



Eff. 6/2022

STATE OF OHIO  
DEPARTMENT OF COMMERCE

RESIDENTIAL PROPERTY DISCLOSURE FORM

**Purpose of Disclosure Form:** This is a statement of certain conditions and information concerning the property actually known by the owner. An owner may or may not have lived at the property and unless the potential purchaser is informed in writing, the owner has no more information about the property than could be obtained by a careful inspection of the property by a potential purchaser. Unless the potential purchaser is otherwise informed, the owner has not conducted any inspection of generally inaccessible areas of the property. This form is required by Ohio Revised Code Section 5302.30.

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

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

OWNER INSTRUCTIONS

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

Owner's Initials **NTB** Date **12/20/24**  
Owner's Initials **SM** Date **12/20/2024**  
**SMNB**  
12/30/24  
8:06 AM EST  
dotloop verified

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

Eff. 06/2022



STATE OF OHIO DEPARTMENT OF COMMERCE

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301:5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address: 4834 Magnolia Blossom Blvd., Columbus, OH 43230

Owners Name(s): Nathan James Branam and Sarah Marie Miller-Branam

Date: December 20, 2024

Owner [X] is [ ] is not occupying the property. If owner is occupying the property, since what date: 8/2020

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

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

- Public Water Service, Private Water Service, Private Well, Shared Well, Holding Tank, Cistern, Spring, Pond, Unknown, Other

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water? [ ] Yes [X] No

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

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

- Public Sewer, Leach Field, Unknown, Private Sewer, Aeration Tank, Other, Septic Tank, Filtration Bed

If not a public or private sewer, date of last inspection: Inspected By:

Do you know of any previous or current leaks, backups or other material problems with the sewer system servicing the property? [ ] Yes [X] No

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

C) ROOF: Do you know of any previous or current leaks or other material problems with the roof or rain gutters? [X] Yes [ ] No

D) WATER INTRUSION: Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space? [ ] Yes [X] No

Owner's Initials [Signature] Date 12/20/2024 Purchaser's Initials [ ] Date [ ]



Property Address 4834 Magnolia Blossom Blvd., Columbus, OH 43230

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

Have you ever had the property inspected for mold by a qualified inspector?  Yes  No  
If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: \_\_\_\_\_

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

**E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS):** Do you know of any previous or current movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?

Yes  No If "Yes", please describe and indicate any repairs, alterations or modifications to control the cause or effect of any problem identified (but not longer than the past 5 years): Driveway cracking in dining area in wall end of ceiling-wall interface. Will repair prior to listing home. Stairstep masonry cracking in garage. No intent to repair.

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

**F) WOOD DESTROYING INSECTS/TERMITES:** Do you know of any previous/current presence of any wood destroying insects/termites in or on the property or any existing damage to the property caused by wood destroying insects/termites?

Yes  No  
If "Yes", please describe and indicate any inspection or treatment (but not longer than the past 5 years): \_\_\_\_\_

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

- |                            |                              |  |   |                               |                              |  |   |
|----------------------------|------------------------------|--|---|-------------------------------|------------------------------|--|---|
| 1)Electrical               | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            | 8)Water softener              | <input type="checkbox"/> YES | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A |
| 2)Plumbing (pipes)         | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            | a. Is water softener leased?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |   |
| 3)Central heating          | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            | 9)Security System             | <input type="checkbox"/> YES | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A |
| 4)Central Air conditioning | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            | a. Is security system leased? | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |   |
| 5)Sump pump                | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            | 10)Central vacuum             | <input type="checkbox"/> YES | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A |
| 6)Fireplace/chimney        | <input type="checkbox"/> YES | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A | 11)Built in appliances        | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            |
| 7)Lawn sprinkler           | <input type="checkbox"/> YES | <input type="checkbox"/> NO            | <input checked="" type="checkbox"/> N/A | 12)Other mechanical systems   | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A            |

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

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

- |   |   |  |   |
|---|---|--|---|
| 1) Lead-Based Paint                         | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown            |
| 2) Asbestos                                 | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown            |
| 3) Urea-Formaldehyde Foam Insulation        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> Unknown |
| 4) Radon Gas                                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Unknown            |
| a. If "Yes", indicate level of gas if known | <u>Unknown 0.08 WBS SMNB</u>            |  |   |
| 5) Other toxic or hazardous substances      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown            |

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: Radon system installed August 2020

Owner's Initials NJB Date 12/20/2024  
 Owner's Initials SM Date 12/20/2024  
 Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Purchaser's Initials \_\_\_\_\_ Date \_\_\_\_\_

(Page 3 of 6)

Property Address 4834 Magnolia Blossom Blvd., Columbus, OH 43230

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

Do you know of any oil, gas, or other mineral right leases on the property?  Yes  No

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

**J) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:**

Is the property located in a designated flood plain?  Yes  No  Unknown

Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area?  Yes  No  Unknown

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

**L) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOMEOWNERS' ASSOCIATION:** Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property?  Yes  No  
If "Yes", please describe: \_\_\_\_\_

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property).  Yes  No  
If "Yes", please describe: \_\_\_\_\_

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

List any assessments paid in full (date/amount) \_\_\_\_\_  
List any current assessments: \_\_\_\_\_ monthly fee \_\_\_\_\_ Length of payment (years \_\_\_\_\_ months \_\_\_\_\_)

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

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

- |                           |   |   |   |
|---------------------------|---|---|---|
| 1) Boundary Agreement     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4) Shared Driveway                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2) Boundary Dispute       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5) Party Walls                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3) Recent Boundary Change | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) Encroachments From or on Adjacent Property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

N/A

For purposes of this section, material defects would include any non-observable physical condition existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that could inhibit a person's use of the property.

Owner's Initials NJB Date 12/20/2024  
Owner's Initials SM Date 2/20/2024  


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

Property Address 4834 Magnolia Blossom Blvd., Columbus, OH 43230

### CERTIFICATION OF OWNER

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

OWNER: [Signature] DATE: 12/20/2024

OWNER: [Signature] DATE: 12/20/2024

*Sarah Miller-Brown*  
dotloop verified  
12/20/24 8:50 AM EST  
PWP-54GY-K5SC-EUJH

### RECEIPT AND ACKNOWLEDGEMENT OF POTENTIAL PURCHASERS

Potential purchasers are advised that the owner has no obligation to update this form but may do so according to Revised Code Section 5302.30(G). Pursuant to Ohio Revised Code Section 5302.30(K), if this form is not provided to you prior to the time you enter into a purchase contract for the property, you may rescind the purchase contract by delivering a signed and dated document of rescission to Owner or Owner's agent, provided the document of rescission is delivered *prior* to all three of the following dates: 1) the date of closing; 2) 30 days after the Owner accepted your offer; and 3) within 3 business days following your receipt or your agent's receipt of this form or an amendment of this form.

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

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to Ohio's Sex Offender Registration and Notification Law (commonly referred to as "Megan's Law"). This law requires the local Sheriff to provide written notice to neighbors if a sex offender resides or intends to reside in the area. The notice provided by the Sheriff is a public record and is open to inspection under Ohio's Public Records Law. If concerned about this issue, purchaser assumes responsibility to obtain information from the Sheriff's office regarding the notices they have provided pursuant to Megan's Law.

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

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to the potential presence of hazardous materials (Radon Gas, lead pipes, toxic mold, etc.) that may affect the purchaser's decision to purchase the property. See Appendix A for a list of resources.

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

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

PURCHASER: [Signature] DATE: \_\_\_\_\_

PURCHASER: [Signature] DATE: \_\_\_\_\_



## Department of Commerce

Division of Real Estate  
& Professional Licensing

# STATE OF OHIO RESIDENTIAL PROPERTY DISCLOSURE FORM

### Appendix A – Links to Additional Information & Resources

This list is not exhaustive. If the purchaser is concerned about the presence of any potential hazardous material in this property, purchaser assumes responsibility to obtain information from the listed resources and/or in consultation with a person licensed/certified in the area of concern.

#### **RADON GAS**

- <https://www.epa.gov/radon>
- <https://www.epa.gov/sites/production/files/2015-05/documents/hmbuygud.pdf>
- <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/radon-education-and-licensing-program/welcome/>

#### **LEAD**

- <https://www.cdc.gov/nceh/lead/prevention/sources.htm>
- <https://www.epa.gov/lead/learn-about-lead>
- <https://www.epa.gov/ground-water-and-drinking-water/lead-service-line-replacement>
- <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/healthy-homes/welcome>

If you are on a municipal water service, check with that provider, they may have a lead pipe mapping program that you can access.

#### **TOXIC MOLD**

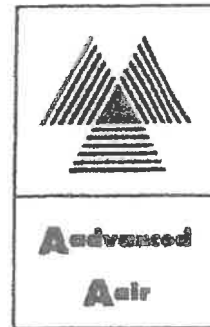
- <https://www.epa.gov/mold/mold-and-your-home>
- <https://www.cdc.gov/mold/default.htm>

#### **ASBESTOS**

- <https://www.cpsc.gov/safety-education/safety-guides/home/asbestos-home/>
- <https://www.epa.gov/asbestos/protect-your-family-exposures-asbestos#whattodo>

#### **UREA FORMALDEHYDE**

- [https://www.cpsc.gov/s3fs-public/An-Update-On-Formaldehyde-725\\_1.pdf?O3CFjmPriFt\\_ogVb7OhX4ZDPu7fyky8Q](https://www.cpsc.gov/s3fs-public/An-Update-On-Formaldehyde-725_1.pdf?O3CFjmPriFt_ogVb7OhX4ZDPu7fyky8Q)



August 7, 2020

Nathan Branam  
4834 Magnolia Blossom Blvd  
Gahanna, OH. 43230

RE: Radon Mitigation  
4834 Magnolia Blossom Blvd  
Gahanna, OH. 43230  
Our File #47444

Pursuant to your recent request, Aadvanced Aair carried out an inspection of the dwelling located at the above referenced address.

The purposed of the inspection was to determine the most probable gaseous entry Points/route of radon, driving forces, and features influencing in-house climate conditions. Discussions were held with you to obtain information about the previous screening test. It was indicated that previous screening tests resulted in a reading of 11.0 picoCuries/L.

After our discussion concerning Aadvanced Aair's recommendation for mitigation and with your authorization, Aadvanced Aair proceeded with the mitigation as outlined in the original proposal which consisted of installation of a sub slab sump pit drain tile suction system with an active fan, sealing of the sump pit. The goal was to reduce the radon levels to below the 4.0 picoCuries/Liter EPA acceptable level. The follow up radon test is summarized as follows.

**Sun Nuclear Model 1027 Analysis Laboratory Used: No**

Begin Date: 8/5/2020                      Time: 11:57 AM                      BY: Kim Baker RS#270  
End Date: 8/7/2020                      Time: 12:19 PM                      BY: Kim Baker RS#270

**Centrally located in the basement and at least 20" above the floor.**

**CRM# 141 Measurement Results EPA Protocol Average = 0.8 picoCuieres/liter.**

This analysis represents the Radon – 222 concentration in the air only at the time of sampling.





August 7, 2020

Nathan Branam  
Our File #47444

This report and the mitigation services are not a warranty or guarantee of the property, but simply reflect the results of testing and mitigation procedures. Furthermore, this report and our mitigation work does not imply acceptance or responsibility for financial or health consequences. The EPA recommends that you perform or obtain a verifying follow-up test other than our test. It is our recommendation that professional ongoing test/inspections AT LEAST EVERY 2 YEARS should be used as precautionary measures in homes where radon mitigation systems have been installed and where radon has previously been detected. It is recommended that a radon test be conducted if any significant changes occur for example, changes in the structure, additions or renovations to the residence, a change in the way the space is used, or change in occupancy of the residence. The EPA estimates that the average operational cost for this system (including heat loss) to be approximately \$125.00 annually.

THE STATE OF OHIO RADON HOTLINE NUMBER IS 1-800-523-4439  
Home Buyer's and Seller's Guide to Radon: [epa 402/K-09/002](#)  
Consumer's Guide To Radon Reduction: [epa.gov/radon/pubs/consguid.html](#)  
A Citizen's Guide To Radon: [epa 402/K-09/001](#)

The radon mitigation system is guaranteed to reduce the levels of radon within the home to 3.9 picoCuries/Liter for 5 years from the date of installation. If, the results of a radon test show results of 4.0 picoCuries/Liter or higher we will make necessary corrections or repairs as outlined within the original proposal. This warranty is fully transferrable to all owners of the home within this time frame.

Thank you for using Aadvanced Aair in the inspection and mitigation for radon gas. We want to commend you on your recognition of radon as a potential health hazard. Your valuation of a clean air environment and your efforts to establish healthy climate conditions within a dwelling are of significant value.

Sincerely  
Aadvanced Aair

Kim Baker  
State of Ohio Radon Mitigation Specialist License # RS270



4834 Magnolia Blossom Blvd  
Gahanna, OH. 43230

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Professional  
Radon Monitor

Start Date : 8/5/9999  
Start Time : 11:57:00 AM  
End Date : 8/7/2020  
End Time : 12:19:00 PM  
Serial # : 141  
Location : Basement

Signature: *Baker*

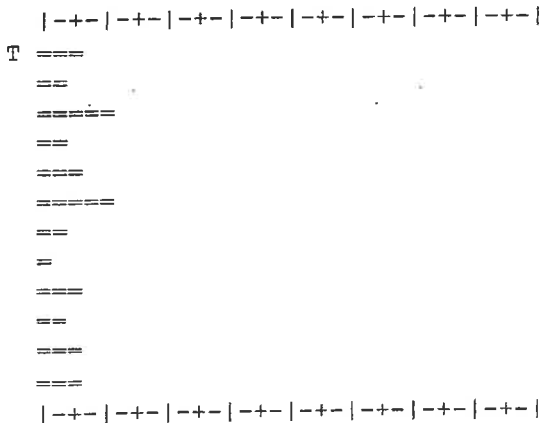
Data in pCi/l  
Time Interval 1 Hr

T	0.7	0.3	1.0
	0.3	0.7	1.0
	0.3	0.0	0.7
	0.3	0.7	0.7
	0.7	1.8	1.8
	0.3	2.5	0.7
	0.7	1.0	0.0
	1.8	1.0	0.3
	0.7	0.0	1.8
	0.7	1.4	0.7
	0.7	1.4	0.7
	0.7	1.8	1.0
	0.7	0.3	0.0
	0.3	1.0	0.7
	0.3	0.7	1.0
	0.3	1.0	0.3

Overall Avg.= 0.8

EPA Protocol Avg.= 0.8

0                      4                      8





August 7, 2020

Nathan Branam  
4834 Magnolia Blossom Blvd  
Gahanna, OH. 43230

RE: Radon Mitigation  
4834 Magnolia Blossom Blvd  
Gahanna, OH. 43230  
Our File #47444

**INVOICE**

---

For Professional Services Rendered: Radon Mitigation      \$850.00

**TOTAL AMOUNT DUE UPON RECEIPT      \$0.00**

**PLEASE INCLUDE YOUR FILE # WHEN MAKING PAYMENT**

If paying with Master Card, Visa, or Discover, please enter your information below.

**MC/VISA/DISCOVER/AMEX:** \_\_\_\_\_

**EXP:** \_\_\_\_/\_\_\_\_

**Signature** \_\_\_\_\_

---

Should you have any questions or need follow up service, please call.

Sincerely

Kim Baker  
State of Ohio Radon Mitigation Specialist License # RS270