
41	NO HEATING	1	154	154	19,000
42	AIR COND	1	154	154	19,000
43	NO HEATING	1	154	154	19,000
44	AIR COND	1	154	154	19,000
45	NO HEATING	1	154	154	19,000
46	AIR COND	1	154	154	19,000
47	NO HEATING	1	154	154	19,000
48	AIR COND	1	154	154	19,000
49	NO HEATING	1	154	154	19,000
50	AIR COND	1	154	154	19,000



NO.	DESCRIPTION	UNIT	PRICE	AREA	VALUE
1	NO HEATING	1	154	154	19,000
2	AIR COND	1	154	154	19,000
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4	AIR COND	1	154	154	19,000
5	NO HEATING	1	154	154	19,000
6	AIR COND	1	154	154	19,000
7	NO HEATING	1	154	154	19,000
8	AIR COND	1	154	154	19,000
9	NO HEATING	1	154	154	19,000
10	AIR COND	1	154	154	19,000
11	NO HEATING	1	154	154	19,000
12	AIR COND	1	154	154	19,000
13	NO HEATING	1	154	154	19,000
14	AIR COND	1	154	154	19,000
15	NO HEATING	1	154	154	19,000
16	AIR COND	1	154	154	19,000
17	NO HEATING	1	154	154	19,000
18	AIR COND	1	154	154	19,000
19	NO HEATING	1	154	154	19,000
20	AIR COND	1	154	154	19,000
21	NO HEATING	1	154	154	19,000
22	AIR COND	1	154	154	19,000
23	NO HEATING	1	154	154	19,000
24	AIR COND	1	154	154	19,000
25	NO HEATING	1	154	154	19,000
26	AIR COND	1	154	154	19,000
27	NO HEATING	1	154	154	19,000
28	AIR COND	1	154	154	19,000
29	NO HEATING	1	154	154	19,000
30	AIR COND	1	154	154	19,000
31	NO HEATING	1	154	154	19,000
32	AIR COND	1	154	154	19,000
33	NO HEATING	1	154	154	19,000
34	AIR COND	1	154	154	19,000
35	NO HEATING	1	154	154	19,000
36	AIR COND	1	154	154	19,000
37	NO HEATING	1	154	154	19,000
38	AIR COND	1	154	154	19,000
39	NO HEATING	1	154	154	19,000
40	AIR COND	1	154	154	19,000
41	NO HEATING	1	154	154	19,000
42	AIR COND	1	154	154	19,000
43	NO HEATING	1	154	154	19,000
44	AIR COND	1	154	154	19,000
45	NO HEATING	1	154	154	19,000
46	AIR COND	1	154	154	19,000
47	NO HEATING	1	154	154	19,000
48	AIR COND	1	154	154	19,000
49	NO HEATING	1	154	154	19,000
50	AIR COND	1	154	154	19,000

DATE: 08/28/92
 CONTACT: SALES MANAGER
 LISTED: 08/28/92
 REVISED: 08/28/92
 TOTAL COMMENTS: 100
 TOTAL COMMENTS: 100

3557	95	TISCHBEIN STEVEN D & MADELINE M 15-01856-000 1266-505 0.000	9/11/2007 30,117,3.000	149.2	95
	90			3566	90
	90			149.2	90
	75	KOLLAR GEDREE F - TRUSTEE KOLLAR FAMILY TRUST 15-04217-000 1240-2322 0.000	11/13/2006 30,117,2.000	3565	75
	97			3564	1118
	97	LAKE CONNIE L & DOYLE E 15-01060-000 1095-958 0.000	3/17/2003 30,117.1		4.98

3561	75	H FAMILY TR			
3562	72	JPE R			
3563	102	L	2004 1,28		

3578	77	COOKSON WANDA M 15-00732-000 692-37 0.00	4-18-1995 30,117.14	149.2	77
3579	77	ANTONELLI JOSEPH E & BEVERLY A 15-04024-000 733-741 0.00	7-30-1998 30,117.15	149.2	77
3580	77	LANZA JOSPEH W 15-02223-000 1291-2124 0.000	9/10/2008 30,117,16.000	149.2	77
3581	69	LANZA STEVEN M & JAMES A 15-01093-000 1058-843 0.00	5-21-2002 30,117.17	149.2	194

REF/ESV STATEMENT ADDRESS



11/6/08

STATE OF OHIO
DEPARTMENT OF COMMERCE

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301.5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address: 213 Grant St.

Owners Name(s): Dawn, OH
FRED KOLLAR

Date: 6-24, 20 10

Owner X is is not occupying the property. If owner is occupying the property, since what date: 1976

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):
[X] Public Water Service [] Holding Tank [] Unknown
[] Private Water Service [] Cistern [] Other
[] Private Well [] Spring
[] Shared Well [] Pond

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water?
[] Yes [X] No If "Yes", please describe:

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household) [X] 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:

X Owner's Initials F / K Date / / Purchaser's Initials / / Date / /

Property Address 213 GRANT ST.

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: _____

I) 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:

Is the property located in a designated flood plain? Yes No Unknown

Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area? Yes No Unknown

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 P / A Date _____ / _____ / _____

Purchaser's Initials _____ / _____ Date _____ / _____ / _____

Property Address 213 GRANT ST

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: _____

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 checked="" type="checkbox"/>	<input type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6) Fireplace/obimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 F / K Date _____ / _____

Purchaser's Initials _____ / _____ Date _____ / _____

Property Address 213 GRANT ST.

L) **BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS:** Do you know of any of the following conditions affecting the property? 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: Fred Hollen DATE: _____

OWNER: _____ DATE: _____

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: _____

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

Property Address 213 GRANT ST DOWN

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) Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) 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 Fred Kolla</u>	_____	Date	Seller	_____	Date
Purchaser	_____	Date	Purchaser	_____	Date
<u>[Signature]</u>	<u>6/24</u>	Date	Agent	_____	Date



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