

AN ACT

ENTITLED, An Act to revise certain provisions regarding property condition disclosure statements.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

Section 1. That § 43-4-44 be amended to read as follows:

43-4-44. The following form shall be used for the property condition disclosure statement:

SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

(This disclosure shall be completed by the seller. This is a disclosure required by law. If you do not understand this form, seek legal advice.)

Seller _____

Property Address _____

This Disclosure Statement concerns the real property identified above situated in the City of _____ County of _____, State of South Dakota.

THIS STATEMENT IS A DISCLOSURE OF THE CONDITION OF THE ABOVE DESCRIBED PROPERTY IN COMPLIANCE WITH § 43-4-38. IT IS NOT A WARRANTY OF ANY KIND BY THE SELLER OR ANY AGENT REPRESENTING ANY PARTY IN THIS TRANSACTION AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE PARTIES MAY WISH TO OBTAIN. Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

IF ANY MATERIAL FACT CHANGES BEFORE CONVEYANCE OF TITLE TO THIS PROPERTY, THE SELLER MUST DISCLOSE SUCH MATERIAL FACT WITH A WRITTEN AMENDMENT TO THIS DISCLOSURE STATEMENT.

I. LOT OR TITLE INFORMATION

1. When did you purchase or build the home? _____

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

2. Were there any title problems when you purchased the property?

Yes ____ No ____

3. Are there any recorded liens or financial instruments against the property, other than a first mortgage?

Yes ____ No ____

4. Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 44-9?

Yes ____ No ____ Unknown ____

5. Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage, and sidewalks)?

Yes ____ No ____ Unknown ____

6. Are there any problems related to establishing the lot lines/boundaries?

Yes ____ No ____ Unknown ____

7. Do you have a location survey in your possession or a copy of the recorded plat? If yes, attach a copy.

Yes ____ No ____ Unknown ____

8. Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)?

Yes ____ No ____

9. Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law? If yes, attach a copy of the covenants and restrictions.

Yes ____ No ____

10. Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes, or changes that could affect your property?

Yes ____ No ____

11. Is the property currently occupied by the owner?

Yes ____ No ____

12. Does the property currently receive the owner occupied tax reduction pursuant to SDCL 10-13-39?

Yes ____ No ____

13. Is the property currently part of a property tax freeze for any reason?

Yes ____ No ____ Unknown ____

14. Is the property leased?

Yes ____ No ____

15. If leased, does the property use comply with local zoning laws?

Yes ____ No ____

16. Does this property or any portion of this property receive rent? If yes, how much \$____ and how often ____?

Yes ____ No ____

17. Do you pay any mandatory fees or special assessments to a homeowners' or condominium association?

Yes ____ No ____

If yes, what are the fees or assessments? \$ ____ per ____ (i.e. annually, semi-annually, monthly)

Payable to whom: _____

For what purpose? _____

18. Are you aware if the property has ever had standing water in either the front, rear, or side yard more than forty-eight hours after heavy rain?

Yes ____ No ____

19. Is the property located in or near a flood plain?

Yes ____ No ____ Unknown ____

20. Are wetlands located upon any part of the property?

Yes ____ No ____ Unknown ____

II. STRUCTURAL INFORMATION

If the answer is yes to any of the following, please explain under additional comments or on an attached separate sheet.

1. Are you aware of any water penetration problems in the walls, windows, doors, basement, or crawl space?

Yes ____ No ____

2. What water damage related repairs, if any, have been made?

If any, when? _____

3. Are you aware if drain tile is installed on the property?

Yes ____ No ____

4. Are you aware of any interior cracked walls or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas?

Yes ____ No ____

What related repairs, if any, have been made?

5. Are you aware of any roof leakage, past or present?

Yes ____ No ____

Type of roof covering: _____

Age: _____

What roof repairs, if any, have been made, when and by whom? _____

Describe any existing unrepaired damage to the roof: _____

6. Are you aware of insulation in:

the ceiling/attic? Yes ____ No ____

the walls? Yes ____ No ____

the floors? Yes ____ No ____

7. Are you aware of any pest infestation or damage, either past or present?

Yes ____ No ____

8. Are you aware of the property having been treated for any pest infestation or damage?

Yes ____ No ____

If yes, who treated it and when? _____

9. Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit?

Yes ____ No ____

If yes, describe the work: _____

Was a permit obtained? Yes _____

Was the work approved by an inspector? Yes ____ No ____

10. Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail,

or snow)?

Yes ____ No ____

If yes, describe _____

Have any insurance claims been made?

Yes ____ No ____ Unknown ____

Was an insurance payment received?

Yes ____ No ____ Unknown ____

Has the damage been repaired?

Yes ____ No ____

If yes, describe in detail: _____

11. Are you aware of any problems with sewer blockage or backup, past or present?

Yes ____ No ____

12. Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway?

Yes ____ No ____

If yes, describe in detail: _____

III. SYSTEMS/UTILITIES INFORMATION

	NONE/NOT INCLUDED	WORKING	NOT WORKING
1. 220 Volt Service	_____	_____	_____
2. Air Exchanger	_____	_____	_____
3. Air Purifier	_____	_____	_____
4. Attic Fan	_____	_____	_____

5. Burglar Alarm and Security System	_____	_____	_____
6. Ceiling Fan	_____	_____	_____
7. Central Air - Electric	_____	_____	_____
8. Central Air - Water Cooled	_____	_____	_____
9. Cistern	_____	_____	_____
10. Dishwasher	_____	_____	_____
11. Disposal	_____	_____	_____
12. Doorbell	_____	_____	_____
13. Fireplace	_____	_____	_____
14. Fireplace Insert	_____	_____	_____
15. Garage Door/Opener Control(s)	_____	_____	_____
16. Garage Wiring	_____	_____	_____
17. Heating System	_____	_____	_____
18. Hot Tub, Whirlpool, and Controls	_____	_____	_____
19. Humidifier	_____	_____	_____
20. Intercom	_____	_____	_____
21. Light Fixtures	_____	_____	_____
22. Microwave/Hood	_____	_____	_____
23. Plumbing and Fixtures	_____	_____	_____
24. Pool and Equipment	_____	_____	_____
25. Propane Tank	_____	_____	_____
26. Radon System	_____	_____	_____
27. Sauna	_____	_____	_____
28. Septic/Leaching Field	_____	_____	_____
29. Sewer Systems/Drains	_____	_____	_____
30. Smoke/Fire Alarm	_____	_____	_____
31. Solar House - Heating	_____	_____	_____
32. Sump Pump(s)	_____	_____	_____
33. Switches and Outlets	_____	_____	_____

- | | | | |
|--------------------------------------|-------|-------|-------|
| 34. Underground Sprinkler and Heads | _____ | _____ | _____ |
| 35. Vent Fan | _____ | _____ | _____ |
| 36. Water Heater - Electric or Gas | _____ | _____ | _____ |
| 37. Water Purifier | _____ | _____ | _____ |
| 38. Water Softener - Leased or Owned | _____ | _____ | _____ |
| 39. Well and Pump | _____ | _____ | _____ |
| 40. Wood Burning Stove | _____ | _____ | _____ |

IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?

	EXISTING CONDITIONS		TESTS PERFORMED	
	YES	NO	YES	NO
1. Methane Gas	_____	_____	_____	_____
2. Lead Paint	_____	_____	_____	_____
3. Radon Gas (House)	_____	_____	_____	_____
4. Radon Gas (Well)	_____	_____	_____	_____
5. Radioactive Materials	_____	_____	_____	_____
6. Landfill, Mineshaft	_____	_____	_____	_____
7. Expansive Soil	_____	_____	_____	_____
8. Mold	_____	_____	_____	_____
9. Toxic Materials	_____	_____	_____	_____
10. Urea Formaldehyde Foam Insulations	_____	_____	_____	_____
11. Asbestos Insulation	_____	_____	_____	_____
12. Buried Fuel Tanks	_____	_____	_____	_____
13. Chemical Storage Tanks	_____	_____	_____	_____

14. Fire Retardant Treated Plywood _____

15. Production of Methamphetamines _____

If the answer is yes to any of the questions above, please explain in additional comments or on an attached separate sheet.

V. MISCELLANEOUS INFORMATION

1. Is the street or road located at the end of the driveway to the property public or private?

Public _____ Private _____

2. Is there a written road maintenance agreement?

If yes, attach a copy of the maintenance agreement.

Yes _____ No _____

3. When was the fireplace/wood stove/chimney flue last cleaned?

4. Within the previous twelve months prior to signing this document, are you aware of any of the following occurring on the subject property ?

a. A human death by homicide or suicide? If yes, explain:

Yes _____ No _____

b. Other felony committed against the property or a person on the property? If yes, explain:

Yes _____ No _____

5. Is the water source public or private (select one) ?

6. If private, what is the date and result of the last water test?

7. Is the sewer system public _____ or private _____ (select one)?

8. If private, what is the date of the last time the septic tank was pumped? _____

9. Are there broken window panes or seals?

Yes _____ No _____

If yes, specify: _____

10. Are there any items attached to the property that will not be left, such as: towel bars, mirrors, swag lamps and hooks, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, etc.

Yes _____ No _____

If yes, please list _____

11. Are you aware of any other material facts or problems that have not been disclosed on this form?

Yes _____ No _____

If yes, explain: _____

VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)

CLOSING SECTION

The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information, knowledge, and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of title to this property, the change will be disclosed in a written amendment to this disclosure statement.

SELLER _____ DATE _____

SELLER _____ DATE _____

THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION

OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.

I/We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent representing any party to this transaction makes no representations and is not responsible for any conditions existing in the property.

BUYER _____ DATE _____

BUYER _____ DATE _____

An Act to revise certain provisions regarding property condition disclosure statements.

I certify that the attached Act
originated in the

SENATE as Bill No. 97

Secretary of the Senate

President of the Senate

Attest:

Secretary of the Senate

Speaker of the House

Attest:

Chief Clerk

Senate Bill No. 97

File No. _____

Chapter No. _____

Received at this Executive Office
this _____ day of _____ ,

20____ at _____ M.

By _____
for the Governor

The attached Act is hereby
approved this _____ day of
_____, A.D., 20____

Governor

STATE OF SOUTH DAKOTA,
ss.
Office of the Secretary of State

Filed _____, 20____
at _____ o'clock __ M.

Secretary of State

By _____
Asst. Secretary of State