



**REALTORS® ASSOCIATION OF NEW MEXICO  
SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2016**

**THIS DISCLOSURE SHOULD BE COMPLETED BY THE SELLER,  
NOT THE BROKER**

Seller states that the information contained in this Disclosure is correct to Seller's ACTUAL KNOWLEDGE as of the date set forth below. Any changes to the information provided in this Disclosure of which seller becomes aware will be disclosed by Seller to Buyer promptly after discovery. If the Property is part of a Common Interest Community, this Disclosure is limited to the Property or Unit itself, except as stated in Section L. Seller hereby authorizes Broker to deliver a copy of this Disclosure to any and all prospective buyers.

**NOTE:** If an item is not present at the Property, or if an item is not to be included in the sale, mark the "N/A" column. The Purchase Agreement, not this Disclosure form, determines whether an item is included in or excluded from the sale.

October 17, 2016  
Date

136 Upper Colonias Road  
Property Address

El Prado, NM  
State

87529  
Zip Code

Deborah Van Willigen, Trustee  
Seller's Name (Print)

Ben Van Willigen, Trustee  
Seller's Name (Print)

**OCCUPANCY:** Has the Seller ever occupied the Property?  Yes  No If "Yes", provide the beginning and ending ending dates of occupancy: \_\_\_\_\_  
Beginning Date Ending Date

A	STRUCTURAL CONDITIONS Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Structural problems		X		
2	Moisture and/or water problems		X		
3	History of wood infestation, insects, pests, birds or tree root problems affecting the structure		X		
4	Damage due to hail, wind, fire or flood		X		
5	Cracks, heaving or settling problems		X		
6	Exterior wall or window problems		X		
7	Building code, city or county violations		X		

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<b>A</b>	<b>STRUCTURAL CONDITIONS – CON'T</b>
8	Were all necessary permits, approvals and inspections obtained for all construction, repairs, and improvements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "no", explain _____
9	House is built on: <input checked="" type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement
10	Type of Construction: <u>FRAME</u>
11	Type of Exterior: <input type="checkbox"/> Artificial / Synthetic Stucco (EIFS) <input type="checkbox"/> Other <u>CEMENTITIOUS STUCCO</u> Any current or past problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
12	Type of floor under carpets, linoleum, etc.: <u>SLAB</u>
13	Any additions or alterations made: _____
Additional Comments: _____	

**NOTE: If an item is not present at the Property, mark the "N/A" column.**

<b>B</b>	<b>ROOF</b>	<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	<b>IF "YES", EXPLAIN</b>
1	Roof problems			<input checked="" type="checkbox"/>		
2	Roof leak: Past			<input checked="" type="checkbox"/>		
3	Roof leak: Present			<input checked="" type="checkbox"/>		
4	Damage to roof: Past			<input checked="" type="checkbox"/>		
5	Damage to roof: Present			<input checked="" type="checkbox"/>		
6	Skylight problems			<input checked="" type="checkbox"/>		
7	Gutter or downspout problems			<input checked="" type="checkbox"/>		
8	Is roof under warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", when does warranty expire? _____ If "yes", is warranty transferable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", has roof work been performed while under current roof warranty <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", describe work done: _____					
9	Roof Material: <u>TPO</u> Age <u>5 YRS</u> Roof Material: _____ Age _____					
Additional Comments: _____						



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C	APPLIANCES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Built-in vacuum system & accessories		X				
2	Clothes dryer: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Vented Outside						
3	Type of clothes dryer hook-up available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
4	Clothes washer						
5	Dishwasher						
6	Disposal		X				
7	Freezer						
8	Gas grill						
9	Range Hood						
10	Microwave oven						
11	Oven		X				
12	Type of oven hookup available: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____						
13	Range <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Propane		X				
14	Refrigerator		X				
15	Refrigerator Water Line		X				
16	Trash Compactor						
Additional Comments: _____							
_____							
_____							



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D	ELECTRICAL & TELECOMMUNICATIONS	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Security system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Transferable		X				
2	Smoke/fire detectors: <input type="checkbox"/> Battery <input checked="" type="checkbox"/> Hardwired		X				
3	Carbon Monoxide Alarm: <input checked="" type="checkbox"/> Battery <input type="checkbox"/> Hardwired		X				
4	Light fixtures		X				
5	Switches & outlets		X				
6	Aluminum wiring: <input type="checkbox"/> Pig-tailing _____			X			COPPER WIRING
7	Electrical: <input checked="" type="checkbox"/> Amps <u>200</u>		X				
8	Telecommunications (T-1, fiber, cable, satellite, DSL) <input type="checkbox"/> Owned <input type="checkbox"/> Leased		X			DSL AVAILABLE	FIBER OPTIC RUN TO BLDG.
9	Satellite System or DSS Dish <input type="checkbox"/> Owned <input type="checkbox"/> Leased		X				DSL INSTALLED NOT ACTIVE
10	Inside telephone wiring & blocks/jacks		X				DSL AVAILABLE
11	Ceiling fans		X				
12	Garage Door <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Manual If electric, number of garage door remote control(s) <u>2</u>		X				
13	Intercom/doorbell			X			
14	In-wall / Built-in speakers						
15	220 volt service		X				
16	Landscape lighting			X			
Additional Comments: _____							
_____							
_____							



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E	MECHANICAL	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Cooling: <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Refrigerated Air <input type="checkbox"/> Window Units <input type="checkbox"/> Central Duct Location: _____ Number of Units: _____			X			
2	Humidifier			X			
3	Air purifier			X			
4	Sauna			X			
5	Steam room/shower		X				
6	Water heater: # of _____ Capacity _____ Fuel Type <u>ELECTRIC</u>						
7	Heating: <input type="checkbox"/> Central Forced Air <input checked="" type="checkbox"/> Radiant <input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Floor Furnace <input checked="" type="checkbox"/> Solar <input type="checkbox"/> Geo Thermal <input type="checkbox"/> Other Type of Piping: <input type="checkbox"/> Entran <input checked="" type="checkbox"/> Other if "other", type: <u>LINSEB PE-X</u> Number of Units: _____ Type of duct work: _____		X				
8	Fireplace # _____ Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Log Lighter <input type="checkbox"/> Electric			X			
9	Stove: Fuel Type: <input type="checkbox"/> Wood <input type="checkbox"/> Pellet <input type="checkbox"/> Other			X			
10	Fireplace Insert			X			
11	Fuel Tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			X			
12	Entry gate system			X			
13	If known, date of last fireplace/wood stove, chimney/flue cleaning: _____						
14	Are there any rooms without a direct heat source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "yes", explain: _____						
<b>Additional Comments:</b> _____							



## REALTORS® ASSOCIATION OF NEW MEXICO SELLER'S PROPERTY DISCLOSURE – RESIDENTIAL – 2016

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F	WATER, SEWER & OTHER UTILITIES	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Water filter system: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased		X				
2	Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased			X			
3	Lift station (sewage ejector pump)			X			
4	Drainage, storm sewers, retention ponds			X			
5	Grey water storage/use			X			
6	Sump pump			X			
7	Underground sprinkler system: <input type="checkbox"/> Partial <input type="checkbox"/> Full Coverage			X			
8	Fire sprinkler system			X			
9	Water Pipes: Type(s): <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Kitec <input type="checkbox"/> Copper <input type="checkbox"/> Polybutylene <input checked="" type="checkbox"/> Pex <input type="checkbox"/> Do Not Know <input type="checkbox"/> Other _____		X				
10	Backflow prevention device: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/> Sewage				X		
11	Irrigation pump			X			
12	Well pump		X				SHARLES WELLS
13	Reverse Osmosis: <input type="checkbox"/> Owned <input type="checkbox"/> Leased Lease Information: _____			X			
14	Plumbing Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
15	Sewage Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
16	Water Pressure Problems: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know If "yes", explain _____						
Additional Comments: _____							



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G	POOL, SAUNA, HOT TUB, WATER FEATURE	N/A	IN WORKING CONDITION?			AGE IF APPLIES AND IS KNOWN	COMMENTS
			YES	NO	DO NOT KNOW		
1	Pool			X			
2	Pool Material: <input type="checkbox"/> Vinyl <input type="checkbox"/> Gunite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other						
3	Pool Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Saltwater <input type="checkbox"/> Bromine <input type="checkbox"/> Other						
4	Pool Filter			X			
5	Pool Heater			X			
6	In-Pool Cleaning Equipment			X			
7	Pool Cover: Type: _____			X			
8	Hot Tub			X			
9	Sauna Room			X			
10	Steam Room			X			
11	Water Features Type: _____			X			
12	Is Pool Service Company being used? If “yes”, name of company _____						
13	Has Pool been winterized? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Additional Comments: _____							

H	USE, ZONING & LEGAL ISSUES Do any of the following conditions currently exist or is Seller aware of them ever existing:	YES	NO	DO NOT KNOW	IF “YES”, EXPLAIN
1	Zoning violations, variances, conditional use restrictions, violations of an enforceable PUD or non-conforming use		X		
2	Liens or judgments against the Property		X		
3	Proposed bonds, assessments, or impact fee's against the Property		X		
4	Notice or threat of condemnation proceedings		X		
5	Notice of any adverse conditions from any governmental or quasi-governmental agency that have not been resolved		X		



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H	USE, ZONING & LEGAL ISSUES – CON'T – Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
6	Violation of restrictive covenants or owners' association rules or regulations		X		
7	Any building or improvements constructed without approval by the owners' association or the designated approving body, if approval is required		X		
8	Notice of zoning action		✓		
9	Other legal action		X		
Additional Comments: _____					
_____					
_____					

I	ACCESS, PARKING, DRAINAGE & SIGNAGE Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	YES	NO	DO NOT KNOW	IF 'YES', EXPLAIN
1	Access problems		X		
2	Roads, driveways, trails or paths through the Property used by others		X		
3	Public highway or county road bordering the Property		X		
4	Proposed or existing transportation project that affects or is expected to affect the Property		X		
5	Encroachments, boundary disputes or unrecorded easements		X		
6	Shared or common areas with adjoining properties		X		
7	Requirements for curb, gravel/paving, landscaping		X		
8	Flooding or drainage problems: Past		X		
9	Flooding or drainage problems: Present		X		
Additional Comments: _____					
_____					
_____					





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<b>J</b>	<b>WATER &amp; SEWER SUPPLY</b>
1	<p>Does seller own all water rights to the Property? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "no", what water rights have been transferred? <input type="checkbox"/> Surface Rights <input type="checkbox"/> Irrigation Rights <input type="checkbox"/> Ditch Rights <input type="checkbox"/> Other</p> <p>Additional details of transfer: <u>NO WATER RIGHTS WITH THIS PROPERTY FOR SURFACE</u> <u>WATERS BUT WELL WATER RIGHTS FOR DOMESTIC WATER USE</u></p> <p>If "no", are sales/lease/transfer agreements attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If applicable and if not otherwise identified in the agreement(s) attached, contact information for third-party or parties who/which currently hold water rights to the Property: _____</p>
2	<p>Type of water supply: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Private (If Property has well, see Section J(3) below)</p> <p>Name and address of service providers: _____</p> <p>Fees per month: _____ Transfer Fee: _____</p> <p>Restrictions and/or regulations _____</p> <p>Water Supply or Yield Problems _____</p>
3	<p><b>WELL(S)</b> <input type="checkbox"/> N/A</p> <p>TYPE: <input checked="" type="checkbox"/> Private Well <input type="checkbox"/> Shared Well <input type="checkbox"/> Cistern <input type="checkbox"/> Irrigation Well <input type="checkbox"/> Other _____</p> <p>If the Property is served by a Well, Well Permit <input checked="" type="checkbox"/> Is <input type="checkbox"/> Is Not attached.</p> <p>Shared Well Agreement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Well-Share Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached</p> <p>Well location and address <u>ADJACENT TO 136 UNICOLDS COLONIAS</u></p> <p>Separate electric meter (private or shared) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is well required to be metered <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restrictions and/or regulations _____</p> <p>Well Registered with the State Engineers Office <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # <u>SEE ATTACHED</u></p> <p>Additional Well Records attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Any other water source for any other use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", describe: <u>SEE PERMIT</u></p>
5	<p>If there is neither a Well, nor a Water Provider for the Property, then describe the source of potable water for the Property: _____</p> <p>_____</p> <p>SOME WATER PROVIDERS RELY, TO VARYING DEGREES, ON NONRENEWABLE GROUND WATER. CONTACT YOUR PROVIDER (OR INVESTIGATE THE DESCRIBED SOURCE) TO DETERMINE THE LONG-TERM SUFFICIENCY OF THE PROVIDER'S WATER SUPPLIES.</p>
6	<p>If other than City/Municipal/Community water, is there a requirement to connect to the City/Municipal/Community water?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Do Not Know</p> <p>If "yes", requirement: _____</p>
<p align="center"><b>SEE RANM FORM 2307 INFORMATION SHEET - WATER RIGHTS AND DOMESTIC WELLS</b></p>	



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<b>J</b>	<b>WATER AND SEWER SUPPLY - CON'T</b>
7	Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community <input checked="" type="checkbox"/> Septic (If Property has an onsite liquid waste system see Section J(8) below) <input type="checkbox"/> Other <input type="checkbox"/> None Any problems: _____ Names and address of service providers: _____ Is there a written service agreement <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Agreement <input type="checkbox"/> Is <input type="checkbox"/> Is Not attached. Fee's per month \$ _____ Transfer Fee \$ _____ Restrictions and/or regulations: _____
8	<b>WASTEWATER TREATMENT</b> <input type="checkbox"/> N/A TYPE: <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Advanced Treatment System <input type="checkbox"/> Composting Toilet <input type="checkbox"/> Outdoor Latrine <input type="checkbox"/> Cesspool <input type="checkbox"/> Gray Water Storage <input type="checkbox"/> Liquid Waste Storage Tank Any problems: _____ Name and Address of Service Providers: <u>BEAR'S EXCAVATION</u> Date of last service: <u>Fall 2010</u> NMED (EID#) Permit System Certification Number: <u>TA 100104</u> Requirement to Connect to a sewer system <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____
9	Any problems with septic or sewer lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes", explain _____

**SEE RANM FORM 2308 INFORMATION SHEET - SEPTIC SYSTEMS**

**Additional Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>K</b>	<b>ENVIRONMENTAL CONDITIONS</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	<b>IF "YES", EXPLAIN</b>
1	Hazardous materials on the Property, such as radioactive, toxic, or bio-hazardous materials, asbestos, pesticides, herbicides, wastewater sludge, radon, methane, mill tailings, solvents or petroleum products		X		
2	Storage tanks <input type="checkbox"/> Above Ground <input type="checkbox"/> Under Ground		X		
3	Underground transmission lines		X		
4	Animals kept in the residence		X		
5	Property used as, situated on, or adjoining a dump, land fill or municipal solid waste land fill		X		
6	Monitoring wells or test equipment		X		



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<b>K</b>	<b>ENVIRONMENTAL CONDITIONS – CON'T</b> Do any of the following conditions <b>currently exist or is Seller aware of them ever existing:</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	<b>IF “YES”, EXPLAIN</b>
7	Sliding, settling, upheaval, movement or instability of earth or expansive soils on the Property		X		
8	Land on the Property that has been filled in		X		
9	Mine shafts, tunnels or abandoned wells or cisterns		X		
10	Within governmentally designated flood plain or wetland area		X		
11	Dead, diseased or infested trees or shrubs		X		
12	Environmental assessments, studies or reports done involving the physical condition of the Property		X		
13	Noticeable continuous or periodic odors		X		
14	Property used for any mining, graveling, or other natural resource extraction operations such as oil and gas wells		X		
15	Wood infestation, insects, pests, rodents or tree root problems		X		
16	Flooding on any portion of the Property		X		
17	History of mold conditions or treatment for mold.		X		

**SEE RANM FORM 2309 – INFORMATION SHEET MOLD**

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: If question does not apply to Property, mark the “N/A” column.**

<b>L</b>	<b>COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY</b>	<b>N/A</b>	<b>YES</b>	<b>NO</b>	<b>DO NOT KNOW</b>	<b>COMMENTS</b>
1	Is Property part of an owners' association If “yes”, name of Association <u>UCLHA</u>		X			
2	Does Property have its own designated parking spot(s)? If “yes”, how many? _____			X		



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L	COMMON INTEREST COMMUNITY ASSOCIATION PROPERTY – CON'T	N/A	YES	NO	DO NOT KNOW	COMMENTS
3	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).			X		
4	Is Property in a Public Improvement District (PID)?			X		
<b>SEE RANM FORM 4600 – INFORMATION SHEET HOME OWNERS ASSOCIATION SEE RANM FORM 4500 INFORMATION SHEET PUBLIC IMPROVEMENT DISTRICT</b>						
Additional Comments: _____						

M	OTHER RIGHTS	YES	NO	DO NOT KNOW	COMMENTS
1	Has Seller established solar rights on the Property?		X		
2	With the exception of water rights, already addressed in Section J, does seller own all other rights to the Property (i.e. wind, mineral, solar, etc)?		X		
3	If "no", what other rights does seller <b>NOT</b> own? <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Hard-rock minerals (Gold, silver, copper & other metals) <input type="checkbox"/> Wind <input type="checkbox"/> Solar <input type="checkbox"/> Other _____				
4	If "no", what is the reason that Seller does not own all other rights? a. <input checked="" type="checkbox"/> United States (US) patent did not convey some/all other rights, and therefore, no owner in the chain of title since the US patent ever owned all mineral rights; OR b. <input type="checkbox"/> Other rights were severed by Seller or a former owner of the Property (other than the United States government) and <input type="checkbox"/> SOLD or <input type="checkbox"/> LEASED to a third-party.				
5	If applicable, all sale/lease and/or transfer agreements within Seller's possession <input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not attached If not otherwise identified in the sales and/or lease agreements attached, identity and provide contact information for third-party or parties who/which currently hold other rights to the Property: _____				
Additional Comments: _____					



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N	OTHER DISCLOSURES - GENERAL	YES	NO	DO NOT KNOW	IF "YES", EXPLAIN
1	Any damage to flooring (e.g. carpet stains, cracks in tile, damage to wood floors, etc.) or walls (e.g. holes, stains, etc.)?		X		
2	Is any part of the Property leased to others (written or oral)?		X		
3	Does the seller have any written reports of any building, site, roofing, soils or engineering investigations or studies of the Property?		X		
4	Has the seller submitted any property insurance claims? (whether paid or not)		X		
5	Does the seller have any structural, architectural and engineering plans and/or specifications for any existing improvements?		X		
6	Has Property been used as a methamphetamine laboratory? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
7	Has cannabis been grown on the Property? If "yes", has it been remediated? <input type="checkbox"/> Yes <input type="checkbox"/> No		X		
8	Are there any government special improvements approved, but not yet installed, that may become a lien against the Property?		X		
<b>SEE RANM FORM 2306 – INFORMATION SHEET CLANDESTINE DRUG LABORATORY REMEDIATION</b>					
Additional Comments: _____					
_____					
_____					

Seller and Buyer understand that the real estate brokers do not warrant or guarantee the information contained in this Seller's Property Disclosure.

**THE BUYER IS ADVISED TO EXERCISE ALL HIS/HER RIGHTS UNDER AND IN ACCORDANCE WITH THE PURCHASE AGREEMENT TO INVESTIGATE AND INSPECT THE PROPERTY.**

This form is **NOT** intended as a substitute for an inspection of the Property.

**ADVISORY TO SELLER:** Seller has a legal duty to disclose material defects in the Property to Buyer. The information contained in this Disclosure has been furnished by Seller, who certifies to the truth thereof based on Seller's **ACTUAL KNOWLEDGE**.



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PLEASE NOTE: THIS IS NOT A CONTRACT

**SELLER**

*[Handwritten Signature]*

*10/3/16*

Seller  
Deborah Van Willigen, Trustee

Date

*[Handwritten Signature]*

*10/3/16*

Seller  
Ben Van Willigen, Trustee

Date

**BUYER**

Buyer

Date

Buyer

Date

JUN 04 2010

APPLICATION FOR A LIQUID WASTE PERMIT OR REGISTRATION



RECEIVED  
DISTRICT 11

PERMIT APPROVED

NMED Permit Number: TA100104

**SYSTEM OWNER'S NAME:** Last, First, MI

Home Phone: 575.776.2491 Business Phone:

Call 758-8808 to schedule an inspection a minimum of 2 working days prior to the inspection. Permit Fee: 100.00 Other: Multiple dwellings

**Del Norte Properties, LLC**

MAILING ADDRESS: Street/PO Box, City, State, Zip Code  
PO Box 2234 Taos, NM 87571

SYSTEM LOCATION: Address, City, ZIP, County - (if needed, attach directions)

136 Upper Las Colonias Rd  
SUBDIVISION Chamisa Vista Subdivision UNIT/PHASE BLOCK LOT/TRACT #3

UNIFORM PROPERTY CODE: 1 073 153 261 278  
TOWNSHIP RANGE SECTION QTR QTR LATITUDE LONGITUDE ELEV  
26 North 12 East 19 36d28m30sNorth 105d36m3sWest

INSTALLER'S NAME & FIRM: Sleve Anaya - Bear's Excavation PHONE: 758-9316

MAILING ADDRESS: Street/PO Box City, State, ZIP  
PO Box 3331 Taos, NM 87571

CID License No./Class MM-1 MM-98 MS-1 X MS-3 Homeowner  
No.: 356510

- B. Depth from Ground Surface to:  
Seasonal High Water Table 15+ feet  
Bedrock, Caliche, Tight Clay 1 feet  
Gravel, Cobbles, Highly permeable soil 18 feet
- C. Soil Description:  
USDA Soil Class Methodology & Verification Submitted?  Yes  
Type Ia=1.25 sf/gal/day Type Ib=2 sf/gal/day Type II=2 sf/gal/day  
Type III=2 sf/gal/day Type IV=5 sf/gal/day
- D. Domestic Water Source:  
X On-site Off-site X Private Public X Shared  
Irrigation well, or flood irrigated area on lot? Yes X No  
State Engineer Well Permit #: RG 89817  
Name of Public Water System:

**IV. SYSTEM DESIGN**

- A. Treatment Unit:  
X Septic tank Manufacturer: Gonzales Capacity 1250  
Certification No.:  
ATS (Advanced Treatment System) Secondary Tertiary Sand filter  
Disinfection Other (specify):  
Manufacturer: Model:  
Voluntary ATS
- B. Disposal System: x Trench Leaching Bed Seepage Pit  
Privy Holding tank Elevated Bed Wisconsin Mound  
Vault Lined Evapotranspiration (ET) Bed Unlined ET Bed  
Irrigation Low pressure dosed Drip  
Other (specify):  
Materials: X Pipe & Gravel Gravelless (type):  
Distribution box: Yes X No  
C. Minimum required absorption area:  
AR 2 x Q 450 = 900 SQ FT  
(AR - Application Rate) (Q - Design Flow)  
Trench or Bed width = 2 ft.  
Gravel depth below pipe = 3 ft.  
Total Trench or Bed Length = 130  
Length of Trenches = (1) 65 ; (2) 65 ; (3) ; (4)  
Number of Gravelless Units = NA  
Proposed Absorption Area of System = SQFT  
D. Depth from ground surface to bottom of absorption area = 5 ft.

**I. PERMIT APPLICATION (instructions available on request)**

Application is for: X New Permit Registration - existing unpermitted system  
Modification of an existing system ATS ownership transfer  
Existing Permit No. (if applicable):

**II. WASTEWATER SOURCES & DESIGN FLOWS IN GALLONS PER DAY (gpd)**

- A. Proposed liquid waste system use and design flow:  
Single family residence 4 no. of bedrooms 450 gpd  
Multiple family units no. of units no. bedrooms per unit gpd  
Seasonal residence gpd  
Commercial/Institutional (type): Fixture units: gpd  
Other (type): Yes X No gpd  
B. Are there other sewage sources on this property?  
TOTAL WASTEWATER FLOW ON PROPERTY - 450 gpd

**III. SITE INFORMATION**

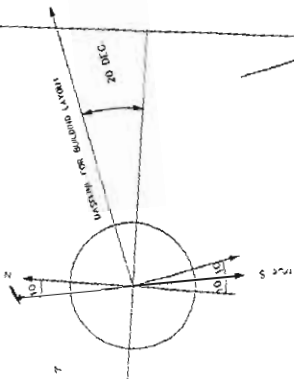
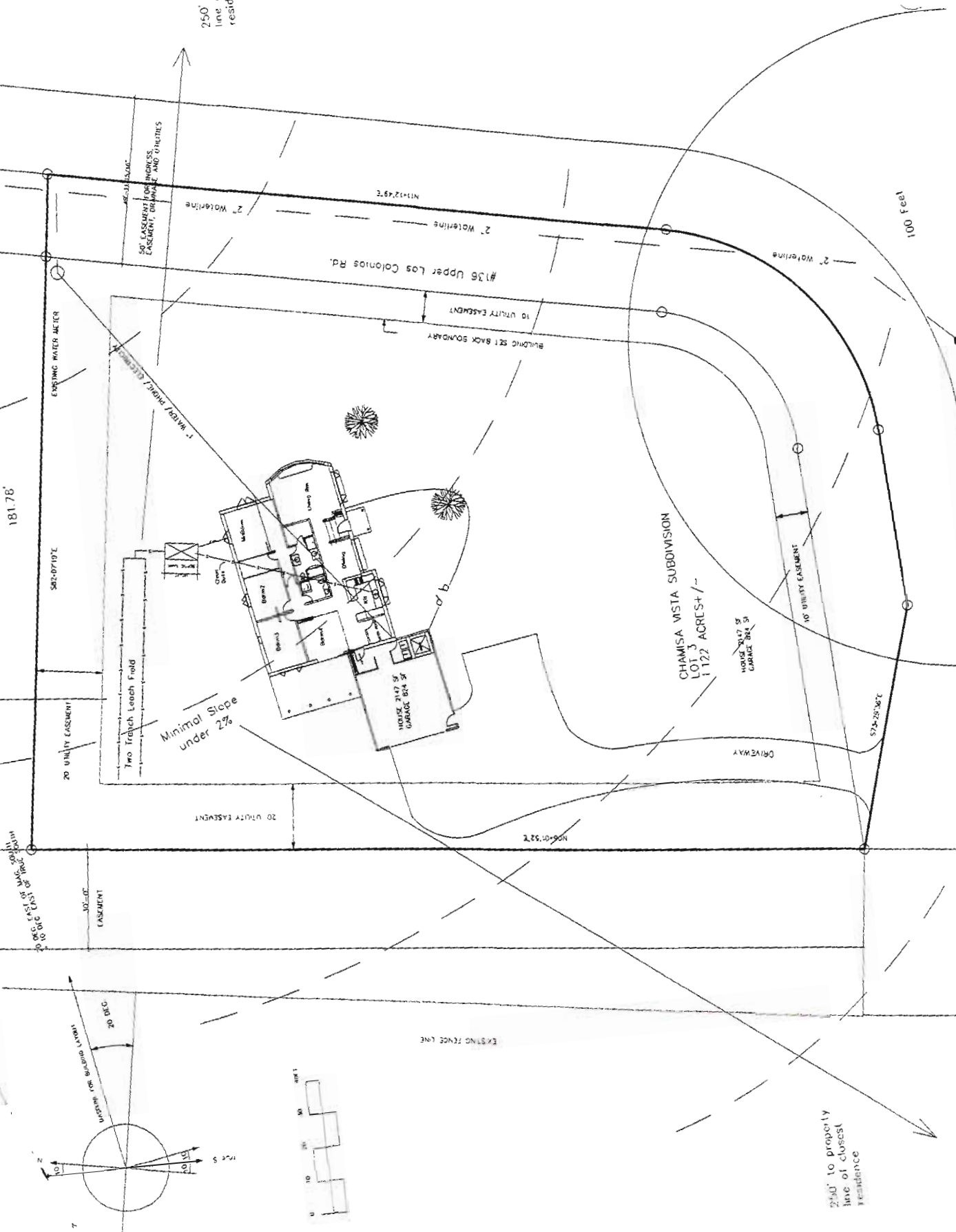
A. Lot Size: 1.122 Acres Date of Record: 6/4/2007  
(nearest 0.01 acre) (Plat Date or Subdivision Date)  
Ownership and lot size documentation attached: Warranty deed Property tax receipt  
Recorded survey x Recorded plat x Other, specify: Subdivision Documents

TA100104

570' to property line of closest residence

250' to property line of closest residence

2740' to property line of closest residence





STATE ENGINEER OFFICE  
WELL RECORD

Section 1. GENERAL INFORMATION

Owner of well G Michael Tarleton Owner's Well No. \_\_\_\_\_  
 Street or Post Office Address P.O. Box 2234  
 City and State Taos NM 87571  
 Well was drilled under Permit No. R-89817 and is located in the:  
 a. \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  \_\_\_\_\_  $\frac{1}{4}$  of Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ N M E  
 b. Tract No. \_\_\_\_\_ of Map No. \_\_\_\_\_ of the \_\_\_\_\_  
 c. Lot No. \_\_\_\_\_ of Block No. \_\_\_\_\_ of the \_\_\_\_\_  
 Subdivision, recorded in \_\_\_\_\_ County.  
 d. X = 1831.311 feet, Y = 1992523 feet, N.M. Coordinate System Central Zone \_\_\_\_\_  
 inc. Antonia Leroux / Antonia Martore (Taos County) Grid \_\_\_\_\_  
 e. Drilling Contractor Fennell Drilling Co License No. W-0987  
 Address P.O. Box 480 Arroyo Honda NM 87513  
 Drilling Began 10-26-07 Completed 4-2-07 Type tools rotary Size of hole 9 7/8  
 Elevation of land surface or \_\_\_\_\_ at well is \_\_\_\_\_ ft. Total depth of well 480  
 Complete well is  shallow  artesian. Depth to water upon completion of well 64

Section 2. PRINCIPAL WATER-BEARING STRATA

Depth in Feet		Thickness in Feet	Description of Water-Bearing Formation	Estimated Yield (gallons per minute)
From	To			
350	480	130	sand/gravel & clay stringers	25+

Section 3. RECORD OF CASING

Diameter (inches)	Pounds per foot	Threads per in.	Depth in Feet		Length (feet)	Type of Shoe	Perforations	
			Top	Bottom			From	To
6 7/8	5.45	Bell	+2	4			350	400
10 7/8	10	Weld	+2	40	40		400	420
							420	440
							440	480

Section 4. RECORD OF MUDDING AND CEMENTING

Depth in Feet		Hole Diameter	Sacks of Mud	Cubic Feet of Cement	Method of Placement	Date
From	To					
32	62	9 7/8	20		gravity	2007 NOV 18 AM 10:46

Section 5. PLUGGING RECORD

Plugging Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Plugging Method \_\_\_\_\_  
 Date Well Plugged \_\_\_\_\_  
 Plugging approved by: \_\_\_\_\_  
 State Engineer Representative \_\_\_\_\_

No.	Depth in Feet		Cubic Feet of Cement
	Top	Bottom	
1			
2			
3			
4			

Date Received \_\_\_\_\_ FOR USE OF STATE ENGINEER ONLY

STATE ENGINEER  
TAOS, NEW MEXICO



John R. D Antonio, Jr., P.E.  
State Engineer



Santa Fe Office  
PO BOX 25102  
SANTA FE, NM 87504-5102

STATE OF NEW MEXICO

Trn Nbr: 389938  
File Nbr: RG 89817  
Well File Nbr: RG 89817 POD1

OFFICE OF THE STATE ENGINEER

Nov. 09, 2007

G MICHAEL TARLETON  
PO BOX 2234  
TAOS, NM 87571

Greetings:

Enclosed is your copy of the well record for the above numbered permit, which has been accepted for filing.

Sincerely,

A handwritten signature in cursive script, appearing to read "Angie Rodriguez".

Angie Rodriguez  
(505) 827-6120

Enclosure  
cc: Albuquerque Office

wellrrcv