



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

7300 NW State Route W Kidder MO 64649 Caldwell
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

(1) Age aprox 12 years (2) Shape rectangle (3) Size (length x width) aprox 12x24

(4) Depth _____ (5) Volume (gallons) _____

(6) Type Above ground (please check type) Vinyl liner Other _____

In ground (please check type) Concrete Stainless Gunite Fiberglass Vinyl liner

Other _____

(7) Pool Builder unknown

(8) Type of chemical sanitizer Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater

Other _____

(9) Cover Yes No If "Yes", is it Automatic Manual

(10) Pool service provider Clark Pools Last serviced 10/01/2023 (date)

(11) Last opened by homeowner

Last closed by Clark Pools

(12) Age of heater 12 years Heating source propane

(13) Age of pump 12 years

(14) Age of filter 12 years Type of filter Sand DE Other _____

(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed) no repair just routine maintenance

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: no, we have not used the heater as did not want the cost and not needed. It was turned on when we purchased to show that it was working.

HOT TUB: (Indicate if any information is approximate)

(1) Age unknown (2) Volume (gallons) unknown (3) Manufacturer unknown and currently not working

(4) Construction (e.g., fiberglass, plastic, cement) _____

(5) Type of chemical sanitizer? Chlorine Copper/Silver Ionizer Bacquacil Ozonator Saltwater

Other _____

(6) Spa service provider _____ Last serviced _____ (date)

(7) Age of heater _____ Heat source _____

(8) Age of pump _____ (9) Age of filter _____ (10) Number of jets _____

(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above? Yes No

Please explain if "Yes" and attach additional pages if needed: needing a replacement part to get back operating, we have no use for it so have not repaired it.

BUYER'S INITIALS _____ (date)

SELLER'S INITIALS  Nov 21, 2023 (date)

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Last Revised 12/31/18

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DSC-8000D