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This document has legal consequences. If you do not understand it, consult your attorney.

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Approved by Counsel for the St. Louis Association of REALTORS®

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Form # 2091

01/15

| | SELLER'S DISCLOSURE STATEMENT | | | | | | |
|---|--|--|--|--|--|--|--|
| To | be completed by SELLER concerning 1550 Morrison Lane (Property Address) | | | | | | |
| | ated in the municipality of for istell (if incorporated), County of 54. Charles , Missouri. | | | | | | |
| Note: If a Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect the Buyer's decision to buy the property, then the Seller needs to disclose it. This statement will assist a Buyer in evaluating the property being considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot guarantee the accuracy of the information in this form. | | | | | | | |
| met you pers full the proj or s | TO THE SELLER: Your truthful disclosure of the condition of your property gives you the best protection against future charges that you violated your legal obligation to a Buyer by concealing a material defect(s), lead-based paint, use as a site for methamphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to your ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some persistent pattern of a problem not completely remedied, such information should be included in this disclosure in order to achieve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, even after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all aspects of your property. If you know of or suspect some condition which would substantially lower the value of the property, impair the health or safety of future occupants, or otherwise affect a Buyer's decision to buy your property, then use the space at the end of this form to describe that condition. | | | | | | |
| TO THE BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER. If you sign a contract to purchase the property, that contract, and not this disclosure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment included, you must specify them in the contract. | | | | | | | |
| Since these disclosures are based on the Seller's knowledge, you cannot be sure that there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the Seller are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of the property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, products, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. | | | | | | | |
| Con | nditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or should make the correction of these conditions by the Seller a requirement of the sale contract. | | | | | | |
| *************************************** | | | | | | | |
| | BDIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) | | | | | | |
| (a) | Development Name Type of Ownership: | | | | | | |
| (b) | Contact Phone Mandatory Assessment: #1 \$ per: month quarter half-year year Mandatory Assessment: #2 \$ per: month quarter half-year year | | | | | | |
| | Mandatory Assessment: #2\$per: □ month □ quarter □ half-year □ year | | | | | | |
| (c) | Mandatory Assessment(s) include: entrance sign/structure street maintenance common ground snow removal of common area snow removal specific to this dwelling landscaping of common area landscaping specific to this dwelling clubhouse pool tennis court exercise area reception facility water sewer trash removal doorman cooling heating security elevator other common facility | | | | | | |
| | □ assigned parking space(s): how many identified as □ some insurance □ real estate taxes | | | | | | |
| | other specific item(s) | | | | | | |
| | ☐ Exterior Maintenance of this dwelling covered by Assessment: | | | | | | |
| (d) | Optional Assessment(s)/Membership(s): Please explain. | | | | | | |
| | | | | | | | |
| | Are you aware of any existing or proposed special assessments? Yes No | | | | | | |
| (f) | Are you aware of any special taxes and/or district improvement assessments? Yes No Are you aware of any special taxes and/or district improvement assessments? Yes No | | | | | | |
| | | | | | | | |
| | Are you aware of any existing indentures/restrictive covenants? \(\text{LYes} \) \(\text{No} \) | | | | | | |
| | Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No | | | | | | |
| | Is there a recorded street/road maintenance agreement? \[\Pi \subseteq \subseteq \text{No} \] | | | | | | |
| | Please explain any "yes" answer you gave for (e), (f), (g), (h), (i), (i) or (k) above. | | | | | | |

| UT | ILITIES | | | | | |
|---|----------------------------|---|--|--|--|--|
| | Utility | Current Provider | | | | |
| Gas | Propane: | MFA GIL Company | | | | |
| | Electric: | Cuivre River Electric Coop | | | | |
| | Water: | | | | | |
| | Sewer: | | | | | |
| | Trash: | Waste management | | | | |
| | Recycle: | | | | | |
| | STEER MARKET SERVICE | | | | | |
| HE | | OOLING AND VENTILATING (Seller is not agreeing that all items checked are being offered for sale.) | | | | |
| (a) | Type of air | conditioning: Central Electric Central Gas Window/Wall (Number of window units) Other: | | | | |
| (c) | Heating Eq | eating: DÉlectric DNatural Gas DPropane DFuel Oil DOtheruipment: DForced Air DHot Water Radiators DSteam Radiators DRadiant DBaseboard DOther | | | | |
| (d) | Areas of ho | buse not served by central heating/cooling: | | | | |
| (e) | Additional: | buse not served by central heating/cooling: | | | | |
| (f) | Are you aw | | | | | |
| (g) | Other detai | ls: | | | | |
| FIL | REPLACE(S | | | | | |
| | ** | | | | | |
| (a) | Type of fire | eplace: Wood Burning Vented Gas Logs Vent Free Gas Logs Wood Burning Stove Natural Gas Propane | | | | |
| (0) | Function | Type of flues/venting: Functional (properly vented for wood burning and vented gas logs). Number of fireplace(s) Location(s) Front Room. | | | | |
| | Non Fu | Non Functional: Number of fireplace(s) Non Functional: Number of fireplace(s) Please explain | | | | |
| (c) | Are you aw | rectional: Number of fireplace(s) Please explain vare of any problems or repairs needed with any item in this section? Yes No If "yes", please explain | | | | |
| | 3 | | | | | |
| PL | UMBING S | YSTEM, FIXTURES AND EQUIPMENT | | | | |
| (a) | Water Heat | er: 🗹 Electric 🔲 Natural Gas 🔲 Propane 🔲 Tankless 🔲 Other: | | | | |
| (b) | Ice maker s | upply line: Yes No | | | | |
| | Jet Tub: 🗆 | | | | | |
| (d) | Lawn Sprin | ıkler System: Yes No If yes, date of last backflow device inspection certificate: | | | | |
| (e) | | vare of any problems or repairs needed in the plumbing system? Yes No If "yes", please explain | | | | |
| | | er in Bararea not working | | | | |
| WA | ATER (If we | ll exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement) | | | | |
| | | e source of your drinking water? Public Community Well Other (explain): | | | | |
| (b) | If Public, ic | lentify the utility company: | | | | |
| (c) Do you have a softener, filter or other purification system? Yes No Wound Leased/Lease Information. | | | | | | |
| (a) | | vare of any problems relating to the water system including the quality or source of water or any components such as the box? Yes No If "yes", please explain | | | | |
| SEY | WERAGE (1 | If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement) | | | | |
| | | e type of sewerage system to which the house is connected? Public Private Septic Aerator Other. If | | | | |
| (-) | other pleas | e explain: | | | | |
| (b) | | sewerage lift system? Yes No If "yes", is it in good working condition? Yes No | | | | |
| (c) | When was | the septic/aerator system last serviced? UNSURE are of any leaks, backups, open drain lines or other problems relating to the sewerage system? Yes No If "yes", | | | | |
| (d) | Are you aw please expla | | | | | |

| AP | PLIANCES (Seller is not agreeing that all items checked are being offered for sale.) | | | | | |
|------------|--|--|--|--|--|--|
| | Electrical Appliances and Equipment: Electric Stove/Range/Cook top Oven Built-in Microwave Oven Dishwasher Garbage Disposal Trash Compactor Wired smoke alarms Electric dryer (hook up) Ceiling Fan(s) Intercom System Central Vacuum System Other | | | | | |
| | Gas Appliances & Equipment: Natural Gas Propane Oven Gas Stove/Range/Cook top Exterior Lights Barbecue Water heater Tankless Water Heater Gas dryer (hook up) Other | | | | | |
| (c) | Gas dryer (hook up) Other Other Equipment: TV Antenna Cable Wiring Phone Wiring Electric Garage Door Opener Number of transmitters Security Alarm System Owned Leased /Lease information: Fire Olarm (n hortz) | | | | | |
| | Swimming Pool Lygool Heater Lyspa/Hot Tub Lyspa/Pool/Spa Equipment (list): | | | | | |
| | (If Pool or Spa exists, attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement) | | | | | |
| (d) | Electronic Pet Fence System Number of Collars: No Dother: Are you aware of any items in this section in need of repair or replacement? Yes No If "yes", please explain. | | | | | |
| | ECTRICAL | | | | | |
| (b) | Type of service panel: Fuses Circuit Breakers Type of wiring: Copper Aluminum Knob and Tube Unknown | | | | | |
| (c) | Are you aware of any problems or repairs needed in the electrical system? Yes No If "yes", please explain. | | | | | |
| | OF, GUTTERS AND DOWNSPOUTS | | | | | |
| (a) (b) | What is the approximate age of the roof? 15 years Years. Documented? Yes No Has the roof ever leaked during your ownership? Yes No If "yes" please explain. | | | | | |
| (c) | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership? WYes \square No If "yes", | | | | | |
| (d) | please explain 5+0rem damage, replaces roof a Round 204 Are you aware of any problems with the roof, gutters or downspouts? Yes No If "yes", please explain. | | | | | |
| co | NSTRUCTION | | | | | |
| (a) | Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components? Yes No If "yes" please describe in detail. Charks in Floors in house | | | | | |
| | crarks in ceiling. | | | | | |
| (b) | Are you aware of any repairs to any of the building elements listed in (a) above? Yes No If "yes", please describe the location, extent, date and name of the person/company who did the repair or control effort. | | | | | |
| | Are you aware that any of the work in (b) above was completed without required permits? Yes No List all significant additions, modifications, renovations, & alterations to the property during your ownership: Buidt Barn | | | | | |
| | Were required permits obtained for the work in (d) above? Yes \(\bigcup \) No | | | | | |
| За | le propone heaters (New heater Nov. 2018 \$12500.00) 2 water Heaters | | | | | |
| | 2 water treaters | | | | | |
| | (Petrical Jelle | | | | | |
| | time of lights Page 3 of 6 Quitomatic waters | | | | | |
| | EN Sprau System | | | | | |

| BA | SEMENT AND CRAWL SPACE (Complete only if applicable) | | | | | |
|-------------------|--|--|--|--|--|--|
| (a) (b) (c) | □ Sump pit □ Sump pit and pump Type of foundation: □ Concrete □ Stone □ Cinder Block □ Wood S \ | | | | | |
| | | | | | | |
| (d) | Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? Yes No If "yes", please describe the location, extent, date and name of the person/company who did the repair or control effort | | | | | |
| PES | STS OR TERMITES/WOOD DESTROYING INSECTS | | | | | |
| (a) | Are you aware of any pests or termites/wood destroying insects impacting the property and improvements? Yes No | | | | | |
| (b) (c) (d) | Are you aware of any uncorrected damage to the property caused by pests or termites/wood destroying insects? Yes No Is your property currently under a warranty contract by a licensed pest/termite control company? Yes You Are you aware of any pest/termite control reports for the property? Yes No | | | | | |
| (e) | Are you aware of any pest/termite control treatments to the property? \(\bar{\subset} \) Yes \(\bar{\subset} \) No | | | | | |
| (f) | Please explain any "yes" answers you gave in this section: had termite control toot | | | | | |
| | Care of problem | | | | | |
| SOI | IL AND DRAINAGE | | | | | |
| ****** | | | | | | |
| (a) (b) | | | | | | |
| (c) | | | | | | |
| (d) | Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g. retention ponds, rain gardens, sand filters, permeable pavement) | | | | | |
| (e) | Please explain any "yes" answers you gave in this section. | | | | | |
| на | ZARDOUS SUBSTANCES/OTHER ENVIRONMENTAL CONCERNS | | | | | |
| (a) | Lead: (Note: Production of lead based paint was banned in 1978. See Disclosure of Information and Acknowledgement Lead Based | | | | | |
| (4) | Paint and/or Lead-Based Paint Hazards, form #2049.) | | | | | |
| | (1) Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property? Tyes | | | | | |
| | (2) Are you aware if it has ever been covered or removed? □Yes □No | | | | | |
| | (3) Are you aware if the property has been tested for lead? Yes No If "yes", please give date performed, type of test and test results. | | | | | |
| | results. (4) Please explain any "yes" answers you gave in this section. | | | | | |
| (b) | Asbestos Materials | | | | | |
| | (1) Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.? Yes No | | | | | |
| | (2) Are you aware of any asbestos material that has been encapsulated or removed? Yes No | | | | | |
| | (3) Are you aware if the property has been tested for the presence of asbestos? The Woo If "yes", please give date performed, | | | | | |
| | (4) Please explain any "yes" answers you gave in this section. | | | | | |

| (c) | | | | |
|------|---|--|--|--|
| | (1) Are you aware of the presence of any mold on the property? ☐ Yes ☐ No (2) Are you aware of anything with mold on the property that has ever been covered or removed? ☐ Yes ☐ No | | | |
| | (2) Are you aware of anything with mold on the property that has ever been covered or removed? Layes No (3) Are you aware if the property has ever been tested for the presence of mold? Are you aware if the property has ever been tested for the presence of mold? Are you aware if the property has ever been tested for the presence of mold? | | | |
| | 6 60 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | | |
| | performed, type of test and test results | | | |
| | | | | |
| (d) | Radon | | | |
| (u) | (1) Are you aware if the property has been tested for radon gas? \(\textsupersupersupersupersupersupersupersuper | | | |
| | (2) Are you aware if the property has ever been mitigated for radon gas? Yes No If "yes", please provide the date and name of the person/company who did the mitigation. | | | |
| (e) | Methamphetamine | | | |
| (0) | Are you aware if the property is or was used as a lab, production or storage site for methamphetamine or was the residence of a person convicted of crimes related to methamphetamine? Yes No If "yes", please explain. | | | |
| (f) | Other Environmental Concerns | | | |
| 872 | Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), | | | |
| | electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.? Yes No If "yes", please | | | |
| | explain. | | | |
| SUI | RVEY AND ZONING | | | |
| (a) | Are you aware of any shared or common features with adjoining properties? Tyes INo | | | |
| (b) | Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property? The Yes | | | |
| (c) | Is any portion of the property located within the 100 year flood hazard area (flood plain)? The Yes | | | |
| (d) | | | | |
| 3.73 | property? Yes No | | | |
| (e) | Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property? Yes | | | |
| (f) | Please explain any "yes" answers you gave in this section. | | | |
| | reado empresar any jeu anomaro you gare ar and secondar. | | | |
| INS | SURANCE | | | |
| info | e you aware of any claims that have been filed for damages to the property? Yes No If "yes", please provide the following ormation: date of claim, description of claim, repairs and/or replacements completed. | | | |
| 4 | he roof on the house, was repaired | | | |
| | | | | |
| | | | | |
| MI | SCELLANEOUS | | | |
| (a) | The approximate age of the residence is wears. The Seller has occupied the property from 2005 to 2000. | | | |
| (b) | The approximate age of the residence is | | | |
| (c) | Is the property located in an area that requires an occupancy (code compliance) inspection? Yes No If "yes", please explain. | | | |
| (d) | Are you aware if this property is located in an area that requires any specific disclosure(s) from the city or county? | | | |
| (0) | If "yes", please explain. Is the property designated as a historical home or located in a historic district? Yes No If "yes", please explain. | | | |
| (0) | is the property designated as a historical nome of rocated in a historic district? Tes 12 No. 11 yes, prease explain. | | | |

| (f) | Is property tax abated? Yes No Expiration date | | | | |
|---------|--|--|-------------------------|--|--|
| (g) | Are you aware of any pets having been kept in or on the property? Wes \ No If "yes" please explain. | | | | |
| (h) | Is the Buyer being offered a protection plan/home warranty at cl | osing at Seller's evnence? The World | 'ves" nlease attach) | | |
| 1922771 | Are you aware of any inoperable windows or doors, broken them | | | | |
| (i) | WARREND BANK THE PROPERTY OF T | | — NO | | |
| (j) | Are you aware if carpet has been laid over a damaged wood floo | / | | | |
| (k) | Are you aware of any existing or threatened legal action affectin | The state of the s | | | |
| (1) | Are you aware of any consent required of anyone other than the | | operty? LYes LYNo | | |
| (m) | Please explain any "yes" answers you gave for (i), (j), (k), or (l) | above. | | | |
| | 2 WINDOWS in office windows in Cracked window in hoom additional comments: | garage | | | |
| Add | Crackes window in hoom additi | 9N | | | |
| | SOCIA CHECKARIA CONTRACTOR CONTRA | | | | |
| | | | | | |
| | | | | | |
| a 11 | | | | | |
| Sell | er attaches the following document(s): | | | | |
| | | | | | |
| SEI | LER'S ACKNOWLEDGEMENT: | | | | |
| C - 11 | | delication and the second and the short | of Callada Imavaladas | | |
| | er acknowledges that he has carefully examined this statement ar er agrees to immediately notify listing broker in writing of any | | | | |
| | r licensees to furnish a copy of this statement to prospective Buye | | iorizes air brokers and | | |
| | | | | | |
| | | | | | |
| | ouce Rosenes 11/1/18 | | | | |
| SEL | LER SIGNATURE DATE | SELLER SIGNATURE | DATE | | |
| 177 | Tue Posterio | | | | |
| - | Joyce Rosener | | | | |
| Sell | er Printed Name | Seller Printed Name | | | |
| | | | | | |
| BU | YER'S ACKNOWLEDGEMENT: | | | | |
| | | | | | |
| | ver acknowledges having received and read this Seller's Disclosur | | | | |
| | closure Statement is limited to information of which Seller has a Seller's Disclosure Statement, and any other important informat | | | | |
| | nined through the Multiple Listing Service) by an independent, pro | | | | |
| | ot an expert at detecting or repairing physical defects in property. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| DIT | YER SIGNATURE DATE | DI IVED SIGNATURE | DATE | | |
| DU | YER SIGNATURE DATE | BUYER SIGNATURE | DATE | | |
| | | | | | |
| Ruy | er Printed Name | Buyer Printed Name | | | |

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