



## THE PRICE GROUP

SELL • BUY • BUILD • INVEST • CAREER

**Updated Bi-Level on  
Peaceful Wooded Lot  
in Doe Valley**

**Spacious  
Screened-In Porch**

**Open Concept Floorplan**

**VISUAL TOUR  
ONLINE**

[467LongNeedleRoad.com](http://467LongNeedleRoad.com)

4 6 7 L O N G N E E D L E R O A D  
B R A N D E N B U R G

**For More Info, Text "Home" to (855) 941-4327**



### ABOUT THE PROPERTY

Welcome home to 467 Long Needle Road, located in Doe Valley. This bi-level offers spacious living areas, screened porch and sits peacefully on a 0.25 acres wooded lot. Open concept living room, dining area and Kitchen located on the main level with laminate flooring, great for entertaining. Large windows and glass doors for natural light and plenty of room to accommodate all your furniture. Access to rear screened deck perfect for enjoying the beautiful outdoor setting no matter the time of day. The kitchen includes an abundance of cabinetry and counter space. Stainless steel appliances remain. Upper level hosts two bedrooms with plenty of room for all your furniture, Closets provide ample space for personal belongings and a linen closet which is adjacent to the bathroom. The roomy full bath with a double vanity with storage, a large mirror, and a shower/tub combo. Newer flooring and fresh paint, ceiling fan/light fixture combo and large windows throughout. Lower level with laminate floors features a large family room and the third bedroom with closet access under stairs for extra storage, access to 1-car garage, second full bath, laundry room, and walk-out access to partially covered patio, partially fenced rear yard, storage shed and fire pit. Spacious driveway with excess parking.



### PROPERTY DETAIL



3 BEDS



2 BATHS



1,884  
FINISHED SQ  
FT



1 CAR GARAGE



**270.216.2252**  
[Kentucky.ChooseThePriceGroup.com](http://Kentucky.ChooseThePriceGroup.com)

950 N Mulberry Street  
Ste 290  
Elizabethtown, KY 42701

# 467 Long Needle Road, *Special Features*

**3 Bedrooms | 2 Baths | 1,884 Total Finished Square Feet | 1-Car Attached Garage |**

**Updated Bi-Level on Peaceful Wooded Lot in Doe Valley**

**Spacious Screened-In Porch**

**Open Concept Floor Plan**

## **Entry**

- A decorative glass window on the front door along with sidelights and a transom window, invite refreshing natural light inside
- A gorgeous chandelier sets the tone for this charming home
- From the entrance of the home, step down to the lower level or make your way up to the main living areas

## **Living Room**

- Easy-to-maintain wood laminate flooring and neutral paint welcomes you and continues throughout the main living areas
- The spacious living room will easily accommodate all your furniture
- Sizable windows brighten up the space
- A modern ceiling fan with light fixture keeps the area cool and comfortable
- The open concept floor plan creates a conversational atmosphere between the living areas

## **Dining Area & Kitchen**

- The dining area is large enough for a table, chairs, and even a hutch or china cabinet
- The window above the sink provides an excellent view of the backyard
- The kitchen provides plenty of cabinetry and counter space
- The sink boasts a retractable faucet
- Recessed lighting and a gorgeous fixture brighten up the space
- Stunning French doors lead to the screened-in deck

## **Upper Level: Two Bedrooms & Full bath**

- Both rooms feature a ceiling fan with light fixture
- Large windows in both rooms let in lots of light
- These bedrooms provide ample closet space
- The first bedroom is outfitted with a built-in shelf above the closet
- The second bedroom boasts a beautiful tray ceiling
- The full bath features dual vanity sinks, sconce lighting, and a shower/tub combo

## **Lower Level: Family Room, Additional Bedroom, Full Bath, & Laundry Room**

- The lower level showcases wood laminate floors and neutral paint
- The spacious family room is perfect for a movie night with friends and family
- Family room features an overhead fan with light fixture
- The generously sized bedroom is well lit and provides ample closet space
- The full bath features a pedestal sink and a walk-in shower
- The laundry room is outfitted with built-in shelves
- Access the 1-car garage and the partially covered patio from the lower level

### Outdoor Living

- Beautiful landscaping makes for excellent curb appeal
- The spacious driveway leads to the 1-car garage (garage door opener replaced in 2021) and offers ample parking
- This home is situated on a peaceful wooded lot with plenty of shade
- The partially fenced backyard offers space for kids and pets to play
- The screened porch is the ideal place to relax with your favorite beverage while admiring the beautiful nature around you
- The overhead fan with light fixture provides breeze on warm days
- The partially covered patio offers a spot for a grill and additional outdoor furniture
- Enjoy some delicious s'mores - made at your very own firepit
- A storage shed provides a place to store lawn equipment, outdoor toys, or holiday decorations
- Experience everything the community of Doe Valley has to offer – including a lake, marina, pool, tennis club, golf course, camping area, playground, 2 beaches, clubhouse, 4<sup>th</sup> of July fireworks show, and Wednesday Farmers' Market
- A convenient commute to Fort Knox and Brandenburg, with close access to Joe Prather Hwy and Hwy 60

MLS # HK10062194

Address: 467 Long Needle Road

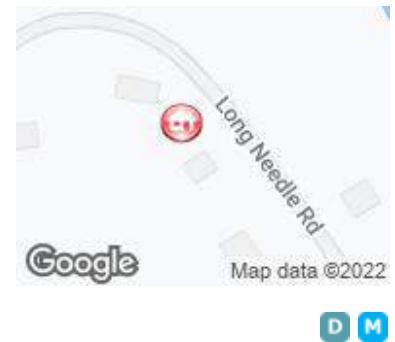
For Current Price  
Call 270.506.4708

## LISTING INFO



Welcome Home!

**Originating MLS** HKAR  
**Class** Residential/Farm  
**Status** Active  
**MLS #** HK10062194  
**Type** Single Family  
**Auction Y/N** No  
**Sale/Rent** For Sale



## LIST AGENT/OFFICE

**List Agent** Ruth Getler - 270-312-9867**List Office** KELLER WILLIAMS HEARTLAND

## GENERAL INFORMATION

<b>Address</b>	467 Long Needle Road	<b>Subdivision</b>	Doe Valley
<b>County</b>	Meade	<b>Area</b>	Meade County
<b>City</b>	Brandenburg	<b>State</b>	KY
<b>Zip</b>	40108	<b>Deed Book/Page</b>	664/101
<b>Parcel ID/Tax ID</b>	134-40-03-497	<b>Apx Acreage</b>	0.25
<b>School Type</b>	County	<b>Acreage Source</b>	PVA
<b>Apx Year Built</b>	2000	<b>Lot Size/Lot Dimensions</b>	75' x 190'
<b>Input Board</b>	HKAR		

## PROPERTY INFORMATION

<b>Level 1 SqFt</b>	1,092	<b>Basement Unfin SqFt</b>	300
<b>Level 2 SqFt</b>	0	<b>Total Basement SqFt</b>	1,092
<b>Level 3 SqFt</b>	0	<b>SqFt Source</b>	List Agent
<b>Total Fin Living Space</b>	1884		
<b>Apx Above Ground SqFt</b>	1,092	<b>Basement Y/N</b>	Yes
<b>Basement Fin SqFt</b>	792	<b>Garage/Carport Y/N</b>	Yes
<b>Detached Living Space</b>	No	<b># Garage Spaces</b>	1.0

## ROOM INFORMATION

<b>Total Bedrooms</b>	3	<b># Full Baths</b>	2
<b>Bedrooms Below Grade Y/N</b>	Yes	<b># Partial Baths</b>	0
<b># Bedrooms Below Grade</b>	1	<b>Total Baths</b>	2
<b># Full Bath-Bsmt</b>	1	<b>Utility Room-Bsmt</b>	1
<b># Full Bath-Lower</b>	0	<b>Utility Room-Lower</b>	0
<b># Full Bath-Main</b>	1	<b>Utility Room-Main</b>	0
<b># Full Bath-Upper</b>	0	<b>Utility Room-Upper</b>	0
<b># Partial Bath-Bsmt</b>	0	<b>Master Bathroom-Level</b>	None
<b># Partial Bath-Lower</b>	0	<b>Dining Room-Level</b>	Main
<b># Partial Bath-Main</b>	0	<b>Dining Room-Dimensions</b>	9'0x13'
<b># Partial Bath-Upper</b>	0	<b>Dining Room Features 1</b>	Cathedral Ceil
<b>Master Bedroom-Level</b>	Main	<b>Dining Room Features 2</b>	Laminate Flr
<b>Master Bedroom-Dimensions</b>	11'6x12'6	<b>Family Room-Level</b>	Basement
<b>Master Bedroom Features 1</b>	Ceiling Fan	<b>Family Room-Dimensions</b>	19'0x15'4
<b>Master Bedroom Features 2</b>	Carpet	<b>Family Room Features 1</b>	Laminate Flr
<b>Bedroom 2-Level</b>	Main	<b>Kitchen-Level</b>	Main
<b>Bedroom 2-Dimensions</b>	11'6x12'4	<b>Kitchen-Dimensions</b>	10'0x13'0
<b>Bedroom 2 Features 1</b>	Tray/Trey Ceiling	<b>Kitchen Features 1</b>	Laminate Flr
<b>Bedroom 2 Features 2</b>	Ceiling Fan	<b>Kitchen Features 2</b>	Cathedral Ceil
<b>Bedroom 3-Level</b>	Basement	<b>Living Room-Level</b>	Main
<b>Bedroom 3-Dimensions</b>	12'6x12'10	<b>Living Room-Dimensions</b>	19'0x16'
<b>Bedroom 3 Features 1</b>	Laminate Flr	<b>Living Room Features 1</b>	Cathedral Ceil
		<b>Living Room Features 2</b>	Laminate Flr

## MISC INFORMATION

<b>Listing Type</b>	Exclusive Right to Sell
<b>Seller Disclosure</b>	Yes
<b>Owner Finance Y/N</b>	No



MLS # HK10062194

Address: 467 Long Needle Road

BAC 2.5%  
Lead Disclosure No  
Short Sale No  
IDX Include Y  
Display Comment Yes  
Doc Manager 0

Page 2 of 4

REO No  
VOW Internet Display Yes  
Display Address Yes  
Display AVM Yes  
Associated Document Count 7  
Picture Count 49

## REMARKS

**Directions** From US-31W turn on to KY-1638 W, turn right into Doe Valley Subdivision. From KY-313 turn onto KY-1638 E, turn left into Doe Valley Subdivision. Stop at Doe Valley security gate to check in. Turn right onto Doe Valley PKWY E. Turn Left onto Long Needle Road. GPS incorrect. 467 Long Needle Road will be further on your left past Havenwood Court.

**Remarks** Welcome home to 467 Long Needle Road, located in Doe Valley. A convenient commute to Fort Knox and Brandenburg, with close access to Joe Prather Hwy and Hwy 60. This bi-level offers 1884 total living SQFT, with 3 bedrooms, 2 full baths, spacious living areas, screened porch and sits peacefully on a 0.25 acres wooded lot. THIS IS AN OPPORTUNITY YOU'VE BEEN WAITING FOR! Open concept living room, dining area and Kitchen located on the main level with laminate flooring, great for entertaining. Large windows and glass doors for natural light and plenty of room to accommodate all your furniture. Access to rear screened deck perfect for enjoying the beautiful outdoor setting no matter the time of day. The kitchen includes an abundance of cabinetry and counter space. Stainless steel appliances remain. Upper level hosts two bedrooms with plenty of room for all your furniture, Closets provide ample space for personal belongings and a linen closet which is adjacent to the bathroom. The roomy full bath with a double vanity with storage, a large mirror, and a shower/tub combo. Newer flooring and fresh paint, ceiling fan/light fixture combo and large windows throughout. Lower level with laminate floors features a large family room and the third bedroom with closet access under stairs for extra storage, access to 1-car garage, second full bath with pedestal sink and shower, laundry room, and walk-out access to partially covered patio, partially fenced rear yard, storage shed and fire pit. Spacious driveway with excess parking.

**Private Remarks** Seller requests that buyers be pre-approved or have proof of funds prior to scheduling a showing. Seller will be contingent on finding and closing a new home. 2 indoor cats on premises, do not let outside or in rear upper level bedroom with plants (please close door). Be sure to pull front door closed until it clicks. Go to the ShowingTime App to request a showing. Click on the Heart of KY MLS option. HK\_\_\_\_\_. Contact Ruth Getler at 270-312-9867 or Ruth@KWPriceGroup.com with any questions or to submit an offer.

## FEATURES

<b>STYLE OF HOME</b> Bi-Level	<b>WATER</b> County	<b>FLOORS</b> Carpet	<b>DRIVEWAY/ROAD SURFACE</b> Asphalt
<b>OCCUPANT</b> Owner	<b>DISABILITY ACCESS</b> None	Laminate	<b>LAKE LOCATION</b> Doe Valley Lake
<b>BASEMENT</b> Finished-Partial Full Garage Entrance Inside Entrance Outside Entrance Walk Out	<b>BATH</b> Double Vanity Tub/Shower Combo	Vinyl	<b>WATER FEATURES</b> Lake
<b>FOUNDATION</b> Poured Concrete	<b>DINING ROOMS</b> Kitchen/Dining Combo	<b>WALLS</b> Dry Wall	<b>SHOWING INSTRUCTIONS</b> Lockbox-SentriLock Schedule with ShowingTime See Agent/Showing Remarks
<b>ROOFING</b> Shingles	<b>KITCHEN</b> Dishwasher Microwave Range/Oven Refrigerator Smooth Top Range	<b>DOORS AND WINDOWS</b> Insulated Doors Thermo Pane Windows	<b>LOCKBOX LOCATION</b> Front Door
<b>EXTERIOR/CONSTRUCTION</b> Vinyl	<b>UTILITY ROOM</b> Laundry Room	<b>WINDOW TREATMENTS</b> Blinds	<b>ASSOCIATION FEE INCLUDES</b> Partial Amenities
<b>AIR CONDITIONING</b> Central Electric	<b>OTHER ROOMS</b> Family Room Great Room	<b>EXTERIOR FEATURES</b> Covered Front Porch Community Pool Mature Trees Screened Porch Storage Shed	<b>FEES</b> Association Sewer
<b>WATER HEATER</b> Electric	<b>APPLIANCES/EQUIPMENT</b> Smoke Detector(s)	<b>FENCE</b> Backyard Fence Chain Link	<b>DOCUMENTS ON FILE</b> Deed Restrictions Seller Disclosure Site Plan Termite Contract
<b>HEATING</b> Heat Pump	<b>INTERIOR FEATURES</b> Catherdral Ceiling(s) Ceiling Fan(s) Tray Ceiling(s)	<b>GARAGE/CARPORT</b> Garage Built-in Basement Front Entry Garage Door Opener	<b>EASEMENTS</b> All Sides Utility
<b>HEAT SOURCE</b> Electric	<b>FIREPLACE/WOOD STOVE</b> None	<b>LOCATION FEATURES</b> Tennis Court Trees Golf Course Recreational Area	<b>POSSESSION</b> Other-See Remarks
<b>SEWER</b> Private			

## ADDITIONAL PICTURES



Front of Home



Front of Home



Front of Home



Front of Home



Back of Home



Back of Home



Shed



Back of Home



Back of Home



Backyard



Entry



Entry



Living Room



Living Room



Living Room



Kitchen



Kitchen



Kitchen



Kitchen



Kitchen



Kitchen



Dining Area



Dining Area & Kitchen



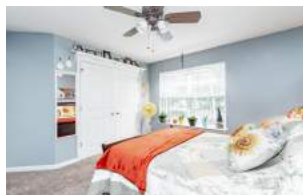
Dining Area & Kitchen



Living Room



Hall



Upper Level: First Bedroom



Upper Level: First Bedroom





Upper Level: First Bedroom



Upper Level: Second Bedroom



Upper Level: Second Bedroom



Upper Level: Second Bedroom



Hall Linen Closet



Upper Level: Full Bath



Upper Level: Full Bath



Lower Level: Family Room



Lower Level: Family Room



Lower Level: Family Room



Lower Level: Third Bedroom



Lower Level: Third Bedroom



Lower Level: Third Bedroom



Lower Level



Lower Level: Laundry Room



Lower Level



Lower Level: Full Bath



Screened-In Porch



Screened-In Porch



Screened-In Porch

# KENTUCKY REAL ESTATE COMMISSION

Public Protection Cabinet  
Mayo-Underwood Building  
500 Mero Street 2NE09  
Frankfort, Kentucky 40601  
(502) 564-7760

## SELLER'S DISCLOSURE OF PROPERTY CONDITION

This form applies to **residential real estate sales and purchases**. This form is **not required** for:

1. Residential purchases of new construction homes if a warranty is provided;
2. Sales of real estate at auction; or
3. A court supervised foreclosure

As a Seller, you are asked to disclose what you know about the property you are selling. Your answers to the questions in this form must be based on the best of your knowledge of the property you are selling, however and whenever you gained that knowledge. Please take your time to answer these questions accurately and completely.

Property Address

467 Long Needle Rd

City

Brandenburg

State

KY

Zip

40108

**PURPOSE OF DISCLOSURE FORM:** Completion of this form shall satisfy the requirements of KRS 324.360 that mandates the "seller's disclosure of conditions" relevant to the listed property. This disclosure is based on the Seller's knowledge of the property's condition and the improvements thereon, however that knowledge was gained. This disclosure form shall not be a warranty by the Seller or real estate agent and shall not be used as a substitute for an inspection or warranty that the purchaser may wish to obtain. This form is a statement of the conditions and other information about the property known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering, or any other specific areas related to the construction or condition of the property or the improvements on it. Unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. The Buyer is encouraged to obtain his or her own professional inspections of this property.

**INSTRUCTIONS TO THE SELLER(S):** (1) Answer every question truthfully. (2) Report all known conditions affecting the property, regardless of how you know about them or when you learned. (3) Attach additional pages, if necessary, with your signature and the date and time of signing. (4) Complete this form yourself or sign the authorization at the end of this form to authorize the real estate agent to complete this form on your behalf in accordance with KRS 324.360(9). (5) If an item does not apply to your property, mark "not applicable." (6) If you truthfully do not know the answer to a question, mark "unknown." (7) If you learn any fact prior to closing that changes one or more of your answers to this form after you have completed and submitted it, immediately notify your agent or any potential buyer of the change in writing.

**SELLER'S DISCLOSURE:** As Seller(s), I / we disclose the following information regarding the property. This information is true and accurate to the best of my / our knowledge as of the date signed. Seller(s) authorize(s) the real estate agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following information is not the representation of the real estate agent.

**Answer all questions to the best of your knowledge. Attach additional sheets as necessary.**

1. PRELIMINARY DISCLOSURES		N/A	YES	NO	UN- KNOWN
a.	Have you ever lived in the house?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	List the date (month / year) you purchased the house.	6-2018			
c.	Do you own the property as (an) individual(s) or as representative(s) of a company?	individual			
Explain:					
d.	To the best of your knowledge, has the house been used as a rental?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior foreclosure					
e.	To the best of your knowledge, has this house ever been vacant (not lived-in) for more than three (3) consecutive months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	To the best of your knowledge, has this house ever been used for anything other than a residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:					



PROPERTY ADDRESS:

467 Long Needle Rd.

## 2. HOUSE SYSTEMS

Whether or not they have been corrected, state whether there have been problems affecting:		N/A	YES	NO	UN- KNOWN
a.	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Electrical system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ceiling and attic fans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Security system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Chimneys, fireplaces, inserts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Pool, hot tub, sauna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Sprinkler system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Heating system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k.	Cooling/air conditioning system	age of system:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l.	Water heater	age of system: 7 yrs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain any deficiencies noted in this Section:

## 3. BUILDING STRUCTURE

		N/A	YES	NO	UN- KNOWN
a.	Whether or not they have been corrected, state whether there have been problems affecting:				
1)	The foundation or slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	The structure or exterior veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	The floors and walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	The doors and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	1) To the best of your knowledge, has the basement ever leaked?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2) When was the last time the basement leaked?				
	3) Have you ever had any repairs done to the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4) If you have had basement leaks repaired, when was the repair done?				
	5) If the basement presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)				
	Explain:				
h.	Have you experienced, or are you aware of, any water or drainage problems in the crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i.	Are you aware of any damage to wood due to moisture or rot?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j.	Are you aware of any present or past wood infestation (e.g. termites, borers, carpenter ants, fungi, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k.	Are you aware of any damage due to wood infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1) Has the house or any other improvement been treated for wood infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2) If yes, by whom?				
	3) Is there a warranty?				

Please explain any deficiencies noted in this Section:

## 4. ROOF

		N/A	YES	NO	UN- KNOWN
a.	How old is the roof covering? (write the age of the roof if known) 22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Has the roof leaked at any time since you have owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	To the best of your knowledge, has the roof leaked at any time before you owned or lived at the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	When was the last time the roof leaked?				
e.	Have you ever had any repairs done to the roof?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PROPERTY ADDRESS: 467 Long Needle Road

f. Have you ever had the roof replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, when?				
g. If the roof presently leaks, how often does it leak? (e.g., every time it rains, only after an extremely heavy rain, etc.)				
Explain:				
h. Have you ever had roof repairs that involved placing shingles on the roof instead of replacing the entire roof covering? If so, when?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain any deficiencies noted in this Section:

#### 5. LAND / DRAINAGE

N/A YES NO UN-  
KNOWN

a. Whether or not they have been corrected, state whether there have been problems affecting:				
1) Soil stability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Drainage, flooding, or grading	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Outbuildings or unattached structures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is the house located within a Special Flood Hazard Area (SFHA) mandating the purchase of flood insurance for federally backed mortgages?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If so, what is the flood zone?				
c. Is there a retention / detention basin, pond, lake, creek, spring, or water shed on or adjoining this property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain any deficiencies noted in this Section:

#### 6. BOUNDARIES

N/A YES NO UN-  
KNOWN

a. Have you ever had a staked or pinned survey of the property performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are you in possession of a copy of any survey of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are the boundaries marked in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
d. Do you know the boundaries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
e. Are there any encroachments or unrecorded easements relating to the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:				

#### 7. WATER

N/A YES NO UN-  
KNOWN

a. Source of water supply:				
b. Are you aware of below normal water supply or water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has your water ever been tested? If so, attach the results or explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explain:				

#### 8. SEWER SYSTEM

N/A YES NO UN-  
KNOWN

a. Property is serviced by:				
1. Category I: Public Municipal Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Category II: Private Treatment Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Category III: Subdivision Package Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Category IV: Single Home Aerobic Treatment System (HOME PACKAGE PLANT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Category V: Septic Tank with drain field, lagoon, wetland, or other onsite dispersal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Category VI: Septic Tank with dispersal to an offsite, multi-property cluster treatment system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Category VII: No Treatment/Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Servicer: <u>Doe Valley</u>				
b. For properties with Category IV, V, or VI systems				
Date of last inspection (sewer):				
Date of last inspection (septic):				
Date last cleaned (septic):				
c. Are you aware of any problems with the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please explain any deficiencies noted in this Section:

PROPERTY ADDRESS: 467 Long Needle Rd

**9. CONSTRUCTION / REMODELING**

N/A YES NO UN-  
KNOWN

a. Have there been any additions, structural modifications, or other alterations made?

☐ ☒ ☐ ☐

b. If so, were all necessary permits and government approvals obtained?

☐ ☒ ☐ ☐

Explain: Went thru De Valley

**10. HOMEOWNER'S ASSOCIATION (HOA)**

N/A YES NO UN-  
KNOWN

a. 1) Is the property subject to rules or regulations of a HOA?

☐ ☒ ☐ ☐

2) If yes, what is the yearly assessment?

3) HOA Name:

HOA Primary Contact Name:

HOA Primary Contact Phone No.:

b. Is the property a condominium?

☐ ☐ ☒ ☐

If yes, you must also complete KREC Form 404, the Condominium Seller's Certificate

c. Are you aware of any condition that may result in an increase in taxes or assessments?

☐ ☐ ☒ ☐

d. Are any features of the property shared in common with adjoining landowners, such as walls, fences, driveways, etc.?

☐ ☐ ☒ ☐

e. Are there any pet or rental restrictions?

☐ ☐ ☒ ☐

Explain:

**11. HAZARDOUS CONDITIONS**

N/A YES NO UN-  
KNOWN

a. Are you aware of any underground storage tanks, old septic tanks, field lines, cisterns, or abandoned wells on the property?

☐ ☐ ☒ ☐

b. Are you aware of any other environmental hazards? (e.g., carbon monoxide, hazardous waste, water contamination, asbestos, the use of urea formaldehyde, etc.)

☐ ☐ ☒ ☐

**LEAD BASED PAINT DISCLOSURE REQUIREMENT**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint, which may cause certain health risks.

c. Was this house built before 1978?

☐ ☐ ☒ ☐

d. Are you aware of the existence of lead-based paint in or on this house?

☐ ☐ ☒ ☐

**RADON DISCLOSURE REQUIREMENT**

Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks, including lung cancer. The Kentucky Department for Public Health recommends radon testing. For more information, visit [chfs.ky.gov](http://chfs.ky.gov) and search "radon."

e. 1) Are you aware of any testing for radon gas?

☐ ☐ ☒ ☐

2) If yes, what were the results?

☒ ☐ ☐ ☐

f. 1) Is there a radon mitigation system installed?

☒ ☐ ☐ ☐

2) If yes, is it functioning properly?

☒ ☐ ☐ ☐

**METHAMPHETAMINE CONTAMINATION DISCLOSURE REQUIREMENT**

A property owner who chooses NOT to decontaminate a property used in the production of methamphetamine MUST make written disclosure of methamphetamine contamination pursuant to KRS 224.1-410(10) and 902 KAR 47:200. Failure to properly disclose methamphetamine contamination is a Class D Felony under KRS 224.99-010.

g. 1) Is the property currently contaminated by the production of methamphetamine?

☒ ☐ ☒ ☐

2) If no, has the property been professionally decontaminated from methamphetamine contamination?

☒ ☐ ☐ ☐

Explain:

**12. MISCELLANEOUS**

N/A YES NO UN-  
KNOWN

a. Are you aware of any existing or threatened legal action affecting this property?

☐ ☐ ☒ ☐

b. Are there any assessments other than property assessments that apply to this property (e.g. sewer assessments)?

☐ ☒ ☐ ☐

c. Are you aware of any violations of local, state, or federal laws, codes, or ordinances relating to this property?

☐ ☐ ☒ ☐

d. Are there any warranties to be passed on?

☐ ☐ ☒ ☐



PROPERTY ADDRESS: 467 Long Needle Road

Explain:

e. Has this house ever been damaged by fire or other disaster?

☐ ☐ ☒ ☐

Explain:

☒ ☐ ☐ ☐

f. Are you aware of the existence of mold or other fungi on the property?

☐ ☐ ☒ ☐

g. Has this house ever had pets living in it?

☐ ☒ ☐ ☐

Explain: Two cats

h. Is this house in a historic district or listed on any registry of historic places?

☐ ☐ ☒ ☐

**13. ADDITIONAL INFORMATION**

N/A YES NO UN-  
KNOWN

Do you know anything else about the property that that should be disclosed to the Buyer?

☐ ☐ ☒ ☐

If yes, please provide details in the space provided, below. Attach additional sheets, as necessary.

**14. SELLER(S) CERTIFICATION (CHOOSE ONE)**

☒ As Seller(s) I / we hereby certify that the information disclosed above is complete and accurate to the best of my / our knowledge and belief. I / we agree to immediately notify Buyer in writing of any changes that become known to me / us prior to closing.

Seller Signature	Date	Seller Signature	Date
X			

☐ As Seller(s) I / we hereby certify that my / our Real Estate Agent, \_\_\_\_\_ (print name) has completed this form with information provided by me / us at my / our direction and request. I / we further agree to hold the above-named agent harmless for any representations that appear on this form, in accordance with KRS 324.360(9).

Seller Signature	Date	Seller Signature	Date
X		X	

☐ As Seller(s) I / we refuse to complete this form and acknowledge that the Real Estate Agent will so inform the Buyer.

Seller Signature	Date	Seller Signature	Date
X		X	

☐ The Seller(s) refuse(s) to complete this form or to acknowledge such refusal.

Broker / Agent Print Name	Broker / Agent Signature	Date
	X	

**The Buyer(s) hereby certifies they have received a copy of this Seller's Disclosure of Property form**

Buyer Signature	Date	Buyer Signature	Date
X		X	



# HOMEOWNER'S ASSOCIATION/NEIGHBORHOOD INFO

PLEASE SUPPLY US WITH A HARD COPY OR ELECTRONIC COPY OF YOUR  
COMMUNITY'S UPDATED BYLAWS AND RESTRICTIONS

HOA Due Amount:	
Paid Yearly, Quarterly, Monthly?	monthly
Specific "Due Date" for HOA Payment:	1st of every month
Property HOA dues current and paid in full?	yes
Contact Name for HOA:	Doe Valley Association
Contact Phone # for HOA:	1-270-422-2188
Contact Email for HOA:	doevalley@bbtel.com

HOA dues cover the following (please list all amenities, etc here):

---

---

---

Add-on options not included in HOA dues:

---

---

Please note any additional information you think would be helpful to the new owners. Please challenge yourself to think about "if you just moved to the community," what would be helpful for you to know (school bus stops and times if applicable, public transportation stops and routes if applicable, etc)?

---

---

---

School Districting as it pertains to your property:

Meade County

---

---

# UTILITY PROVIDERS AND 12 MONTH HISTORY

Trash Pick Up Company: Republic Services \$ 52.20

Days of Week for Trash Pick Up: Tuesdays

Recycling Pick Up Company: \_\_\_\_\_

Days of Week for Recycling Pick Up: \_\_\_\_\_

Cable Provider: BBTel

Internet Provider: \_\_\_\_\_

Phone Provider: \_\_\_\_\_

Water Company: Doe Valley

Sewer or Septic? Sewer

Gas/Electric Company: Meade County RECC

If all electric, is gas available? \_\_\_\_\_

If you have a fireplace, is it gas or wood burning? n/a

Month/Year (Please cite 12 most recent months)	Gas Bill Amounts	Electric Bill Amounts	Water/Sewer Amounts
1. 8-11-2022	\$	\$ 114.06	\$ 28.00 Sewer monthly
2. 7-13-22	\$	\$ 112.61	\$ "
3. 6-15-22	\$	\$ 100.35	\$ "
4. 5-17-22	\$	\$ 122.03	\$ "
5. 4-27-22	\$	\$ 136.20	\$ 22.00 monthly
6. 3-16-22	\$	\$ 171.39	\$ assessment
7. 2-16-22	\$	\$ 166.94	\$ Water runs us
8. 1-13-22	\$	\$ 143.84	\$ \$50 something amount
9. 12-15-21	\$	\$ 115.91	\$
10. 11-17-21	\$	\$ 85.53	\$
11.	\$	\$	\$
12.	\$	\$	\$





# Commercial Services Agreement

Customer Name \_\_\_\_\_ Date 3/1/22

Billing Address Long Needle

City Brandenburg State Kentucky Zip Code 40108 Phone \_\_\_\_\_

## I. INTENT

- A. This Agreement is intended to constitute a mutual understanding between \_\_\_\_\_ (hereinafter the Customer) and Orkin, LLC (hereinafter "Orkin")
- B. The specifications indicate services to be rendered by Orkin at the building(s) and premises of the Customer located at (service address) Long Needle Brandenburg, Kentucky 40108

County Name Hardin Is this within city limits ☒ Yes ☐ No ☐ Food Safety with GM QA ☐ Health Care ☐ Health Care with GM QA ☐ Pharmaceutical with GM QA ☐ Element ☐ AirRemedy™ ☐ AirSpa™ ☐ Actizyme Odor Neutralizer ☐ Fly Foam Service ☐ Other \_\_\_\_\_

## II. SCOPE AND NATURE OF WORK

- A. Orkin agrees to provide service for the following pests (the "Covered Pests") ☒ Roaches ☒ Common ants ☒ Rats and mice ☐ Pharaoh ants ☒ Common spiders ☐ Flies ☐ Odor ☐ Other \_\_\_\_\_ Service means the periodic treatment to help control/combate the Covered Pests. Service cannot guarantee the Covered Pests will not return, but if they do, Orkin will retreat as set out under the Triple Guarantee attached hereto and incorporated into this Agreement. \*Additional per service charge required to cover these ants
- B. **Service Exclusions.** Services Requiring a Separate Agreement. The Customer understands that this Agreement does not cover other pests including, but not limited to Carpenter Ants, Fire Ants, Tawny Ants, Bed Bugs, Brown Recluse Spiders, Mosquitoes, Stored Product Pests, Birds, Wildlife, Termites and other wood destroying organisms, or mold like conditions. Service for these pests requires a separate agreement or addendum. The requirement of a separate agreement or addendum can not be waived by the Customer or any employee or agent of Orkin. This exclusion can not be waived by the Customer or any employee or agent of Orkin.

## III. CUSTOMER OBLIGATIONS

- A. The Customer shall extend all reasonably necessary cooperation to ensure satisfaction from pest services, including availability of premises, appropriate sanitation, and corrective construction measures
- B. Whenever conditions conducive to the breeding and harborage of pests covered by this Agreement are reported to the Customer in writing by Orkin, the Customer shall take the necessary steps to correct such conditions
- C. The Customer is responsible for communicating with all persons in the premises about the treatments and the nature of services offered hereunder; moreover, the Customer acknowledges that it has no information, or has communicated to Orkin in writing any information it does have, that any persons in the premises have any medical condition or sensitivity which may be affected by the services contemplated by this agreement
- D. Should the Customer discover any covered pests during the term of this Agreement, they must follow the applicable notification and documentation processes as set out in the scope of service, provided by Orkin
- E. Failure of the Customer to take necessary steps to correct conditions reported to it or to otherwise comply with the Customer Obligations in Section III will relieve Orkin of its obligations under the Triple Guarantee and will permit Orkin, at its discretion, to terminate this Agreement with sixty (60) days written notice

## IV. SERVICE SCHEDULE

- A. Orkin service representative shall service the Customer (service frequency) ☒ 1 Time ☐ 2 Times ☐ 4 Times per month ☐ Other \_\_\_\_\_ All areas requiring attention shall be treated as deemed necessary by Orkin
- B. Orkin representatives shall make additional visits and treatment as they are deemed necessary at no additional charge. Such service visits shall also be made promptly when requested by a designated representative of the Customer

## V. TERMS AND PRICE INCREASES OF AGREEMENT:

- A. This agreement shall be effective for a period of ☒ 1 ☐ 2 ☐ 3 years from the date hereof, and thereafter the term shall automatically renew for additional terms of one (1) year. This agreement can be cancelled by either party by giving written notice of termination at least 60 days prior to the end of the applicable term then in effect
- B. For multiple year agreements, the service charge will not increase for two years after the initial treatment. Thereafter, and for all non-multiple year agreements, Orkin shall have the right to increase the service charges effective anytime after the anniversary date of the initial treatment

## VI. PAYMENT

- A. The cost of the services described herein shall be \$ 116.00 plus tax of \$ 66.00 for the initial service and \$ 0.00 plus tax of \$ 0 per service thereafter for a period of (12) months. You will receive an invoice in the month serviced. Payment shall be due upon receipt of invoice

## VII. MATERIALS

The materials used to control pests in and around Customer's premises shall be used in accordance with each product's label and specifications and in conformance with applicable Federal, State and Local laws and regulations

## VIII. RELEASE AND LIMITATION OF LIABILITY:

- A. Customer expressly releases Orkin from liability for any claim whatsoever including, but not limited to, personal injury (including stings or bites from fire ants, spiders, or any other pests) or property damage (to include the structure or contents) unless caused by the gross negligence or willful misconduct of Orkin. The Customer agrees that under no circumstances shall Orkin be liable for any amount greater than the amount paid by the Customer to Orkin for the services to be provided at the affected location(s)
- B. IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY OR ANY OTHER PERSON FOR ANY INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES RELATED TO THIS AGREEMENT OR THE SERVICES PERFORMED HEREUNDER INCLUDING, BUT NOT LIMITED TO, LOSS OF USE OR ANTICIPATED PROFITS, PRODUCTION DELAYS, BUSINESS INTERRUPTION, OR LOSS OF REPUTATION OR GOODWILL

## IX. EQUIPMENT REPLACEMENT

- A. The Customer agrees to use the leased equipment or Orkin provided equipment (the "Equipment") in a proper manner and upon the cancellation of this Agreement to return the Equipment in good condition, usual wear and tear excepted. All Equipment (which includes rodent bane equipment, air products, or insect light traps) that is damaged, lost or destroyed on the Customer's premises will be replaced and charged to the Customer. Charges will be in accordance with the current existing equipment costs, unless such loss or damage was caused by Orkin's own negligence. Orkin shall retain ownership of leased components. Upon termination of this Agreement for any reason, the Customer agrees to make the leased components available to Orkin. At Orkin's discretion, Orkin may in a lawful manner and without breach of the peace, enter upon the Customer's premises, take possession of and remove the leased components. Orkin will not be responsible for any damage to the Customer's property upon removal of the leased components except such damage solely caused by Orkin's negligence

## PAYMENT SUMMARY

1. INITIAL SERVICE PAYMENT	
a. Initial / Start-up Service	\$ <u>116.00</u>
b. One-Time Charges	\$ <u>0.00</u>
c. Product Sales	\$ <u>0.00</u>
d. Sales Tax (if applicable)	\$ <u>0.00</u>
TOTAL (1a + 1b + 1c + 1d)	\$ <u>116.00</u>
2. RECURRING SERVICE CHARGES	
a. Per Service Treatment Charge	\$ <u>66.00</u>
b. Sales Tax (if applicable)	\$ <u>0.00</u>
TOTAL (2a + 2b)	\$ <u>66.00</u>
3. RECURRING LEASE SERVICE CHARGES	
a. Leased Component Charges	\$ <u>0.00</u>
<input type="checkbox"/> Sconce <input type="checkbox"/> Standard <input type="checkbox"/> Industrial <input type="checkbox"/> AutoFresh <input type="checkbox"/> Actizyme Odor Neutralizer	
<input type="checkbox"/> AirRemedy™	
<input type="checkbox"/> AirRemedy Alpha	
<input type="checkbox"/> AirRemedy Beta	
<input type="checkbox"/> AirRemedy Gamma	
<input type="checkbox"/> AirSpa™	
<input type="checkbox"/> AirSpa Alpha	
<input type="checkbox"/> AirSpa Beta	
<input type="checkbox"/> AirSpa Gamma	
<input type="checkbox"/> Other <u>0</u>	
b. Sales Tax (if applicable)	\$ <u>0.00</u>
TOTAL (3a + 3b)	\$ <u>0</u>
INITIAL SERVICE INVESTMENT (Total of 1a, b, c, d + 3a + b)	\$ <u>116.00</u>
RECURRING SERVICE/LEASE PAYMENT (Total of 2 + 3)	\$ <u>66.00</u>
METHOD OF PAYMENT:	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> PAYMENT OPTION FORM <input type="checkbox"/> P.O. # _____	

I have read and understand all the terms of this Agreement on the reverse side.

Elizabeth Truesdale 6962330  
Inspector Name (PRINT) Employee ID # or Certification #  
(502) 792-8170  
Branch Telephone Number

10805 Bluegrass Pkwy.

Branch Street Address

Louisville

City

KY  
State

40299  
Zip Code

Branch Management Signature  
162181APP (rev 2/22)

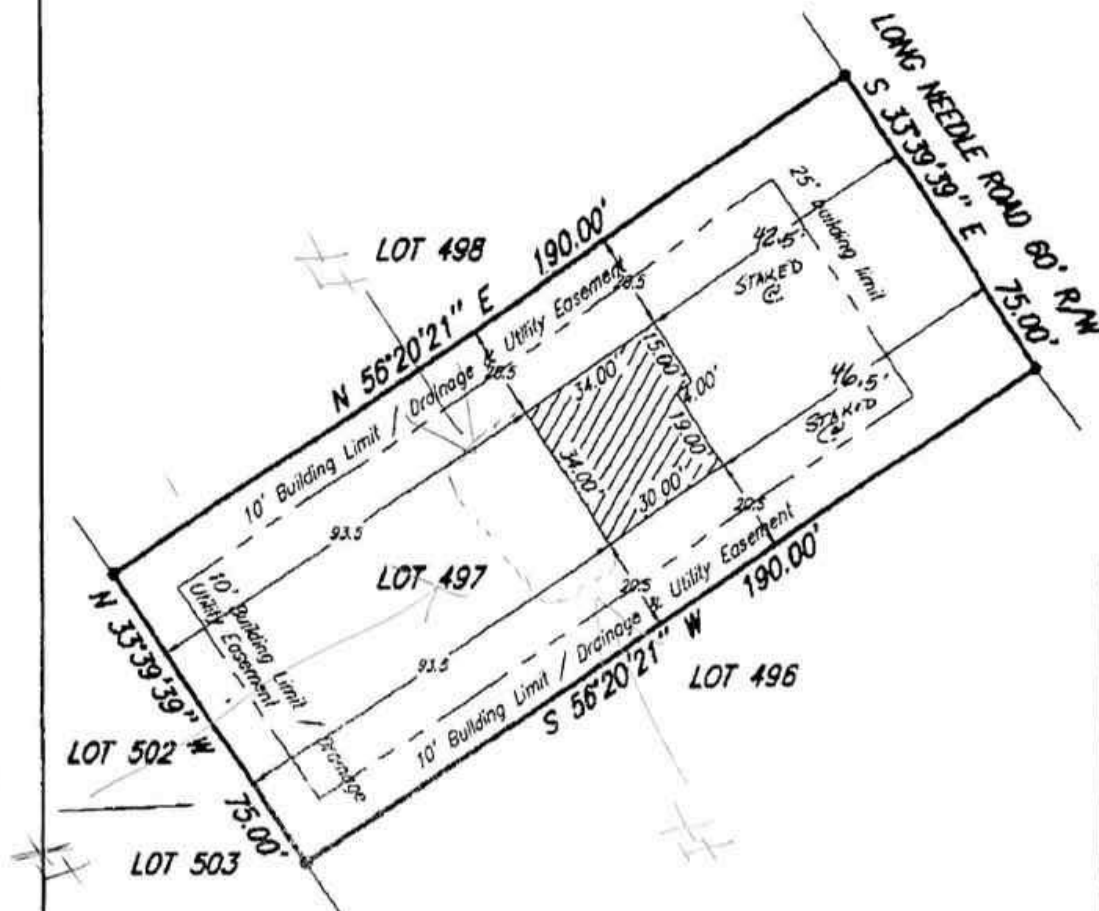
3/1/22  
Date

Customer's Signature

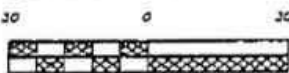
3/1/22  
Date

OFFICE COPY

com # 479667279 pd on 5-10 \$ 66.00 pd off \$ 0 Bal.



SCALE: 1 IN. = 30 FT.



PLOT PLAN OF:  
LOT 497  
DOE VALLEY (HAVENWOOD)

FOR: MACKEY CHISM  
TURNER ENGINEERING  
(270) 737-3232

