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SPD19 Seller's Property Disclosure (Residential)
 Adoption Date: August 5, 2025
 Mandatory Use Date: January 1, 2026

THIS FORM HAS IMPORTANT LEGAL CONSEQUENCES AND THE PARTIES SHOULD CONSULT LEGAL AND TAX OR OTHER COUNSEL BEFORE SIGNING.

SELLER'S PROPERTY DISCLOSURE
 (RESIDENTIAL)

THIS SELLER'S PROPERTY DISCLOSURE SHOULD BE COMPLETED BY SELLER, NOT BY BROKER.

Seller states that the information contained in this Seller's Property Disclosure ("SPD") is correct to Seller's CURRENT ACTUAL KNOWLEDGE as of the date signed by Seller. If the Contract to Buy and Sell (Contract) requires Seller to complete this SPD, this form must be fully completed to Seller's CURRENT ACTUAL KNOWLEDGE as of the date of the Seller's Property Disclosure Deadline in the Contract. Any changes to the disclosures herein must be disclosed by Seller to Buyer promptly after discovery. In the event Seller discovers a new adverse material fact after completing this SPD, Seller must disclose in writing any such new adverse material fact to Buyer. Seller's failure to disclose a known adverse material fact affecting the Property or occupant may result in legal liability. If Seller has knowledge of an adverse material fact affecting the Property or occupants, it must be disclosed whether there is a specific item on this SPD or not. If the Property is part of a Common Interest Community, this SPD is limited to the Property or unit itself, except as stated in Section P.

Broker is authorized to deliver a copy of this SPD to prospective buyers.

Seller and Buyer understand that this SPD is not a warranty or guarantee of any kind by the Seller or by any Broker or Agent representing the Seller. Property inspection services may be purchased and are advisable. This SPD is not intended as a substitute for an inspection of the Property. Buyers are encouraged to obtain their own professional inspection(s).

SELLER: Your answers are NOT limited to only the space provided in this SPD. Attach additional pages, reports, receipts, or any other documents you believe necessary for the information you provide to be complete.

Date SPD completed by Seller: **2/3/2026**

Property:

1650 N Pennsylvania Street, Denver, CO 80203

Seller: **William M Houston Jr**

Year Built: **1896**

Year Seller Acquired Property: **1978**

Seller is is not currently occupying the Property.

If Seller is not currently occupying the property, date Seller last occupied the Property: **Business operations ended in 2005 with visits at least weekly**

During any period when Seller has not occupied the Property, the Property was vacantoccupied by someone other than Seller.

I. IMPROVEMENTS

NOTE: The Contract, not this SPD, determines whether an item is included or excluded in the sale. If there is an inconsistency between this SPD and the Contract, the Contract controls.

A.	BUILDING CONDITIONS (all aspects of the Property to include decks and patios) If you know of any of the following problems EVER EXISTING, check the "Yes" column:	Yes	Comments
1	Structural problems with improvements	<input type="checkbox"/>	
2	Structural supports or reinforcements added	<input type="checkbox"/>	
3	Moisture and/or water, including but not limited to, leakage/seepage in the basement/crawlspace	<input type="checkbox"/>	

Initials _____

4	Damage due to termites, other insects, birds, animals, or rodents	<input type="checkbox"/>	
5	Damage due to hail, wind, fire, flood, or other casualty	<input type="checkbox"/>	
6	Any settling, movement, cracking, heaving or breakage of the following:	<input type="checkbox"/>	
	a. Foundations	<input type="checkbox"/>	
	b. Floors	<input type="checkbox"/>	
	c. Interior Walls	<input type="checkbox"/>	
	d. Exterior Walls	<input type="checkbox"/>	
	e. Driveways	<input type="checkbox"/>	
	f. Sidewalks	<input type="checkbox"/>	
	g. Patios	<input type="checkbox"/>	
	h. Retaining Walls	<input type="checkbox"/>	
	i. Other:	<input type="checkbox"/>	
7	Window leaks	<input type="checkbox"/>	
8	Exterior Artificial Stucco (EIFS)	<input type="checkbox"/>	
9	Subfloors	<input type="checkbox"/>	
10		<input type="checkbox"/>	

B. ROOF – General Information			
Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Comments
1	Indicate age of roof in Comments	<input checked="" type="checkbox"/>	8-10 years
2	Indicate roof material in Comments	<input checked="" type="checkbox"/>	asphalt shingle - high grade
3	Roof is under warranty	<input checked="" type="checkbox"/>	Would need to check the term
	a. Date of warranty expiration	<input type="checkbox"/>	
	b. Warranty is transferable	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4	Roof work done while under current roof warranty	<input type="checkbox"/>	
	a. Date work completed	<input type="checkbox"/>	
5		<input type="checkbox"/>	
	ROOF – If you know of any of the following problems EVER EXISTING, check the "Yes" column:	Yes	Comments
6	Roof leak	<input type="checkbox"/>	
7	Damage to roof	<input type="checkbox"/>	
8	Damage to skylight	<input checked="" type="checkbox"/>	Minor hail damage. Skylight was replaced 8-10 years ago
9	Damage to gutter or downspout	<input type="checkbox"/>	
10	Other roof problems, issues or concerns	<input type="checkbox"/>	
11		<input type="checkbox"/>	

C. APPLIANCES (if included in the sale)			
If you know of any problems NOW EXISTING with the following, check the "Yes" column:		Yes	Age, if known
			Comments
1	Built-in vacuum system & accessories	<input type="checkbox"/>	
2	Clothes dryer	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric

Initials _____

3	Clothes washer	<input type="checkbox"/>	
4	Dishwasher	<input type="checkbox"/>	
5	Disposal	<input checked="" type="checkbox"/>	Replaced in last 2 years.
6	Freezer	<input type="checkbox"/>	
7	Gas grill	<input type="checkbox"/>	
8	Range ventilation system	<input type="checkbox"/>	
9	Microwave oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Free standing <input type="checkbox"/> Built in
10	Oven	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Single <input type="checkbox"/> Double
11	Range/Stove	<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-In
12	Refrigerator	<input checked="" type="checkbox"/>	A year or so old but never used
13	T.V. antenna:	<input type="checkbox"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
14	Satellite system or DSS dish:	<input type="checkbox"/>	<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
15	Trash compactor	<input type="checkbox"/>	
16		<input type="checkbox"/>	

D. ELECTRICAL & TELECOMMUNICATIONS – General Information				
Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Age, if known	Comments
1	220 Volt service	<input type="checkbox"/>		
2	Electrical Service: Amps	<input type="checkbox"/>		
3	Landscape lighting	<input checked="" type="checkbox"/>		in the back - new motion detector lighting put in the last year front - globe lights
4	Electric provider – provide name in Comments	<input checked="" type="checkbox"/>		Xcel Energy
5	Cable/TV provider – provide name in Comments	<input type="checkbox"/>		
6	Internet provider – provide name in Comments	<input type="checkbox"/>		
7	Solar panels	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
	a. Output	<input type="checkbox"/>		
8	Wind generators	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
9	Security system	<input checked="" type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from: Front door only. Burglar alarm. ADT in Aurora, CA
10	Doorbell	<input type="checkbox"/>		<input type="checkbox"/> Wired <input type="checkbox"/> Wireless <input type="checkbox"/> Smart
11	Smoke/fire detector(s)	<input type="checkbox"/>		<input type="checkbox"/> Battery <input type="checkbox"/> Hardwire
12	Carbon monoxide alarm(s)	<input type="checkbox"/>		<input type="checkbox"/> Battery <input type="checkbox"/> Hardwire
13	Internet wiring	<input type="checkbox"/>		<input type="checkbox"/> Cable <input type="checkbox"/> DSL <input type="checkbox"/> Satellite <input type="checkbox"/> Fiber <input type="checkbox"/> Other:
14	Built in sound system	<input type="checkbox"/>		<input type="checkbox"/> Speakers - Built In <input type="checkbox"/> Wiring - Built In <input type="checkbox"/> Speakers - Wireless
15		<input type="checkbox"/>		
ELECTRICAL & TELECOMMUNICATIONS If you know of any problems NOW EXISTING with the following, check the "Yes" column:		Yes	Age, if known	Comments

Initials _____

16	Security system	<input type="checkbox"/>		
17	Smoke/fire detector(s)	<input type="checkbox"/>		
18	Carbon monoxide alarm	<input type="checkbox"/>		
19	Light fixtures	<input type="checkbox"/>		
20	Switches & outlets	<input type="checkbox"/>		
21	Internet wiring	<input type="checkbox"/>		
22	Inside telephone wiring & blocks/jacks	<input type="checkbox"/>		
23	Cable TV wiring & jacks	<input type="checkbox"/>		
24	Ceiling fans	<input type="checkbox"/>		
25	Bathroom vent fan(s)	<input type="checkbox"/>		
26	Garage door opener & remote control # of remote/openers:	<input checked="" type="checkbox"/>		Two garage door openers / Locked door on side of the garage
27	Garage door keyless entry	<input type="checkbox"/>		
28	Built in intercom system	<input type="checkbox"/>		
29	Doorbell	<input type="checkbox"/>		
30	Built in sound system	<input type="checkbox"/>		
31		<input type="checkbox"/>		
	ELECTRICAL & TELECOMMUNICATIONS If you know of any problems EVER EXISTING with the following, check the "Yes" column:	Yes	Age, if known	Comments
32	Electrical Service	<input type="checkbox"/>		
33	Aluminum wiring at the outlets (110)	<input type="checkbox"/>		
34	Solar panels	<input type="checkbox"/>		
35	Wind generators	<input type="checkbox"/>		
36	Electric wiring or panel	<input type="checkbox"/>		
37		<input type="checkbox"/>		

E.	MECHANICAL If you know of any problems NOW EXISTING with the following, check the "Yes" column:	Yes	Age, if known	Comments
1	Overhead doors (including garage doors)	<input type="checkbox"/>		
2	Entry gate system	<input type="checkbox"/>		
3	Elevator	<input type="checkbox"/>		
4	Sump pump(s): # of	<input type="checkbox"/>		
5	Recycle pump	<input type="checkbox"/>		
6		<input type="checkbox"/>		

F.	VENTILATION, AIR & HEAT – General Information Do you know of the following on the Property: If yes, provide the requested information in Comments	Yes	Age, if known	Comments
1	Furnace	<input checked="" type="checkbox"/>		4 - 6 years old

Initials _____

	a. Furnace Type	<input type="checkbox"/>		<input type="checkbox"/> Forced Air Gas <input type="checkbox"/> Forced Air Electric <input type="checkbox"/> Forced Air Propane <input type="checkbox"/> Radiant <input type="checkbox"/> Gravity Flow <input type="checkbox"/> Other (specify):
	b. Number of Units	<input type="checkbox"/>		
	c. Zoned	<input type="checkbox"/>		Location of zone 1: Location of zone 2: Location of zone 3:
2	Heating system (other than furnace)	<input type="checkbox"/>		Water driven by pump in the basement - goes to the radiators
	a. Type/Fuel	<input type="checkbox"/>		
3	Fireplace	<input type="checkbox"/>		Never used since house purchased in 1978
	a. Type	<input type="checkbox"/>		<input type="checkbox"/> Masonry <input type="checkbox"/> Insert <input type="checkbox"/> Wood Burning <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other (specify):
	b. Fireplace starter	<input type="checkbox"/>		<input type="checkbox"/> Switch <input type="checkbox"/> Remote
4	Free Standing Heating Stove	<input type="checkbox"/>		
	a. Fuel Source	<input type="checkbox"/>		<input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Corn <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify):
5	Date fireplace/wood stove, chimney/flue last cleaned:	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Do not know
6	Fuel tanks If leased, provide the name and contact information of entity leased from in Comments	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased
7	Radiant heating system:	<input type="checkbox"/>		<input type="checkbox"/> Interior <input type="checkbox"/> Exterior
	a. Interior Type	<input type="checkbox"/>		
	b. Exterior Type	<input type="checkbox"/>		
8	Air Conditioning	<input checked="" type="checkbox"/>		Two swamp coolers: one on southeast side of roof, second on the southside of the house
	a. Type	<input type="checkbox"/>		<input type="checkbox"/> Electric <input type="checkbox"/> Central Air <input type="checkbox"/> Other (specify):
	b. Number of Units	<input type="checkbox"/>		
	c. Zoned	<input type="checkbox"/>		Location of zone 1: Location of zone 2: Location of zone 3:
	VENTILATION, AIR & HEAT If you know of any problems NOW EXISTING with the following, check the "Yes" column:	Yes	Age, if known	Comments
9	Furnace	<input type="checkbox"/>		
10	Heating System (other than Furnace)	<input type="checkbox"/>		
11	Heat Pump	<input type="checkbox"/>		
12	Evaporative cooler	<input checked="" type="checkbox"/>		About 5 years ago, the swamp cooler on southside of the house leaked down the exterior brick wall causing minor damage to a section of the inside wall going up the stairs. Repairs were made.
13	Window air conditioning units	<input type="checkbox"/>		
14	Central air conditioning	<input type="checkbox"/>		
15	Attic ventilation system (attic only)	<input type="checkbox"/>		
16	Whole house fan	<input type="checkbox"/>		
17	Vent fans	<input type="checkbox"/>		
18	Humidifier	<input type="checkbox"/>		
19	Air purifier	<input type="checkbox"/>		
20	Fireplace	<input type="checkbox"/>		

Initials _____

21	Fireplace insert	<input type="checkbox"/>		
22	Fireplace starter	<input type="checkbox"/>		
23	Heating Stove	<input type="checkbox"/>		
24	Fuel tanks	<input type="checkbox"/>		
25		<input type="checkbox"/>		

G. WATER – General Information: Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Age, if known	Comments
1	Water heater	<input checked="" type="checkbox"/>		water heater pumps into radiators in every room
	a. Number of Water Heaters	<input type="checkbox"/>		
	b. Fuel Type	<input type="checkbox"/>		
	c. Capacity	<input type="checkbox"/>		
2	Water filter system	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
3	Water softener	<input type="checkbox"/>		<input type="checkbox"/> Owned <input type="checkbox"/> Leased. If leased, provide the name and contact information of entity leased from:
4	Indicate location of master water shutoff in Comments	<input type="checkbox"/>		
5	Type of well:	<input type="checkbox"/>		
	a. Exempt well (outside designated groundwater basin)	<input type="checkbox"/>		<input type="checkbox"/> Household use only inside a single-family dwelling (typically less than 35 acres; no outdoor uses) Permit no: <input type="checkbox"/> Domestic use (typically 35+ acres; indoor household use in up to 3 dwellings on the parcel, outdoor watering of personal livestock, irrigation of up to 1 acre) Permit no: <input type="checkbox"/> Livestock (on farm/range/pasture) Permit no: <input type="checkbox"/> Other (please explain): Permit #:
	b. Small capacity well (inside designated groundwater basin)	<input type="checkbox"/>		<input type="checkbox"/> Domestic use (indoor household use in up to 3 dwellings on the parcel; watering of personal livestock, limited irrigation area, no more than 1 acre-foot per year) Permit no: <input type="checkbox"/> Other (please explain): Permit #:
6	Well metered	<input type="checkbox"/>		
7	Well Pump	<input type="checkbox"/>		
	a. Brand name pump number	<input type="checkbox"/>		
	b. Date installed	<input type="checkbox"/>		
	c. Date of last inspection	<input type="checkbox"/>		
	d. Date of last service	<input type="checkbox"/>		
	e. Depth	<input type="checkbox"/>		
	f. GPM and date last measured	<input type="checkbox"/>		
8	Galvanized pipe	<input type="checkbox"/>		
9	Polybutylene pipe	<input type="checkbox"/>		
10	Cistern water storage	<input type="checkbox"/>		
	a. Number of gallons	<input type="checkbox"/>		

Initials _____

11	Supplemental water purchased in past 2 years	<input type="checkbox"/>		
	a. Name and contact information of entity from which supplemental water was purchased	<input type="checkbox"/>		
12		<input type="checkbox"/>		
	WATER If you know of any problems NOW EXISTING with the following, check the "Yes" column:	Yes	Age, if known	Comments
13	Water heater(s)	<input type="checkbox"/>		
14	Water filter system	<input type="checkbox"/>		
15	Water softener	<input type="checkbox"/>		
16	Water system pump	<input type="checkbox"/>		
17	Sauna	<input type="checkbox"/>		
18	Hot tub or spa	<input type="checkbox"/>		
19	Steam room/shower	<input type="checkbox"/>		
20	Underground sprinkler system	<input type="checkbox"/>		
21	Fire sprinkler system	<input type="checkbox"/>		
22	Backflow prevention device	<input type="checkbox"/>		
23	Irrigation pump	<input type="checkbox"/>		
24		<input type="checkbox"/>		
	WATER If you know of any problems EVER EXISTING with the following, check the "Yes" column:	Yes	Age, if known	Comments
25	Leaks, backups, or similar problems with any portion of the water or plumbing systems (including lines and water pressure) or damage therefrom	<input type="checkbox"/>		
26	Well	<input type="checkbox"/>		
27	Pool	<input type="checkbox"/>		
28	Irrigation system	<input checked="" type="checkbox"/>		Sprinkler system has not been activated in over a year. Sprinkler pipes in the back have been removed.
29	Water has been tested for potability	<input type="checkbox"/>		
	a. Indicate result of test in comments and provide the most recent records and reports pertaining to such testing	<input type="checkbox"/>		
30		<input type="checkbox"/>		

H. SOURCE OF WATER & WATER SUPPLY Provide the following information regarding the Property:
1 Type of water supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Other <input type="checkbox"/> None If the Property is served by a Well, a copy of the Well Permit <input type="checkbox"/> Is <input checked="" type="checkbox"/> Is Not provided. Well Permit #: _____ Drilling Records <input type="checkbox"/> Are <input checked="" type="checkbox"/> Are Not provided. Shared Well Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. The Water Provider for the Property can be contacted at: Name: Denver Water Department Address: 1600 W. 12th Avenue Denver, CO 80204-3412 Web Site: https://www.denverwater.org Phone No.: 303-893-2444 <input type="checkbox"/> There is neither a Well nor a Water Provider for the Property. The source of potable water for the Property is [describe source]: _____ SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. YOU MAY WISH TO CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.

Initials _____

I. SEWER/SEPTIC – General Information: Do you know of the following on the Property: If yes, provide the requested information in Comments		Yes	Comments
1	Public sanitary sewer service	<input checked="" type="checkbox"/>	
	a. Name and contact information of public sanitary sewer service provider	<input type="checkbox"/>	
	b. Date the sewer line was last scoped	<input type="checkbox"/>	
2	Community sanitary sewer service	<input type="checkbox"/>	
	a. Name and contact information of community sanitary sewer service provider:	<input type="checkbox"/>	
	b. Date the sewer line was last scoped	<input type="checkbox"/>	
3	Septic System	<input type="checkbox"/>	
	a. Type	<input type="checkbox"/>	Tank <input type="checkbox"/> Leach <input type="checkbox"/> Lagoon <input type="checkbox"/>
	b. Date of issuance of latest Individual Use Permit	<input type="checkbox"/>	
	c. Date of latest inspection	<input type="checkbox"/>	
	d. Date of latest pumping	<input type="checkbox"/>	
	e. System is under a maintenance agreement (pumped/inspected on a regular basis)	<input type="checkbox"/>	<input type="checkbox"/> Maintenance agreement is mandated. Name and contact information of entity that mandates the maintenance agreement: <input type="checkbox"/> Maintenance agreement is not mandated
4	Other sanitary sewer service	<input type="checkbox"/>	Type:
5	Gray water storage/use	<input type="checkbox"/>	
6		<input type="checkbox"/>	
SEWER/SEPTIC If you know of any problems EVER EXISTING with the following, check the "Yes" column:		Yes	Comments
7	Leaks, backups, or similar problems with any portion of the sewage systems or damage therefrom	<input type="checkbox"/>	
8	Lift station (sewage ejector pump)	<input type="checkbox"/>	
9		<input type="checkbox"/>	

J. FLOODING AND DRAINAGE If you know of any problems EVER EXISTING with the following on the Property, check the "Yes" column:		Yes	Comments
1	Flooding	<input type="checkbox"/>	
2	Drainage	<input type="checkbox"/>	
3	Grading	<input type="checkbox"/>	
4	Water intrusion in the basement, crawl space, or other parts of Property	<input type="checkbox"/>	
5	Repairs made to control water intrusion in the basement, crawl space, or other parts of the Property	<input type="checkbox"/>	
6		<input type="checkbox"/>	
DRAINAGE AND RETENTION PONDS – Other Information Do you know of the following on the Property:		Yes	Comments
7	Drainage or retention ponds, dams, storm water detention basins, or other similar facilities	<input type="checkbox"/>	
8		<input type="checkbox"/>	

Initials _____

K. OTHER DISCLOSURES – IMPROVEMENTS If you know of any problems NOW EXISTING with the following, check the "Yes" column:	Yes	Comments
1 Included fixtures and equipment	<input type="checkbox"/>	
2 Stains on carpet	<input type="checkbox"/>	
3 Floors	<input type="checkbox"/>	
4	<input type="checkbox"/>	

II. GENERAL

L. USE, ZONING & LEGAL ISSUES If you know of any of the following EVER EXISTING , check the "Yes" column:	Yes	Comments
1 Zoning violation, variance, conditional use, violation of an enforceable PUD, or non-conforming use	<input type="checkbox"/>	
2 Notice or threat of condemnation proceedings	<input type="checkbox"/>	
3 Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved	<input type="checkbox"/>	
4 Notice of zoning action related to the Property	<input type="checkbox"/>	
5 Building code, city, or county violations	<input type="checkbox"/>	
6 Violation of restrictive covenants or owners' association rules or regulations	<input type="checkbox"/>	
7 Any building or improvements constructed within the past one year before this Date without approval by the owner's association or its designated approving body	<input type="checkbox"/>	
8 Any additions or alterations made with a Building Permit	<input type="checkbox"/>	
9 Any additions or non-aesthetic alterations made without a Building Permit	<input type="checkbox"/>	
10 Other legal action	<input type="checkbox"/>	
11 Any part of the Property leased to others (written or oral)	<input type="checkbox"/>	
12 Used for short-term rentals in the past year	<input type="checkbox"/>	
13 Grandfathered conditions or uses	<input type="checkbox"/>	
14	<input type="checkbox"/>	

M. ACCESS & PARKING If you know of any of the following EVER EXISTING , check the "Yes" column:	Yes	Comments
1 Any access problems, issues or concerns	<input checked="" type="checkbox"/>	Parking is on the street or in the 2-car garage.
2 Roads, trails, paths, or driveways through the Property used by others	<input type="checkbox"/>	
3 Public highway or county road bordering the Property	<input type="checkbox"/>	
4 Any proposed or existing transportation project that affects or is expected to affect the Property	<input type="checkbox"/>	
5 Encroachments, boundary disputes, or unrecorded easements	<input type="checkbox"/>	
6 Shared or common areas with adjoining properties, including but not limited to, walls, fences and driveways	<input type="checkbox"/>	
7 Requirements for curb, gravel/paving, or landscaping	<input type="checkbox"/>	
8 Any limitations on parking or access due to size, number of vehicles, or type of vehicles in the past year	<input type="checkbox"/>	
9	<input type="checkbox"/>	

Initials _____

N. ENVIRONMENTAL CONDITIONS If you know of any of the following EVER EXISTING on any part of the Property, check the "Yes" column:	Yes	Comments
1 Hazardous materials on the Property, such as radioactive, toxic or biohazardous materials, asbestos, pesticides, herbicides, wastewater sludge methane, mill tailings, solvents, or petroleum products	<input type="checkbox"/>	
2 Underground storage tanks	<input type="checkbox"/>	
3 Aboveground storage tanks	<input type="checkbox"/>	
4 Underground transmission lines	<input type="checkbox"/>	
5 Property used as, situated on, or adjoining a dump, landfill or municipal solid waste landfill	<input type="checkbox"/>	
6 Monitoring wells or test equipment	<input type="checkbox"/>	
7 Sliding, settling, upheaval, movement or instability of earth, or expansive soils on the Property	<input type="checkbox"/>	
8 Mine shafts, tunnels, or abandoned wells on the Property	<input type="checkbox"/>	
9 Within a governmentally designated geological hazard or sensitive area	<input type="checkbox"/>	
10 Within a governmentally designated floodplain or wetland area	<input type="checkbox"/>	
11 Dead, diseased, or infested trees or shrubs	<input type="checkbox"/>	
12 Environmental assessments, studies, or reports done involving the physical condition of the Property	<input type="checkbox"/>	
13 Used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells	<input type="checkbox"/>	
14 Smoking inside improvements (including garages, unfinished space, or detached buildings) on Property	<input type="checkbox"/>	
15 Animals kept in the residence	<input type="checkbox"/>	
16 Other environmental problems, issues or concerns	<input type="checkbox"/>	
17 Odors	<input type="checkbox"/>	
18	<input type="checkbox"/>	

O. RADON If you know of any of the following EVER EXISTING , check the "Yes" column:	Yes	Comments
1 Radon test(s) conducted on the Property. Provide copies of the most recent records and reports pertaining to radon concentrations within the Property.	<input type="checkbox"/>	
2 Radon concentrations detected or mitigation or remediation performed. Provide a full description.	<input type="checkbox"/>	
3 Radon mitigation system installed on Property. Provide all information known by Seller about the radon mitigation system.	<input type="checkbox"/>	
4	<input type="checkbox"/>	

P. COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY If you know of any of the following NOW EXISTING , check the "Yes" column:	Yes	Comments
1 Property is part of an owners' association	<input type="checkbox"/>	
2 Special assessments or increases in regular assessments approved by owners' association but not yet implemented	<input type="checkbox"/>	
3 Problems or defects in the common elements or limited common elements of the Association Property	<input type="checkbox"/>	
COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY If you know of any of the following EVER EXISTING , check the "Yes" column:	Yes	Comments
4 Has the Association made demand or commenced a lawsuit against a builder or contractor alleging defective construction of improvements of the Association Property (common area or property owned or controlled by the Association but outside the Seller's Property or unit)	<input type="checkbox"/>	
5	<input type="checkbox"/>	

Initials _____

COMMON INTEREST COMMUNITY – ASSOCIATION PROPERTY – Other Information: Name of the Owner's Association(s) governing the Property:		Contact Information
6	Owners' Association #1	<input type="checkbox"/>
7	Owners' Association #2	<input type="checkbox"/>
8	Owners' Association #3	<input type="checkbox"/>
9	Owners' Association #4	<input type="checkbox"/>

Q. METROPOLITAN DISTRICT	If you know of any of the following NOW EXISTING , check the "Yes" column:	Yes	Comments
1	Property is located within the boundaries of a Metropolitan District that was organized on or after January 1, 2000	<input type="checkbox"/>	
METROPOLITAN DISTRICT – Information:			Comments
2	Name of Metropolitan District #1	<input type="checkbox"/>	
3	Official website of the Metropolitan District #1	<input type="checkbox"/>	
4	Name of Metropolitan District #2	<input type="checkbox"/>	
5	Official website of Metropolitan District #2	<input type="checkbox"/>	

R. GENERAL DISCLOSURES	If you know of any of the following EVER EXISTING , check the "Yes" column:	Yes	Comments
1	Written reports of any building, site, roofing, soils, water, sewer, mold, or engineering investigations or studies of the Property. Provide copies of all such reports in possession of Seller.	<input type="checkbox"/>	
2	Any property insurance claim submitted (whether paid or not)	<input type="checkbox"/>	
3	Structural, architectural, and engineering plans and/or specifications for any existing improvements. Provide copies of all such reports in possession of Seller.	<input type="checkbox"/>	
4	Property was previously used as a methamphetamine laboratory and not remediated to state standards	<input type="checkbox"/>	
5	Government special improvements approved, but not yet installed, that may become a lien against the Property	<input type="checkbox"/>	
6	Any litigation alleging negligent construction or defective building products	<input type="checkbox"/>	
7	Any award or payment of money in lieu of repairs for defective building products or poor construction	<input type="checkbox"/>	
8	Any release signed regarding defective products or poor construction that would limit a future owner from making a claim	<input type="checkbox"/>	
9	Pending: (1) litigation or (2) other dispute resolution proceeding regarding the Property	<input type="checkbox"/>	
10	Property is subject to Deed Restrictions, other recorded document restrictions, or Affordable Housing Restrictions	<input type="checkbox"/>	
11	Property is located in a historic district	<input checked="" type="checkbox"/>	And is on the Denver Historic Registry
12		<input type="checkbox"/>	
GENERAL – Other Information:		Yes	Comments
13	U.S. Postal Service delivery available	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Property <input type="checkbox"/> Post Office <input type="checkbox"/> Cluster Mailbox - Location and No.: <input type="checkbox"/> Other (specify):
14		<input type="checkbox"/>	

OTHER KNOWN ADVERSE MATERIAL FACTS: For purposes of this section, adverse material facts would include any non-observable or observable physical conditions existing on the Property. Describe any other known adverse material facts in or on the Property (attach additional pages as necessary):

Initials _____

The information contained in this SPD has been furnished by Seller(s), who certifies it was answered truthfully, based on Seller's CURRENT ACTUAL KNOWLEDGE.

William M Houston Jr

Date Completed: 2/3/2026

Seller: William M Houston Jr

Seller: _____ Date Completed: _____

ADVISORY TO BUYER:

1. Even though Seller has answered the above questions to Seller's current actual knowledge, Buyer should thoroughly inspect the Property and obtain expert assistance to accurately and fully evaluate the Property to confirm the status of the following matters are satisfactory to Buyer:

- a. the physical condition of the Property;
- b. the presence of mold or other biological hazards;
- c. the presence of rodents, insects, and vermin including termites;
- d. the legal use of the Property, including zoning and legal access to the Property;
- e. the availability and source of water, sewer, and utilities;
- f. the environmental and geological condition of the Property;
- g. the presence of noxious weeds; and
- h. any other matters that may affect Buyer's use and ownership of the Property that are important to Buyer as Buyer

decides whether to purchase the Property.

2. Seller states that the information is correct to "Seller's current actual knowledge" as of the date of this form. The term "current actual knowledge" is intended to limit Seller's disclosure only to facts actually known by the Seller and does not include "constructive knowledge" or "common knowledge" or what Seller "should have known" about the Property. The Seller has no duty to investigate or inspect the Property or inclusions when this SPD is filled in and signed.

3. Valuable information may be obtained from various local/state/federal agencies, and other experts may assist Buyer by performing more specific evaluations and inspections of the Property.

4. Boundaries, location and ownership of fences, driveways, hedges, and similar features of the Property may become the subjects of a dispute between a property owner and a neighbor. A survey may be used to determine the likelihood of such problems.

5. Seller does not warrant that the Property or inclusions are fit for Buyer's intended purposes or use of the Property. Disclosure of the condition of an item is not to be construed as a warranty of its continued operability or as a representation or warranty that such item is fit for Buyer's intended purposes.

BUYER(S) ACKNOWLEDGE RECEIPT OF THIS SPD. BUYER(S) SIGNATURE DOES NOT CONSTITUTE APPROVAL OF ANY DISCLOSED CONDITION AS REPRESENTED HEREIN BY SELLER.

Buyer: _____ Date: _____

Buyer: _____ Date: _____

SPD19 SELLER'S PROPERTY DISCLOSURE (RESIDENTIAL)

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Initials _____