



North West Realty, LLC

9326 S. M-37, P.O. Box 843
Baldwin, MI 49304
www.cbnwr.com - (231) 745-4646

Seller's Disclosure Statement

Property address: 637 E Sandusky Idlewild, mi. 49642 Michigan
Street City, Village, or Township

Purpose of Statement: This statement is a disclosure of the condition of the property in compliance with the Seller Disclosure Act. This statement is a disclosure of the condition and information concerning the property, known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering or any other specific area related to the construction or condition of the improvements on the property or the land. Also, unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. This statement is not a warranty of any kind by the Seller or by any Agent representing the Seller in this transaction, and is not a substitute for any inspections or warranties the Buyer may wish to obtain.

Seller's Disclosure: The Seller discloses the following information with the knowledge that even though this is not a warranty, the Seller specifically makes the following representations based on the Seller's knowledge at the signing of this document. Upon receiving this statement from the Seller, the Seller's Agent is required to provide a copy to the Buyer or the Agent of the Buyer. The Seller authorizes its Agent(s) to provide a copy of this statement to any prospective Buyer in connection with any actual or anticipated sale of property. The following are representations made solely by the Seller and are not the representations of the Seller's Agent(s), if any. **THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.**

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) Complete this form yourself. (5) If some items do not apply to your property, check NOT AVAILABLE. If you do not know the facts, check UNKNOWN, FAILURE TO PROVIDE A PURCHASER WITH A SIGNED DISCLOSURE STATEMENT WILL ENABLE A PURCHASER TO TERMINATE AN OTHERWISE BINDING PURCHASE AGREEMENT.

Appliances/Systems/Services: The items below are in working order. (The items listed below are included in the sale of the property only if the purchase agreement so provides.)

	Yes	No	Unknown	Not Available		Yes	No	Unknown	Not Available
Range/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawn sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener/conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood/fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well & pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV antenna, TV rotor & controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic tank & drain field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage door opener & remote control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City water system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City sewer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool heater, wall liner & equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic air filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash compactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace & chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna/hot tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estate Sale

Explanations (attach additional sheets if necessary):

UNLESS OTHERWISE AGREED, ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED, WITHOUT WARRANTY BEYOND DATE OF CLOSING.

Property conditions, improvements & additional information:

- Basement/Crawlspace: Has there been evidence of water? *Estate Sale* yes no
If yes, please explain: _____
- Insulation: Describe if known: *Estate Sale*
Urea Formaldehyde Foam Insulation (UFFI) is installed? unknown yes no
- Roof: Leaks? *Estate Sale*
Approximate age if known: _____
- Well: Type of well (depth/diameter, age and repair history, if known): *Estate Sale*
Has the water been tested? _____ If yes, date of test: _____
last report/results: _____
- Septic tanks/drain fields: Condition if known: _____
- Heating system: Type/approximate age: _____

BUYERS INITIALS _____
SELLERS INITIALS XG

Property address: 637 E Sandusky Idleville, Mich. 49442 Michigan
 Street City, Village, or Township

7. Plumbing system: Type: copper galvanized other
 Any known problems? _____

8. Electrical system: Any known problems? _____

9. History of infestation, if any: (termites, carpenter ants, etc.) _____
 10. Environmental problems: Are you aware of any substances, materials or products that may be an environmental hazard such as, but not limited to, asbestos, radon gas, formaldehyde, lead-based paint, fuel or chemical storage tanks and contaminated soil on property.

If yes, please explain. _____

11. Flood Insurance: Do you have flood insurance on the property?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
12. Mineral Rights: Do you own the mineral rights?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Other Items: Are you aware of any of the following:

1. Features of the property shared in common with the adjoining landowners such as walls, fences, roads and driveways or other features whose use or responsibility for maintenance may have an effect on the property?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
2. Any encroachments, easements, zoning violations or nonconforming uses?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
3. Any "common areas" (facilities like pools, tennis courts, walkways, or other areas co-owned with others), or a homeowner's association that has any authority over the property?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
4. Structural modifications, alterations, or repairs made without necessary permits or licensed contractors?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
5. Settling, flooding, drainage, structural, or grading problems?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
6. Major damage to the property from fire, wind, floods, or landslides?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
7. Any underground storage tanks?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
8. Farm or farm operation in the vicinity; or proximity to a landfill, airport, shooting range, etc?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
9. Any outstanding utility assessments or fees, including any natural gas main extension surcharge?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
10. Any outstanding municipal assessments or fees?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
11. Any pending litigation that could affect the property or the Seller's right to convey the property?	unknown <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

If the answer to any of these questions is yes, please explain. Attach additional sheets, if necessary: _____

The Seller has lived in the residence on the property from _____ (date) to _____ (date).
 The Seller has owned the property since _____ (date). The

Seller has indicated above the condition of all the items based on information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes to Buyer. In no event shall the parties hold the Broker liable for any representations not directly made by the Broker or Broker's Agent.

Seller certifies that the information in this statement is true and correct to the best of Seller's knowledge as of the date of Seller's signature.

BUYER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY. THESE INSPECTIONS SHOULD TAKE INDOOR AIR AND WATER QUALITY INTO ACCOUNT, AS WELL AS ANY EVIDENCE OF UNUSUALLY HIGH LEVELS OF POTENTIAL ALLERGENS INCLUDING, BUT NOT LIMITED TO, HOUSEHOLD MOLD, MILDEW AND BACTERIA.

BUYERS ARE ADVISED THAT CERTAIN INFORMATION COMPILED PURSUANT TO THE SEX OFFENDERS REGISTRATION ACT, 1994 PA 295, MCL 28,721 TO 28,732 IS AVAILABLE TO THE PUBLIC. BUYERS SEEKING SUCH INFORMATION SHOULD CONTACT THE APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY OR SHERIFF'S DEPARTMENT DIRECTLY.

BUYER IS ADVISED THAT THE STATE EQUALIZED VALUE OF THE PROPERTY, PRINCIPAL RESIDENCE EXEMPTION INFORMATION, AND OTHER REAL PROPERTY TAX INFORMATION IS AVAILABLE FROM THE APPROPRIATE LOCAL ASSESSOR'S OFFICE. BUYER SHOULD NOT ASSUME THAT BUYER'S FUTURE TAX BILLS ON THE PROPERTY WILL BE THE SAME AS THE SELLER'S PRESENT TAX BILLS. UNDER MICHIGAN LAW, REAL PROPERTY OBLIGATIONS CAN CHANGE SIGNIFICANTLY WHEN PROPERTY IS TRANSFERRED.

Seller X Xavier Isgrigley Date X 10/22/18
 Seller _____ Date _____

Buyer has read and acknowledges receipt of this statement.

Buyer _____ Date _____ Time _____
 Buyer _____ Date _____ Time _____

Disclaimer: This form is provided as a service of the Midland Board of REALTORS®. Please review both the form and details of the particular transactions to ensure that each section is appropriate for the transaction. The Midland Board of REALTORS® is not responsible for the use or misuse of the form for misrepresentation or for warranties made in connection with the form.



NORTH WEST REALTY, LLC

9326 S. M-37 | P.O. BOX 843 | BALDWIN, MI 49304

OFFICE (231) 745-4646 | FAX (231) 745-4647

www.cbnwr.com

Property Address 1037 E Sandusky
Street
Idlewild, Mi. 49642 MICHIGAN
City, Village, Township

LANGUAGE FOR SELLER'S ACKNOWLEDGMENT

LEAD-BASED PAINT

Seller represents and warrants that the listed property was built in 1978 or later, and that therefore, the federally-mandated lead-based paint disclosure regulations do not apply to this property.

Seller(s)

Xi Xavier Gallegos

Date 10/22/18

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978
Failure to comply is a misdemeanor

PERMIT NO:
DHD#10 43-02114

MCA 11/21/99

083-001-00
LOCATION OF WELL

Township Name

Fraction

Section No.

Town No.

Range No.

Distance and Direction from Road Intersection

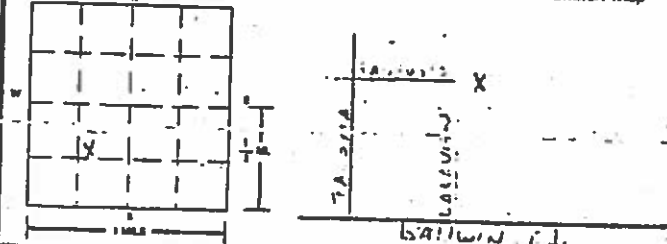
Idlewild #4

Street Address & City of Well Location

Sandusky SD

Locate with 'x' in Section Below

Sketch Map



3. OWNER OF WELL

Address

Address Yes No

4. WELL DEPTH:

Date Completed 9 16 100 New Well
 Replacement Well

5. Cable Tool Rotary Driven Auger
 Hollow Rod Auger/Bored Jetted Other

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public Other

7. CASING:

Steel Threaded Plastic Welded
 Other

Diameter: 2 in. to 3 ft. depth
Weight: 12 lbs./ft.

BORE HOLE: Diameter: 2 in. to 40 ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type P.V.C. Diameter 1 1/2
Slot/Gauze 10 Length: 5
Set Between: 40 ft. and 40 ft.
FITTINGS: K-Packer Brammer Check
 Blank Above Screen Other

9. STATIC WATER LEVEL: 18 ft. Below Land Surface. Flowing

10. PUMPING LEVEL: Below Land Surface
3 ft. After 1 hrs. Pumping at 10 G.P.M.
 Plunger Bailer Air Test Pump

11. WELL HEAD COMPLETION:
 Pileless Adapter 12" Above Grade
 Basement Offset Well House

12. WELL GROUTED? No Yes From 3 to 6 ft.
 Neat Cement Bentonite Other
No. of Bags 11 Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type PAV Distance 50 ft. Direction E
Type 13 Distance 50 ft. Direction

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name _____ HP _____ Volts _____
Model Number _____ Length of Drop Pipe _____ ft. Capacity _____ G.P.M.
TYPE: Submersible Jet Other
PRESSURE TANK: Manufacturer's Name _____ Capacity _____ Gallons

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

<u>Sand & Clay</u>	<u>30</u>	<u>30</u>
<u>Water bearing sand & gravel</u>	<u>10</u>	<u>40</u>

RECEIVED
JAN 18 2001
RECEIVED
SEP 25 2000
D.H.D. #10
D.H.D. #10

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter _____ in. Depth _____ ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags _____ Casing Removed? Yes No

16. REMARKS: (Elevation, Source of Data, etc.)

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name Don Cornell

18. WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Don Cornell Well Drilling 43-1815
REGISTERED BUSINESS NAME
Address 4238 W 8th St Babylon NY 11704 REGISTRATION NO. 49304
Signed Don Cornell Date 9-6-00
AUTHORIZED REPRESENTATIVE

PERMIT TO CONSTRUCT

DISTRICT HEALTH DEPARTMENT NO. 10

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

PERMIT NUMBER 43-02114

[X] SEWAGE TREATMENT SYSTEM

[X] WATER WELL

PERMIT FOR FACILITIES AT: 637 E. SANDUSKY

PERMIT ISSUED TO:

STREET ADDRESS SANDUSKY
TOWNSHIP YATES COUNTY Lake
SECTION 06 TOWN 117 RANGE 12W
SUBDIVISION Lot
TAX ID NUMBER 43-15-383-001-00 02

NAME
MAILING ADDRESS
TELEPHONE NUMBER
PROPERTY OWNER

DESIGN CRITERIA:

- [X] SINGLE FAMILY, NO. OF BEDROOM 3
[NO] GARBAGE GRINDER
[] BASEMENT PLUMBING
[] OTHER, GAL/DAY
[] OTHER NOTES

SOIL BORINGS Topsoil 4"
Fine Sand to 5 1/4'
SWT + 5 1/4'

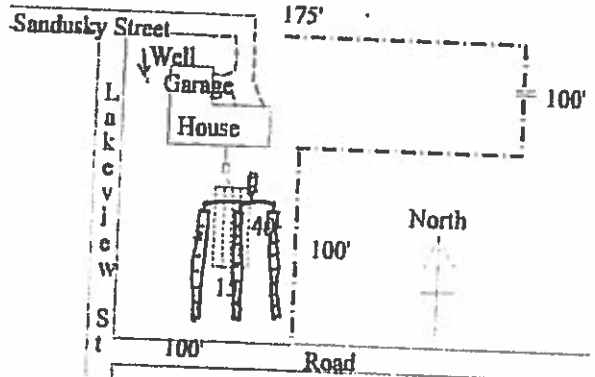
PERMIT TO INSTALL, CONSTRUCT, OR REPLACE

PLOT PLAN - NOT TO SCALE

DATE PERMIT EXPIRES In One Year (November 1, 2000)

- [X] SEPTIC TANK SIZE 4,000 Gallon Minimum Capacity.
[] DRAINAGE SYSTEM 600 Sq. Ft. (15' X 40') spaced 3' on centers Max
[] WATER WELL 2" - 5" dia. casing / 25' Min. casing depth.
MIN WELL ISOLATION 50'

Lots 1 - 5, & 47 - 50.



PLEASE READ THE BACKSIDE OF THIS PERMIT FOR OTHER REQUIREMENTS!

SPECIAL CONDITIONS OF PERMIT (SEWAGE PERMIT CONDITIONS / RESTRICTIONS)

- (1) Stay a Min. of 50' from ANY water well, 10' from property lines, 10' from basement foundation.
(2) Maintain adequate space available on site for an equally sized reserve drain field for future need (all sewage systems fail eventually)!
(3) Remove trees in the drain field area (a Min. of 10' away is very highly recommended to avoid future root damage to the drain field)
(4) The BOTTOM of the drain field should not exceed 24" deep for the BEST system operation and longest life expectancy. (MAX. allowed final cover depth placed over & above the drain field is not to exceed 24")
(5) When the sewage system is completed, telephone 745-4663 (BEFORE 10:00 a.m.) to request a FINAL INSPECTION PRIOR to backfilling system and before placing this sewage system into operation!

WELL PERMIT CONDITIONS / RESTRICTIONS ATTENTION: Give the enclosed "WELL LOG" form to your Michigan Licensed Well Drilling Contractor! (+) PERMIT ADDENDUM entitled: "Requirements For Installing A Single Family Residential Well". PLEASE READ THIS PERMIT ADDENDUM CAREFULLY!

NOTICE: A Driven Point Well IS NOT AUTHORIZED, and is NOT APPROVED, unless you obtain prior separate written approval from the Health Officer!

SEWAGE FINAL

INSP. TYPE F DATE 11/02/99 BY [Signature]

TYPE OF TREATMENT SYSTEM 24 Equal 26 chambers - 3' each & 8 each.
SYS. DIMENSIONS 525' 60" x 40" ISOL. DIST. WNI S. TANK 1,000 gal.

NOTES Inspection relies on 2 chambers & each Trend
INSPECTION DATE 11/02/99 CONTRACTOR Willie Dandy
TYPE A=Affidavit F=Partial F=Final

WELL FINAL

WELL INSPECTION DATE BY
CASING DIAMETER CASING MATERIAL
APPROVED CAP YES NO PUMP TYPE
COMMENTS

SEWAGE PERMIT ISSUED X DENIED
WELL PERMIT ISSUED X DENIED

[Signature] 11/01/99
HEALTH DEPARTMENT REPRESENTATIVE DATE