



Code of the West Real Estate, LLC  
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The printed portions of this form, except differentiated additions, have been approved by the Colorado Real Estate Commission.  
 (SPDS19-6-23) (Mandatory 1-24)

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

SELLER'S PROPERTY DISCLOSURE SUPPLEMENT  
 (ADDITIONAL STRUCTURE)

This Seller's Property Disclosure Supplement ("SPD Supplement") supplements the following Seller's Property Disclosure form to be provided by the Seller:

- Seller's Property Disclosure (Residential))
- Seller's Property Disclosure (Land))
- Seller's Property Disclosure (Commercial))

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

Seller states that the information contained in this SPD Supplement regarding the Additional Structure is correct to Seller's CURRENT ACTUAL KNOWLEDGE as of this Date. Any changes must be disclosed by Seller to Buyer promptly after discovery. Seller's failure to disclose a known adverse material fact affecting the Property or occupant may result in legal liability. If applicable, this form must be fully completed to Seller's current actual knowledge. 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 the SPD, this SPD Supplement or not.

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

Note: Buyer and Seller should review the Advisory at the end of the SPD that this SPD Supplement appends.

Date: **6/11/2025**

Property:

**22010 Steffi Drive, Aguilar, CO 81020**

Seller: **JAMES & JANICE GOLLNER FAMILY TRUST**

Additional Structure Type:  Residential Dwelling  Barn  Detached Garage  Other:

Additional Structure Description/Name: **Cleary Building**

Year Built: **2005**

Note: The Contract to Buy and Sell Real Estate determines whether an item is included or excluded in the sale. If there is an inconsistency between the SPD and the Contract, the Contract controls.

I. IMPROVEMENTS

| A. | BUILDING CONDITIONS (all aspects of the Additional Structure)<br>If you know of any of the following problems <b>EVER EXISTING</b> , check the "Yes" column: | Yes | Comments |
|----|--|-----|----------|
| 1  | Structural   |     |          |
| 2  | Moisture and/or water  |     |          |
| 3  | Damage due to termites, other insects, birds, animals, or rodents  |     |          |
| 4  | Damage due to hail, wind, fire, flood, or other casualty   |     |          |
| 5  | Cracks, heaving or settling  |     |          |
| 6  | Exterior wall or window  |     |          |

|    |                                   |  |  |
|----|-----------------------------------|--|--|
| 7  | Exterior Artificial Stucco (EIFS) |  |  |
| 8  | Subfloors                         |  |  |
| 9  |                                   |  |  |
| 10 |                                   |  |  |

| <b>B. ROOF</b><br>If you know of any of the following problems <b>EVER EXISTING</b> , check the "Yes" column: |  | Yes                                 | Comments |
|---|--|-------------------------------------|----------|
| 1   | Roof leak  |                                     |          |
| 2   | Damage to roof   |                                     |          |
| 3   | Skylight   |                                     |          |
| 4   | Gutter or downspout  |                                     |          |
| 5   | Other roof problems, issues or concerns  |                                     |          |
| 6   |  |                                     |          |
| 7   |  |                                     |          |
| <b>ROOF - Other Information</b><br>Do you know of the following on the Property:                              |  |                                     |          |
| 8   | Roof under warranty until Transferable? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |          |
| 9   | Roof work done while under current roof warranty   |                                     |          |
| 10  | Roof material: <u>Steel with painted screws</u> Age: <u>15 yrs</u>                               | <input checked="" type="checkbox"/> |          |
| 11  |  |                                     |          |

| <b>C. APPLIANCES</b> (if included in the sale)<br>If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column: |  | Yes | Age If Known | Comments |
|---|--|-----|--------------|----------|
| 1   | Built-in vacuum system & accessories   |     |              |          |
| 2   | Clothes dryer  |     |              |          |
| 3   | Clothes washer   |     |              |          |
| 4   | Dishwasher   |     |              |          |
| 5   | Disposal   |     |              |          |
| 6   | Freezer  |     |              |          |
| 7   | Gas grill  |     |              |          |
| 8   | Hood   |     |              |          |
| 9   | Microwave oven   |     |              |          |
| 10  | Oven   |     |              |          |
| 11  | Range  |     |              |          |
| 12  | Refrigerator   |     |              |          |
| 13  | T.V. antenna: <input type="checkbox"/> Owned <input type="checkbox"/> Leased                 |     |              |          |
| 14  | Satellite system or DSS dish: <input type="checkbox"/> Owned <input type="checkbox"/> Leased |     |              |          |
| 15  | Trash compactor  |     |              |          |
| 16  |  |     |              |          |

|    |  |  |  |
|----|--|--|--|
| 17 |  |  |  |
|----|--|--|--|

| <b>D. ELECTRICAL &amp; TELECOMMUNICATIONS</b>                   |  |                                     |              |
|---|--|-------------------------------------|--------------|
|   | If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column:  | Yes                                 | Age If Known |
|   |  |                                     | Comments     |
| 1   | Security system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased              |                                     |              |
| 2   | Smoke/fire detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwire     |                                     |              |
| 3   | Carbon Monoxide Alarm: <input type="checkbox"/> Battery <input type="checkbox"/> Hardwire    |                                     |              |
| 4   | Light fixtures   | <input checked="" type="checkbox"/> | 2010         |
| 5   | Switches & outlets   | <input checked="" type="checkbox"/> | 2010         |
| 6   | Telecommunications (T1, fiber, cable, satellite)   |                                     |              |
| 7   | Inside telephone wiring & blocks/jacks   |                                     |              |
| 8   | Ceiling fans   |                                     |              |
| 9   | Garage door opener and remote control<br># of remote/openers:                                |                                     |              |
| 10  | Intercom/doorbell  |                                     |              |
| 11  | In-wall speakers   |                                     |              |
| 12  |  |                                     |              |
| 13  |  |                                     |              |
| <b>ELECTRICAL &amp; TELECOMMUNICATIONS</b>                      |  |                                     |              |
|   | If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column: | Yes                                 | Age If Known |
| 14  | Electrical Service   | <input checked="" type="checkbox"/> |              |
| 15  | Aluminum wiring at the outlets (110)   |                                     |              |
| 16  | Solar panels: <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased      |                                     |              |
| 17  | Wind generators: <input type="checkbox"/> Owned <input type="checkbox"/> Leased              |                                     |              |
| 18  | Electric Wiring or Panel   | <input checked="" type="checkbox"/> |              |
| 19  |  |                                     |              |
| 20  |  |                                     |              |
| <b>ELECTRICAL &amp; TELECOMMUNICATIONS - Other Information:</b> |  |                                     |              |
|   | Do you know of the following serving the Additional Structure:                               | Yes                                 | Age If Known |
| 21  | 220 volt service   |                                     |              |
| 22  | Electrical Service: Amps 100   |                                     |              |
| 23  | Landscape Lighting   |                                     |              |
| 24  | Electrical Provider:   |                                     |              |
| 25  | Cable/TV provider  |                                     |              |
| 26  | Seller's Internet Provider   |                                     |              |
| 27  |  |                                     |              |

| <b>E. MECHANICAL</b> |   |     |              |
|----------------------|---|-----|--------------|
|                      | If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column: | Yes | Age If Known |
|                      |   |     | Comments     |
| 1                    | Overhead doors (including garage doors)   |     |              |
| 2                    | Entry gate system   |     |              |

|   |                    |  |  |  |
|---|--------------------|--|--|--|
| 3 | Elevator           |  |  |  |
| 4 | Sump pump(s): # of |  |  |  |
| 5 | Recycle pump       |  |  |  |
| 6 | Lifts or Hoists    |  |  |  |
| 7 |                    |  |  |  |
| 8 |                    |  |  |  |

| <b>F. VENTILATION, AIR &amp; HEAT</b>   |  |     |              |          |
|---|--|-----|--------------|----------|
| If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column: |  | Yes | Age If Known | Comments |
| 1   | Heating System   |     |              |          |
| 2   | Evaporative cooler   |     |              |          |
| 3   | Window air conditioning units  |     |              |          |
| 4   | Central air conditioning   |     |              |          |
| 5   | Attic/whole house fan  |     |              |          |
| 6   | Vent fans  |     |              |          |
| 7   | Humidifier   |     |              |          |
| 8   | Air Purifier   |     |              |          |
| 9   | Fireplace  |     |              |          |
| 10  | Fireplace insert   |     |              |          |
| 11  | Heating Stove  |     |              |          |
| 12  | Fuel tanks   |     |              |          |
| 13  |  |     |              |          |
| 14  |  |     |              |          |
| <b>VENTILATION, AIR &amp; HEAT - Other Information:</b>                                     |  |     |              |          |
| Do you know of the following serving the Additional Structure:                              |  |     |              |          |
| Heating system (including furnace):   |  |     |              |          |
| 15  | Type Fuel  |     |              |          |
|   | Type Fuel  |     |              |          |
| 16  | Fireplace:   |     |              |          |
|   | Type Fuel  |     |              |          |
| 17  | Heating Stove:   |     |              |          |
|   | Type Fuel  |     |              |          |
| 18  | When was fireplace/wood stove, chimney/flue last cleaned:                  |     |              |          |
|   | Date: <input type="checkbox"/> Do not know                                 |     |              |          |
| 19  | Fuel tanks: <input type="checkbox"/> Owned <input type="checkbox"/> Leased |     |              |          |
| 20  | Radiant heating system:  |     |              |          |
|   | <input type="checkbox"/> Interior <input type="checkbox"/> Exterior        |     |              |          |
|   | Type   |     |              |          |
| 21  | Fuel Provider:   |     |              |          |
| 22  |  |     |              |          |

| <b>G. WATER</b>   |                 |     |              |          |
|---|-----------------|-----|--------------|----------|
| If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column: |                 | Yes | Age If Known | Comments |
| 1   | Water heater(s) |     |              |          |

|    |  |  |  |  |
|----|--|--|--|--|
| 2  | Water filter system  |  |  |  |
| 3  | Water softener   |  |  |  |
| 4  | Water system pump  |  |  |  |
| 5  | Sauna  |  |  |  |
| 6  | Hot tub or spa   |  |  |  |
| 7  | Steam room/shower  |  |  |  |
| 8  | Underground sprinkler system   |  |  |  |
| 9  | Fire sprinkler system  |  |  |  |
| 10 | Backflow prevention device   |  |  |  |
| 11 | Irrigation pump  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
|    | <b>Water</b><br>If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column: |  |  |  |
| 14 | Water system (including lines and water pressure)  |  |  |  |
| 15 | Well   |  |  |  |
| 16 | Pool   |  |  |  |
| 17 | Irrigation system  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
|    | <b>WATER - Other Information:</b><br>Do you know of the following serving the Additional Structure:          |  |  |  |
| 20 | Water heater: Number of<br>Fuel type Capacity  |  |  |  |
| 21 | Water filter system: <input type="checkbox"/> Owned <input type="checkbox"/> Leased                          |  |  |  |
| 22 | Water softener: <input type="checkbox"/> Owned <input type="checkbox"/> Leased                               |  |  |  |
| 23 | Master Water Shutoff Location:   |  |  |  |
| 24 | Well metered   |  |  |  |
| 25 | Well Pump:<br>Date of last inspection<br>Date of last service  |  |  |  |
| 26 | Galvanized pipe  |  |  |  |
| 27 | Polybutylene pipe  |  |  |  |
| 28 | Well Pump -<br>GPM<br>Date:  |  |  |  |
| 29 | Cistern water storage gallons  |  |  |  |
| 30 | Supplemental water purchased in past 2 years?  |  |  |  |
| 31 |  |  |  |  |

| H. | <b>SOURCE OF WATER &amp; WATER SUPPLY - Other Information:</b><br>Do you know of the following serving the Additional Structure:  | Yes | Comments |
|----|---|-----|----------|
| 1  | Source of Water the same as specified in SPD: NOTE: If the Source of Water is different, Seller should supply a completed Source of Water Addendum for this Additional Structure. |     |          |

|   |  |  |
|---|--|--|
| 2 |  |  |
| 3 |  |  |

| <b>I. SEWER</b><br>If you know of any problems <b>EVER EXISTING</b> with the following, check the "Yes" column: |   | <b>Yes</b> | <b>Comments</b> |
|---|---|------------|-----------------|
| 1   | Sewage system (including sewer lines)   |            |                 |
| 2   | Lift station (sewage ejector pump)  |            |                 |
| 3   |   |            |                 |
| 4   |   |            |                 |
| <b>SEWER - Other Information:</b><br>Do you know of the following serving the Additional Structure:             |   |            |                 |
| 5   | Type of sanitary sewer service: <input type="checkbox"/> Public <input type="checkbox"/> Community<br><input checked="" type="checkbox"/> Septic System <input type="checkbox"/> None <input type="checkbox"/> Other<br><br>If the Additional Structure is served by an on-site septic system, provide buyer with a copy of the permit.<br>Type of septic system: <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Leach <input type="checkbox"/> Lagoon |            |                 |
| 6   | Sewer service provider:   |            |                 |
| 7   | Sewer line scoped? Date:  |            |                 |
| 8   | If a septic system, date latest Individual Use Permit issued:   |            |                 |
| 9   | If a septic system, date of latest inspection:  |            |                 |
| 10  | If a septic system, date of latest pumping:   |            |                 |
| 11  | Gray water storage/use  |            |                 |
| 12  |   |            |                 |

| <b>J. OTHER DISCLOSURES - IMPROVEMENTS</b><br>If you know of any problems <b>NOW EXISTING</b> with the following, check the "Yes" column: |                                 | <b>Yes</b> | <b>Comments</b> |
|---|---------------------------------|------------|-----------------|
| 1   | Included fixtures and equipment |            |                 |
| 2   | Stains on carpet                |            |                 |
| 3   | Floors                          |            |                 |
| 4   |                                 |            |                 |
| 5   |                                 |            |                 |

**II. GENERAL**

| <b>K. USE, ZONING &amp; LEGAL ISSUES</b><br>If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column: |   | <b>Yes</b> | <b>Comments</b> |
|--|---|------------|-----------------|
| 1  | Building code, city, or county violations   |            |                 |
| 2  | Any building or improvements constructed within the past one year before this Date without approval by the owners' associations or its <u>designated approving body</u> |            |                 |
| 3  | Any additions or alterations made with a Building Permit  |            |                 |
| 4  | Any additions or non-aesthetic alterations made without a Building Permit   |            |                 |
| 5  | Notice of ADA complaint or report   |            |                 |

|   |  |  |
|---|--|--|
| 6 |  |  |
| 7 |  |  |

| L. | <b>RADON</b><br>If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:   | Yes | Comments |
|----|--|-----|----------|
| 1  | Radon test(s) conducted on the Property. Include the most recent records and reports pertaining to radon concentrations within the Property. |     |          |
| 2  | Radon concentrations detected or mitigation or remediation performed. Provide a full description.  |     |          |
| 3  | Radon mitigation system installed on Property. Provide all information known by Seller about the radon mitigation system.                    |     |          |
| 4  |  |     |          |
| 5  |  |     |          |

| M. | <b>GENERAL DISCLOSURES</b><br>If you know of any of the following <b>EVER EXISTING</b> , check the "Yes" column:              | Yes | Comments |
|----|---|-----|----------|
| 1  | Written reports of any building, site, roofing, soils, water, sewer, or engineering investigations or studies of the Property |     |          |
| 2  | Structural, architectural, and engineering plans and/or specifications for any existing improvements                          |     |          |
| 3  | Property was previously used as a methamphetamine laboratory and not remediated to state standards                            |     |          |
| 4  | Odor  |     |          |
| 5  | Smoking inside improvements (including garages, unfinished space, or detached buildings) on Property                          |     |          |
| 6  |   |     |          |
| 7  |   |     |          |

This SPD Supplement appends the Seller's SPD and both the Advisory to Seller and Advisory to Buyer contained in the Seller's SPD further applies to this SPD Supplement. Seller and Buyer understand that the real estate brokers do not warrant or guarantee the above information on the Additional Structure. Property inspection services may be purchased and are advisable. This SPD Supplement is not intended as a substitute for an inspection of the Additional Structure.

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

*James Gollner, Trustee*

Date: 6/11/2025

Seller: **JAMES & JANICE GOLLNER FAMILY TRUST**  
By: **James Gollner, Trustee**

*Janice Gollner, Trustee*

Date: 6/11/2025

Seller: **JAMES & JANICE GOLLNER FAMILY TRUST**  
By: **Janice Gollner, Trustee**

Buyer receipts for a copy of this SPD Supplement.

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

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SPDS19-6-23. SELLER'S PROPERTY DISCLOSURE SUPPLEMENT

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