



Independently Owned and Operated

WARD  
REAL ESTATE,  
INC.



## COMMERCIAL PROPERTY DISCLOSURE

**Purpose of Disclosure Form:** This is a statement of certain conditions and information concerning the property actually known by the owner. Unless the potential purchaser is informed in writing, the owner has no more information about the property than could be obtained by a careful inspection of the property by a potential purchaser. Unless the potential purchaser is otherwise informed, the owner has not conducted any inspection of generally inaccessible areas of the property.

THIS FORM IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER. THIS FORM IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. **POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION(S).**

**Owner's Statement:** the statements contained in this form are made by the owner and are not statements of the owner's agent or sub agent. The statements contained in this form are provided by the owner only to potential purchasers in a transfer made by the owner. The statements are not for purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of commercial real estate.

### OWNER'S INSTRUCTIONS

**Instructions to Owner:** (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to our property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown

Owner's Initials  Date 3/5/20 Purchaser's Initials  Date \_\_\_\_\_

Owner's Initials  Date \_\_\_\_\_ Purchaser's Initials  Date \_\_\_\_\_

# COMMERCIAL PROPERTY DISCLOSURE

## TO BE COMPLETED BY OWNER (Please Print)

Property Address: 13126 St Rt 226, Big Prairie, OH 44611

Owners Name(s): Mansfield Plumbing Products LLC

Date: 3-5-2020

Owner  is  is not occupying the property. If owner is occupying the property, since what date: Nov 2000

If owner is not occupying the property, since what date: \_\_\_\_\_

## THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE

### A) WATER SUPPLY: The source of water supply to the property is (check appropriate boxes):

- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Public Water Service | <input type="checkbox"/> Holding Tank | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Private Water Service           | <input type="checkbox"/> Cistern      | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Private Well                    | <input type="checkbox"/> Spring       |                                  |
| <input type="checkbox"/> Shared Well                     | <input type="checkbox"/> Pond         |                                  |

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water?

Yes  No If yes, please describe and indicate any repairs completed (but not longer than the past 5 years):

Per Ohio EPA, The Big Prairie water company water system is in violation of Ohio Administrative Code (OAC) Rule 3725-82-02 for exceeding the Secondary Standard for manganese.

Is the quantity of water sufficient for your use? (NOTE: water usage will vary from owner to owner)  Yes  No

### B) SEWER SYSTEM: The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Public Sewer           | <input type="checkbox"/> Private Sewer | <input checked="" type="checkbox"/> Septic Tank |
| <input checked="" type="checkbox"/> Leach Field | <input type="checkbox"/> Aeration Tank | <input type="checkbox"/> Filtration Bed         |
| <input type="checkbox"/> Unknown                | <input type="checkbox"/> Other _____   |   |

If not a public or private sewer, date of last inspection: unknown Inspected by: \_\_\_\_\_

Do you know of any previous or current leaks, backups or other material problems with the sewer system servicing the property?  Yes  No If "Yes", please describe and indicate any repairs completed (but no longer than the past 5 years):

unknown current conditions - has been in state of dis-use for many years. Bathrooms are un-usable

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

C) ROOF: Do you know of any previous or current leaks, other material problems with the roof or rain gutters?  Yes  No If "Yes", please describe and indicate any repairs completed (but not longer than the past 5 years):

Roof leaks. Roof is fair to poor condition. Several areas patched in last five years, most recently 01-2020. Gutters are in poor condition and leaks.

Owner's Initials MLT Date 3/5/20

Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

Owner's Initials \_\_\_\_\_ Date \_\_\_\_\_

Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

**D) WATER INTRUSION:** Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space?  Yes  No  
If "Yes", please describe and indicate any repairs completed:

*Roof leaks. Bathroom (that extends beyond the warehouse main footprint) has excessive leakage and damage.*

Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding, moisture seepage; moisture condensation; ice damming; sewer overflow/backup or leaking pipes, plumbing fixtures,  Yes  No  
If "Yes", please describe and indicate any repairs completed:

*References comments on roof and bathrooms*

Have you ever had the property inspected for mold by a qualified inspector?  Yes  No

If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken:

**Purchaser is advised that every property contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector.**

**E) STRUCTURE COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS):**

Do you know of any previous or current movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?  Yes  No If "Yes", please describe and indicate any repairs, alterations or modifications to control the cause or effect of any problem identified (but not longer than the past 5 years):

*Retaining wall near dock needs repaired*

Do you know of any previous or current fire or smoke damage to the property?  Yes  No If "Yes", please describe and indicate any repairs completed:

**F) WOOD DESTROYING INSECTS/TERMITES:** Do you know of any previous/current presence of any wood destroying insects/termites in or on the property or any existing damage to the property caused by wood destroying insects/termites?  Yes  No If "Yes", please describe and indicate any inspection or treatment (but not longer than the past 5 years):

**G) MECHANICAL SYSTEMS:** Do you know of any previous or current problems or defects with the following existing mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

- |                             | YES                      | NO                                  | N/A                      |                               | YES                                 | NO                       | N/A                                 |
|-----------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1) Electrical               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6) Water softener             | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Plumbing (pipes)         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Is water softener leased?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Central heating          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7) Security System            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Central Air conditioning | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | a. Is security system leased? | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Sump pump                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8) Built in appliances        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                             |                          |                                     |                          | 9) Other mechanical systems   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical systems (but not longer than the past 5 years):

*Large, ground level overhead door inoperable*

Owner's Initials *[Signature]* Date 3/3/20

Purchaser's Initials            Date           

Owner's Initials            Date           

Purchaser's Initials            Date

**H) PRESENCE OF HAZARDOUS MATERIALS:** Do you know of the **previous or current** presence of any of the below identified hazardous materials on the property?

- |   | YES                      | NO                                  | N/A                      |
|---|--------------------------|-------------------------------------|--------------------------|
| 1) Lead-Based Paint                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2) Asbestos                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3) Urea-Formaldehyde Foam Insulation        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4) Radon Gas                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. If "Yes", indicate level of gas if known | _____                    |                                     |                          |
| 5) Other toxic or hazardous substances      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property:

Has an environmental Phase 1 or Phase 2 assessment audit been completed on the property?  Yes  No  Unknown

If yes, when? Phase 1 December 2008

Is the subject property presently used, or has it ever been used, as an industrial use facility (including gas stations, golf courses, i.e. maintenance areas), manufacturing operations including, but not limited to machine shops, welding, chemical use, plating, asphalt plants, dry cleaners, printing operations, junkyards, landfills and auto repairs? If yes, please describe:

Yes  No  Unknown

50+ years used a warehouse, machining center, welding, and machine fabrication.

Are there any present/past enforcement actions by a regulatory agency for the subject property?  Yes  No  Unknown

If yes, please describe:

Are there any existing environmental liens, lawsuits, administrative actions or environmental easements associated with the use of the subject property?  Yes  No  Unknown

If yes, describe:

Reference previous Ohio EPA issue

**I). UNDERGROUND STORAGE TANKS/WELLS:** Do you know of any underground storage tanks (existing or removed), oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property?  Yes  No If "Yes", please describe:

Abandoned old grease/oil trap. Not used for 20+ yrs

**J). FLOOD PLAIN:** Is the property located in a designated flood plain? Yes  No  Unknown

**K) DRAINAGE/EROSION:** Do you know of any **previous or current** flooding, drainage, settling or grading or erosion problems affecting the property?  Yes  No If "Yes", please describe and indicate any repairs, modifications or alterations to the property or other attempts to control any problems (but not longer than the past 5 years):

Owner's Initials Alia Date 3/5/20 Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

Owner's Initials \_\_\_\_\_ Date \_\_\_\_\_ Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

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**L) ZONING/CODE VIOLATIONS/TAX ABATEMENTS:** Do you know of any violations of building codes, zoning ordinances affecting the property or any nonconforming uses of the property?  Yes  No If "Yes", please describe:

[Empty box for describing zoning/code violations]

Are you aware of any recorded deed restrictions for the property?  Yes  No

Are there currently any leases, including but not limited to, land leases, land crop leases, timber rights, hunting rights, etc?  Yes  No If yes, please describe

Not aware

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property).

Yes  No If "Yes", please describe:

[Empty box for describing historic building/district designation]

Is your real estate under CAUV, CRP, or any tax reduction programs?  Yes  No

Do you know of any recent or proposed assessments, fees or abatements, which could affect the property?  Yes  No If "Yes", please describe:

[Empty box for describing assessments/fees/abatements]

List any assessments paid in full (date/amount) \_\_\_\_\_

List any current assessments: \_\_\_\_\_ monthly fee \_\_\_\_\_ Length of payment (years \_\_\_\_\_ months \_\_\_\_\_)

Do you know of any recent or proposed rules or regulations of, or the payment of any fees or charges associated with this property, including but not limited to a Community Association, SID, CID, LID, etc.  Yes  No If "Yes, please describe:

[Empty box for describing rules/regulations/fees/charges]

**M) OIL, GAS & OTHER MINERAL RIGHTS:** Do you know of any oil, gas, or other mineral right leases on the property?

Yes  No  Unknown

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to oil, gas, other mineral rights. Information may be obtained from records contained within the recorder's office in the county where property is located.

Do you own mineral rights?  Yes  No  Unknown

Are you receiving royalty payments?  Yes  No

Owner's Initials Qua Date 3/5/20

Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

Owner's Initials \_\_\_\_\_ Date \_\_\_\_\_

Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_



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**N) BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS:** Do you know of any of the following conditions affecting the property?

- 1) Boundary Agreement
- 2) Boundary Dispute
- 3) Recent Boundary Change

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- 4) Shared Driveway
- 5) Party Walls
- 6) Encroachments From or on Adjacent Property

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe:

main entrance shared with adjacent company / sealand easement

**O) OTHER KNOWN MATERIAL DEFECTS:** The following are other known material defects in or on the property:

fire alarm system inoperable

For purposes of this section, material defects would include any non-observable physical condition that could inhibit a person's use of the property.

### CERTIFICATION OF OWNER

Owner certifies that the statements contained in this form are made in good faith and based on his/her actual knowledge as of the date signed by the Owner. Owner is advised that the information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by other statute or law or that may exist to preclude fraud, either by misrepresentation, concealment or nondisclosure in a transaction involving the transfer of commercial real estate.

OWNER:  DATE: \_\_\_\_\_

OWNER: *Delbert Thompson, Chief Financial Officer* DATE: *3/5/20*

### RECEIPT AND ACKNOWLEDGMENT OF POTENTIAL PURCHASERS

**Owner makes no representations with respect to any offsite conditions. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to offsite issues that may affect purchaser's decision to purchase the property.**

**Purchaser should exercise whatever due diligence purchaser deems necessary with respect to abandoned underground mines. If concerned about his issue, purchaser assumes responsibility to obtain information from the Ohio Department of Natural Resources. The Department maintains an online map of known abandoned underground mines on their website at [www.dnr.state.oh.us](http://www.dnr.state.oh.us)**

**I / WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE FORM AND UNDERSTAND THAT THE STATEMENTS ARE MADE BASED ON THE OWNERS ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER.**

My/Our signature below does not constitute approval of any disclosed condition as represented herein by the owner.

Purchaser:  Date: \_\_\_\_\_

Purchaser:  Date: \_\_\_\_\_