

**REALTORS® ASSOCIATION OF NEW MEXICO  
PROPERTY DISCLOSURE STATEMENT - VACANT LAND - 2014**

**INSTRUCTIONS AND ACKNOWLEDGEMENT REGARDING THIS FORM**

This Statement discloses Seller's current, actual knowledge of the condition of the Property as of the date signed by Seller, and is not a substitute for any inspections or warranties that Buyer may wish to obtain. This Statement is designed to assist Seller to provide information about the Property and to assist Buyer in evaluating the Property being considered. Conditions may exist which are unknown to Seller. Buyer is encouraged to address concerns about the Property whether or not included in this Statement. This Statement does not relieve Seller of the obligation to disclose a condition of the Property that may not be addressed on this form or a change in any condition after the date of this Statement, and is not a substitute for inspection by the Buyer. Neither the Broker, nor the Board or Association of REALTORS® nor the REALTORS® Association of New Mexico warrant or guarantee the information in this disclosure.

**Do not leave any questions blank. Attach additional pages if needed.**

Initials: Buyer MKO Seller \_\_\_\_\_

Sandesta Drive Alto 88312  
Address City Zip Code  
Lot 17 Unit 1 Ranches of Sonterra Subdivision  
Legal Description

Or see metes and bounds description attached as Exhibit \_\_\_\_\_, Lincoln County, New Mexico.

1. **OCCUPANCY:** Is Seller currently occupying the Property?  Yes. If yes, \_\_\_\_\_ years/months Seller occupied.  
 No. If no, \_\_\_\_\_ years/months since Seller occupied.  Never Occupied Property.  Other \_\_\_\_\_

**2. TITLE, ZONING, LEGAL INFORMATION:**

YES	NO
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**IS THE SELLER AWARE OF:**

- YES  NO A. Was the Property part of a larger tract of land that was subdivided within the last five (5) years? If yes, and the subdivided Property was not previously subdivided in accordance with the New Mexico Subdivision Act (Act), a subsequent sale, lease or other conveyance of the Property within five (5) years of the original subdivision and sale, lease or conveyance may trigger the requirements of the Act. SELLER/BUYER SHOULD CONSULT A TITLE COMPANY AND AN ATTORNEY TO DETERMINE THE APPLICABILITY OF THE ACT TO THIS PROPERTY.
- YES  NO B. Are there any title problems (for example, unrecorded or disputed easements, lot line disputes, liens, encroachment, access issues, third party claims)?
- YES  NO C. Any Property taxes that are not current?
- YES  NO D. Any existing or proposed bonds, assessments, liens, mortgages, judgments, Deed of Trust, Impact Fees, Real Estate Contracts, etc. against the Property?  
If yes, explain: \_\_\_\_\_

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YES	NO
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**IS THE SELLER AWARE OF:**

- YES     NO    E. Any violations of applicable subdivision laws at the time the Property was subdivided?  
If yes, explain: \_\_\_\_\_
- YES     NO    F. Any alleged violations of applicable laws, regulations, ordinances or zoning laws?  
If yes, explain: \_\_\_\_\_
- YES     NO    G. Any zoning variances/exceptions or non-conforming use of the Property?  
If yes, explain: \_\_\_\_\_
- YES     NO    H. Any legal issues, proposed buildings, bridges, roadways or real estate developments, etc. in the immediate area?  
If yes, explain: \_\_\_\_\_
- YES     NO    I. Any restrictive covenants or other limitations on use?  
If yes, explain: HOA covenants
- YES     NO    a. Any violation thereof? If yes, explain: \_\_\_\_\_
- YES     NO    J. Any building code or environmental regulation violations?  
If yes, explain: \_\_\_\_\_
- YES     NO    K. Any necessary permits, approvals or inspections for all construction, repairs and improvements that have not been obtained?  
If yes, explain: \_\_\_\_\_
- YES     NO    L. Any existing or threatened legal actions concerning the Property or the Homeowners Association?  
If yes, explain: \_\_\_\_\_
- YES     NO    M. Any well-sharing, driveway-sharing, road-sharing or other contract to which the Property is subject?  
If yes, explain: \_\_\_\_\_
- YES     NO    N. Anyone with a Right of First Refusal, option to buy or lease the Property, or any other similar agreement?  
If yes, explain: \_\_\_\_\_
- YES     NO    O. Any other restrictions on resale?  
If yes, explain: \_\_\_\_\_
- YES     NO    P. Is this Property subject to Right of Reversion?  
If yes, explain: \_\_\_\_\_
- YES     NO    Q. Any exemptions you claim to Property Taxes (i.e., Veteran, Head of Household)?  
If yes, explain: \_\_\_\_\_

For additional information or further explanation (indicate item #): \_\_\_\_\_

**3. PROPERTY CONDITIONS**

YES	NO
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**IS THE SELLER AWARE OF:**

- YES     NO    A. Any minor damage that has occurred to the Property?
- YES     NO    B. Any smoke damage or a fire on the Property?
- YES     NO    C. Any problems with driveways, walkways, sidewalks (such as large cracks, potholes or raised sections)?

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- D. Any history of wood infestation, insects, pests or tree root problems? Specify date and type of last treatment: \_\_\_\_\_
- E. Any flowing or drainage problems on the Property?
- F. Any flowing or drainage problems on adjacent Properties that may impact this Property?
- G. Any standing water after rainfalls?
- H. Any active springs?
- I. Any history of moldy conditions or treatment for mold?
- J. Any land on the Property that has been filled in?
- K. Any earth movement, subsidence, or settlement problems?
- L. Any additional structures? If yes, list: \_\_\_\_\_

For additional information or further explanation (indicate item #): J - Building pad constructed

**4. WATER SUPPLY**

YES	NO	DON'T KNOW
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- A. Is the water supply  City/Municipal?  Community/Subdivision  Domestic Well  Private Well  Shared Well  None (If none, skip to Paragraph 5) If yes,
  - i. Is there a requirement to connect to the City/Municipal/Community/Subdivision water? If yes, what are the requirements? \_\_\_\_\_

**NOTE: Additional expenses may be required**
- B. If the water supply is City/Municipal/Community/Subdivision, list name and address of supplier: \_\_\_\_\_  
Are there any problems? \_\_\_\_\_
  - i. Any water supply problems? If yes, explain: \_\_\_\_\_
  - ii. Fees per month: \$ \_\_\_\_\_
  - iii. Is there a Transfer Fee? If yes, how much? \_\_\_\_\_
  - iv. Any restrictions or regulations? If yes, explain: \_\_\_\_\_

**NOTE: Additional expenses may be required**
- C. If water supply is domestic/private/shared well, any problems with well equipment? If yes, explain: \_\_\_\_\_
  - i. Any restrictions or regulations?
  - ii. If this is a shared well, is a written agreement available?
  - iii. Is well registered with the State Engineer's Office?  
Permit Number: \_\_\_\_\_
  - iv. Does Seller have well record?
  - v. Is well metered?
  - vi. Is there sufficient water yield at all times?  
If no, explain: \_\_\_\_\_
  - vii. Is there a separate electrical meter for the shared well?  
If yes, what is the location of the meter? \_\_\_\_\_  
and other well components & equipment? \_\_\_\_\_
  - viii. Is there a requirement to connect to the City/Municipal/Community/Subdivision water? If yes, what are the requirements? \_\_\_\_\_

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YES	NO	DON'T KNOW
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**NOTE: Additional expenses may be required**  
 ix. Is there any other water source for the Property for any other use?  
 If so, explain: \_\_\_\_\_

For more Information, see RANM Form 2307 - Information Sheet - Water Rights and Domestic Wells)  
 For additional information or further explanation (indicate item #): \_\_\_\_\_

**5. SEWER/WASTEWATER TREATMENT**

YES	NO	DON'T KNOW
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- A. Is the sewer/wastewater treatment system?       City/Municipal?  
 Community/Subdivision       Onsite Liquid Waste System       None  
 Any problems? \_\_\_\_\_  
 i. If none, is sewer available \_\_\_\_\_  
 ii. If yes, is there a requirement to connect to the City/Municipal/Community/  
 Subdivision Sewer Wastewater Treatment System? What are the  
 requirements: \_\_\_\_\_
- B. If the sewer/wastewater treatment system is City/Municipal/Community/  
 Subdivision, List name and address of provider: \_\_\_\_\_  
 \_\_\_\_\_  
 i. Fees per month: \$ \_\_\_\_\_  
 ii. Any restrictions or regulations?  
 If yes, explain: \_\_\_\_\_  
 iii. Is a written agreement available?  
 iv. Is there a transfer fee? If yes, how much? \_\_\_\_\_  
 v. Is there a requirement to connect to the City/Municipal/Sewer Wastewater  
 Treatment System? If yes, what are the requirements? \_\_\_\_\_
- C. If there is an Onsite Liquid waste system, type:  
 Conventional       Advanced Treatment System (See #D)       Cesspool  
 i. Any problems? \_\_\_\_\_  
 ii. List name and address of service company: \_\_\_\_\_  
 iii. Date last serviced: \_\_\_\_\_  
 iv. Is there an available installation permit?  
 v. New Mexico Environmental Department (NMED) Environmental  
 Improvement District (EID) Certification? NMED (EID) Certification  
 number and date: \_\_\_\_\_  
 vi. Location of the system: \_\_\_\_\_  
 vii. Is there a requirement to connect to the City/Municipal/Community/  
 Subdivision Sewer/Wastewater Treatment System? If yes, what are the  
 requirements? \_\_\_\_\_
- D. Are there any ALTERNATIVE LIQUID WASTE SYSTEMS?  
 i. Is there an ADVANCED ON-SITE LIQUID WASTE SYSTEM (Multi-Flow  
 Septic System): GRAY WATER and/or BLACK WATER?

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YES	NO	DON'T KNOW
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1) Does the Property have a harvesting system utilizing Gray and/or black water? If yes, please explain: \_\_\_\_\_

2) How is the harvested liquid waste utilized? \_\_\_\_\_

3) Where is the location of the Multi-Flow Septic System? \_\_\_\_\_

4) What year was the Multi-Flow Septic System installed? \_\_\_\_\_

**NOTE: Additional expenses may be required**

ii. Does the Property have an OUT HOUSE (Outdoor Latrine Facilities)?

1) If yes, how many are on the Property? \_\_\_\_\_

2) Is the Out House a permanent structure? \_\_\_\_\_

3) If existing, please describe any additional details \_\_\_\_\_

**NOTE: Additional expenses may be required**

iii. Does the Property have a COMPOSTING TOILET?

1) If yes, what is the method of operation?  electric  solar

other: explain: \_\_\_\_\_

2) If existing, please describe any additional details \_\_\_\_\_

**NOTE: Additional expenses may be required**

iv. Does the Property have a Liquid Waste STORAGE TANK?

1) If yes, please list: \_\_\_\_\_ Capacity amount

\_\_\_\_\_ Location of Liquid Waste Storage Tank

\_\_\_\_\_ Date of installation \_\_\_\_\_ Frequency the Liquid

Waste Storage Tank needs to be pumped

**NOTE: Additional expenses may be required**

E. Have there been any problems with the sewer/septic system? If yes, explain: \_\_\_\_\_

**IF THE PROPERTY HAS AN ONSITE LIQUID WASTE SYSTEM, IT IS SUBJECT TO THE REGULATIONS OF THE NEW MEXICO ENVIRONMENTAL DEPARTMENT (NMED), WHICH REQUIRE INSPECTIONS AND POSSIBLE REPAIR. CONTACT THE NMED FOR INFORMATION REGARDING APPROPRIATE INSPECTION FORMS AND REQUIREMENTS.**

For more information, see RANM Form 2308 Information Sheet - Septic Systems.

For additional information or further explanation (indicate item #): \_\_\_\_\_

**6. ELECTRICAL**

YES	NO	DON'T KNOW
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A. Is the electrical wiring copper?

B. Is the electrical wiring aluminum?

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YES	NO	DON'T KNOW
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- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. If yes, has the aluminum wiring been pig-tailed with copper wiring?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Are you aware of any damaged or malfunctioning receptacles or switches? If yes, which ones? _____                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Are you aware of any extension cords used to create new electrical outlets? If yes, explain: _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Are you aware of any defective, malfunctioning, or improperly installed electrical equipment? If yes, explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Has electrical service been modified since originally installed? If yes, explain: _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Do any circuits trip regularly? If yes, explain: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Are you aware of any electric lines encroaching on the Property? If yes, explain: _____                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Are there encroachment agreements with any utility companies? If yes, explain: _____                                 |

For additional information or further explanation (indicate item #): No electrical service installed

**7. MISCELLANEOUS**

YES	NO	DON'T KNOW
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- |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | A. Does the Property include a landscape watering system? If yes, is it <input type="checkbox"/> Auto-timed <input type="checkbox"/> Manual <input type="checkbox"/> Front yard <input type="checkbox"/> Back yard <input type="checkbox"/> Side yard |
|                                     |                                     |                                     | i. Type of watering system? <input type="checkbox"/> Sprinklers <input type="checkbox"/> Bubblers <input type="checkbox"/> Drip System<br>Other: _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | ii. Is the watering system in good working order?   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | iii. Are there any areas where the watering system does not properly water? If yes, please explain: _____   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | iv. Are there any areas of excessive standing water?  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | v. Are any areas not served by the watering system?   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | vi. Is the drip and/or sprinkler system (if present) on auto-timer?   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | vii. Are you aware of any of the above equipment that is in need of repair or replacement or is improperly installed? If yes, please explain: _____   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | B. Does the Property have a security system? If yes, type: _____<br><input type="checkbox"/> Owned <input type="checkbox"/> Leased If leased, leased from: _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | C. If leased, is the security system transferable? If yes, are there any problems: _____  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | D. Are there any problems in obtaining utility or phone service?<br>If yes, explain: _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | E. Can you obtain cable TV service?   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | F. Can you obtain DSL service?  |

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YES	NO	DON'T KNOW
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YES     NO     DON'T KNOW

G. Have any insurance claims been made in the past five years?

If yes, please explain: \_\_\_\_\_

YES     NO     DON'T KNOW

i. Were repairs completed? \_\_\_\_\_

H. Has any insurance application or prior coverage regarding all or any part of the Property been rejected or will not be renewed? If yes, please explain: \_\_\_\_\_

YES     NO     DON'T KNOW

I. Has notice been received that any existing insurance coverage will be subjected to increased premium rates?

For additional information or further explanation (indicate item #): \_\_\_\_\_

**8. PUBLIC IMPROVEMENT DISTRICT**

YES	NO	DON'T KNOW
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YES     NO     DON'T KNOW

A. Is this Property part of an Public Improvement District? **If yes, PER NEW MEXICO LAW, SELLER IS PROHIBITED FROM ACCEPTING AN OFFER TO PURCHASE UNTIL SELLER HAS PROVIDED SPECIFIC DISCLOSURES TO THE BUYER.** See RANM Form 4550, Public Improvement District Disclosure and RANM Form 4500, Public Improvement District Information Sheet. If no, skip to Paragraph 9.

**9. ASSOCIATIONS AND MEMBERSHIPS**

*The following questions can be used for various types of Homeowner Associations. Specific disclosures are required by law. See RANM Form 2302A, Resale Certificate from Condominium Association; RANM Form RANM Form 4600, Homeowners' Association Information Sheet; RANM Form 4650, Homeowners' Association Disclosure Addendum; and RANM Form 4700 Homeowners' Disclosure Certificate.*

YES	NO	DON'T KNOW
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YES     NO     DON'T KNOW

**IS THE SELLER AWARE OF:**

A. Is this Property subject to a membership or part of an HOA or Condominium Association? If no, skip to Paragraph 10.

i. Name, address and phone number of HOA: Ranches of Santerra

ii. Does the Membership or HOA have a right of first refusal?

iii. Association fees? \$ 110.00 per  year  month.

What is included in the HOA fees?     Water/sewer     Trash

Building Insurance     Gas Utility     Electric Utility

Ground Maintenance     Property Taxes     Streets     Snow Removal

Other: \_\_\_\_\_

YES     NO     DON'T KNOW

iv. Any contemplated future dues increases or special assessments? If yes, give details: \_\_\_\_\_

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YES	NO	DON'T KNOW
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v. Security?  Intercom  Closed Circuit TV  Guards  Electric Gate  
 Other: \_\_\_\_\_

vi. Does each unit have its own designated parking space(s)? If yes, how many?  
\_\_\_\_\_

vii. Please check the existence of the following documents:  
 Covenants, Conditions and Restrictions or Declaration of Condominium  
 Regulations currently in force  
 Current Financial Statement of Association  
 Articles of Incorporation of Association  
 Association Bylaws  
 Minutes of Board Meetings

viii. Any pending or threatened litigation either by or against the HOA? If yes, explain: \_\_\_\_\_

ix. Are all dues and assessments current?

For additional information or further explanation (indicate item #): \_\_\_\_\_

**10. ENVIRONMENTAL**

YES	NO
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**IS THE SELLER AWARE OF:**

A. Any noticeable continuous or periodic odors (such as from waste, agriculture, industry, etc.)?

B. Any excessive noises (such as airplanes, trains, trucks, freeways, etc)?

C. Any hazards or hazardous materials on or in close proximity to the Property (such as asbestos, dumps, pesticides, chemical labs, underground fuel storage tanks or leaks)?

D. Any radon tests performed on the Property? Results? \_\_\_\_\_

i. Reports attached?

E. Any earth movement, subsidence, or settlement problems? Is yes, explain: \_\_\_\_\_

F. Any part of the Property located in a designated special flood hazard zone?

G. Any past or present flowing or drainage problems on:  Property  
 Adjacent Properties  Standing water after rainfalls?  Active springs?

H. Any portion of the Property having ever flooded?

I. Has land been filled in on the Property?

Is yes, explain: Building pad constructed

J. Mine shaft(s) or abandoned well(s) on the Property?

K. Do you have any knowledge of any environmental consequences resulting from the Water Softener? Explain: \_\_\_\_\_

For additional information or further explanation (indicate item #): \_\_\_\_\_

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**11. RENTAL INFORMATION**

YES	NO	DON'T KNOW
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- A. Is the Property rented or occupied by a tenant? If answer is No, skip to Paragraph 12. If yes, attach a copy of Lease or Rental Agreement.
- B. Does the tenant have the right to extend the Rental Agreement?
- C. Are security deposits or prepaid rents being held? If yes, by whom and how much?

For additional information or further explanation (indicate item #): \_\_\_\_\_

**12. IRRIGATION RIGHTS**

YES	NO	DON'T KNOW
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A. Is the Property irrigated from a  ditch  acequia (See RANM Form 2307)  
 Ditch Name: \_\_\_\_\_  
 Majordomo: \_\_\_\_\_  
 Association Name: \_\_\_\_\_  
 Fees: \$ \_\_\_\_\_
- B. Are Association or ditch fees current? If no, please explain: \_\_\_\_\_
- C. Are water rights registered with the State Engineer's Office?  
 File/Permit number: \_\_\_\_\_

For additional information or further explanation (indicate item #): \_\_\_\_\_

**13. OTHER**

YES	NO	DON'T KNOW
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- A. Does the Seller know of any other information pertaining to the condition of the Property not addressed in the questions listed above? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For additional information or further explanation (indicate item #): \_\_\_\_\_

**PLEASE NOTE:** *There is currently no legal or statutory requirement in the State of New Mexico that obligates or requires Sellers or Brokers to disclose to any prospective Buyer that the subject Property is or has been: 1) The site of a natural death, homicide, suicide or any other crime classified as a felony; 2) Owned or occupied by a person or persons exposed to HIV or diagnosed with AIDS or any other disease not known to be transmitted through the common occupancy of real estate; 3) Located in the vicinity of a convicted sex offender.*

*If buyer has concerns about any of the conditions cited above, Buyer is urged to conduct his/her own due diligence and contact the appropriate Local, State or Federal health and law enforcement authorities to obtain accurate and reliable information.*

**THIS IS NOT A CONTRACT**

The above disclosures are made to the best of the Seller's knowledge. The person who signed as or on behalf of Seller lacks actual knowledge of the Property for the following reason:

- Personal Representative    Administrator of Estate    Trustee    Receiver    Does not occupy the Property  
 Other: \_\_\_\_\_

The law does not protect a Seller who makes an intentional misrepresentation.

<b>SELLER</b>			
<i>Michael Keith Owens</i>	<i>Trustee Owens Family Rev-Trust</i>	<i>4/7/14</i>	<i>10AM</i>
Seller Signature Owens Michael Rev Trust Michael Keith		Date	Time
<i>Mia Elizabeth Owens</i>		<i>4/7/14</i>	<i>10:22</i>
Seller Signature Mia Eliza Owens		Date	Time <i>p.m.</i>

It is Buyer's responsibility to undertake his/her own due diligence and verify the accuracy of the Property Disclosure Statement. Buyer is not relieved of this responsibility by virtue of delivery of this Statement to Buyer.

**BUYER**

Buyer acknowledges receipt of this Statement.

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

