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Form # 2091

01/15

and members of the Bar Association of Metropolitan St. Louis

SELLER'S DISCLOSURE STATEMENT

| | • | , | | | | | |
|--|--|--|---|--|--|--|--|
| To | To be completed by SELLER concerning 309 West Washington Street, Vandalia, MO 63382 (Property Address) | | | | | | |
| loc | located in the municipality of Vandalia (if incorporated), County of audrain , Missour | | | | | | |
| Not Buy pro | 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. | | | | | | |
| 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 | iditions of the property that you can see on a | reasonable inspection should either be taken into accou | nt in the purchase price or | | | | |
| you . | should make the correction of these conditio | ons by the Seller a requirement of the sale contract. | | | | | |
| | | -OP OR OTHER SHARED COST DEVELOPMENT | | | | | |
| (a) | Development Name | Trong of Oromanshine T. E. Ginnels F. | | | | | |
| (-) | Contact | Type of Ownership: | JCondominium 🔲 Co-Op | | | | |
| (b) | Contact Mandatory Assessment: #1 | Phone per: month quai | JCondominium ☐ Co-Op ter ☐ balf-year ☐ year | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 | Phone per: month quant per: month quant | Condominium ☐ Co-On ter ☐ half-year ☐ year ter ☐ half-year ☐ year | | | | |
| (b) (c) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: □ entrance sign/structure □ street mainte | Phone_ \$ per: \(\bar{\phance} \) month \(\bar{\phance} \) quantiform per: \(\bar{\phance} \) nonth \(\bar{\phance} \) quantiform per: \(\bar{\phance} \) nonth \(\bar{\phance} \) quantiform per: \(\bar{\phance} \) nonth \(\bar{\phance} | ter half-year year ter half-year year | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: ——————————————————————————————————— | Phone | ter half-year year ter half-year year year year pmmon area | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: □ entrance sign/structure □ street mainte □ snow removal specific to this dwelling □ clubhouse □ pool □ tennis court | Phone | ter half-year year ter half-year year pummon area to to this dwelling | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: ——————————————————————————————————— | Phone per: month quant | ter half-year year ter half-year year year half-year year ommon area to to this dwelling wer trash removal | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: ——————————————————————————————————— | Phone | ter half-year year ter half-year year year half-year year ommon area to to this dwelling wer trash removal | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: — entrance sign/structure — street mainte — snow removal specific to this dwelling — clubhouse — pool — tennis court — doorman — cooling — heating — assigned parking space(s): how many — other specific item(s) | Phone per: month quare per: per: | ter half-year year ter half-year year year half-year year ommon area to to this dwelling wer trash removal hity | | | | |
| (b) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: ——————————————————————————————————— | Phone per: month quanter month month quanter month month month month quanter month month | ter half-year year ter half-year year year half-year year ommon area to to this dwelling wer trash removal hity | | | | |
| (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) | Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: — entrance sign/structure — street mainte — snow removal specific to this dwelling — clubhouse — pool — tennis court — doorman — cooling — heating — assigned parking space(s): how many — other specific item(s) — Exterior Maintenance of this dwelling or Optional Assessment(s)/Membership(s): Please Are you aware of any existing or proposed specare you aware of any special taxes and/or distraction and the special taxes and/or distraction and taxes and the special taxes and/or distraction and taxes and the special taxes and/or distraction and taxes a | Phone per: month quanter per: p | ter half-year year year half-year year ter half-year year permon area to this dwelling wer trash removal hity real estate taxes | | | | |

| TICE | T TOYYO | 11.00020 | | | | |
|--------------------------|--|---|--|--|--|--|
| UT | ILITIES <u>Utility</u> | Current Provider | | | | |
| Gaz | | | | | | |
| Gas | Propane: | amern ue | | | | |
| | Electric: | vandalia | | | | |
| | Water: | vandalia | | | | |
| | Sewer: | vandalia | | | | |
| | Trash: | vandalia | | | | |
| | Recycle: | | | | | |
| HE | ATING, CO | OOLING AND VENTILATING (Seller is not agreeing that all items checked are being offered for sale.) | | | | |
| (a) (b) (c) (d) | Source of h Heating Eq | conditioning: Central Electric Central Gas Window/Wall (Number of window units) Other: eating: Electric Natural Gas Propane Fuel Oil Other puipment: Forced Air Hot Water Radiators Steam Radiators Radiant Baseboard Other puse not served by central heating/cooling: | | | | |
| | | □ Humidifier □ Electronic Air Filter □ Media Filter □ Attic Fan □ Other: | | | | |
| (f) | Are you av | vare of any problems or repairs needed with any item in this section? Ves V No if "yes", please explain | | | | |
| (g) | Other detai | ls: | | | | |
| FIR | EPLACE(S | | | | | |
| (b) | Type of fireplace: \(\text{ Wood Burning } \text{ Vented Gas Logs } \text{ Vent Free Gas Logs } \text{ Wood Burning Stove } \text{ Natural Gas } \text{ Propane} \) Type of flues/venting: \(\text{ Functional (properly vented for wood burning and vented gas logs). Number of fireplace(s) \(\text{ Location(s)} \) \(\text{ Non Functional: Number of fireplace(s)} \) \(\text{ Please explain} \) Are you aware of any problems or repairs needed with any item in this section? \(\text{ Yes } \text{ No If "yes", please explain} \) | | | | | |
| PLI | JMBING S | YSTEM, FIXTURES AND EQUIPMENT | | | | |
| (b) (d) | Water Heater: Blectric Natural Gas Propane Tankless Other: Dice maker supply line: Yes No Die Tub: Yes No No If yes, date of last backflow device inspection certificate: | | | | | |
| WA | WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement) | | | | | |
| (a) (b) (c) | What is the source of your drinking water? Public Community Well Other (explain): If Public, identify the utility company: Do you have a softener, filter or other purification system? Yes No Owned Leased/Lease Information. Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box? Yes No If "yes", please explain | | | | | |
| SEV | VERAGE (| 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 | | | | |
| (b) (c) (d) | Is there a s When was | ewerage lift system? Yes No If "yes", is it in good working condition? Yes No No if septic/aerator system last serviced? Area of any leaks, backups, open drain lines or other problems relating to the sewerage system? Yes No If "yes" | | | | |

| 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) | Other Equipment: TV Antenna Cable Wiring Phone Wiring Network/Data Wiring | | | | | | |
| | ☐ Electric Garage Door Opener Number of transmitters | | | | | | |
| • | Security Alarm System Owned Leased /Lease information: | | | | | | |
| | Swimming Pool Pool Heater Spa/Hot Tub Sauna/ Pool/Spa Equipment (list): | | | | | | |
| | (If Pool or Spa exists, attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement) Satellite Dish Owned Leased/Lease Information: | | | | | | |
| | Electronic Pet Fence System Number of Collars: | | | | | | |
| (d) | Are you aware of any items in this section in need of repair or replacement? Yes No If "yes", please explain. | | | | | | |
| (4) | received aware of any nexts in this section in need of repair or replacement? Laryes La No it "yes", please explain. | | | | | | |
| | | | | | | | |
| FI | ECTRICAL | | | | | | |
| | 1 | | | | | | |
| (a) | Type of service panel: Fuses Circuit Breakers | | | | | | |
| (c) | Type of wiring: Copper Aluminum Knob and Tube Unknown | | | | | | |
| (0) | Are you aware of any problems or repairs needed in the electrical system? Yes No If "yes", please explain. | | | | | | |
| (a) | OF, GUTTERS AND DOWNSPOUTS What is the approximate age of the roof? Years. Documented? Yes No If "yes" please explain, old shingles leaked | | | | | | |
| | | | | | | | |
| | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership? Yes No If "yes", please explain new roof in 2017 | | | | | | |
| (d) | Are you aware of any problems with the roof, gutters or downspouts? Yes No If "yes", please explain. | | | | | | |
| | | | | | | | |
| СО | 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.foundation cracks | | | | | | |
| (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. | | | | | | |
| (c) | Are you aware that any of the work in (b) above was completed without required permits? Yes No | | | | | | |
| (d) | List all significant additions, modifications, renovations, & alterations to the property during your ownership: | | | | | | |
| (e) | Were required permits obtained for the work in (d) above? Yes No | | | | | | |

| BA | SEMENT AND CRAWL SPACE (Complete only if applicable) | | | | | |
|--|--|--|--|--|--|--|
| (a) | ☐ Sump pit ☐ Sump pit and pump Type of foundation: ☐ Concrete ☐ Stone ☐ Cinder Block ☐ Wood | | | | | |
| (c) | Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space? Yes No If "yes", please | | | | | |
| • • | describe in detail. basement has some leaks | | | | | |
| | | | | | | |
| | | | | | | |
| (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 1f "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) (b) (c) (d) (e) (f) | Are you aware of any pests or termites/wood destroying insects impacting the property and improvements? Yes No 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 No Are you aware of any pest/termite control reports for the property? Yes No Are you aware of any pest/termite control treatments to the property? Yes No Please explain any "yes" answers you gave in this section: | | | | | |
| SOI | LL AND DRAINAGE | | | | | |
| (a) | And the second of the second o | | | | | |
| | Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property? Yes No Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property? Yes No | | | | | |
| (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) | e.g. retention ponds, rain gardens, sand filters, permeable pavement) Yes No Please explain any "yes" answers you gave in this section. | | | | | |
| ` , | | | | | | |
| TTA | | | | | | |
| (a) | ZARDOUS SUBSTANCES/OTHER ENVIRONMENTAL CONCERNS 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? Yes V No | | | | | |
| | (2) Are you aware if it has ever been covered or removed? \square Yes \square No | | | | | |
| | (3) Are you aware if the property has been tested for lead? \(\subseteq\) Yes \(\overline{\mathbb{Z}}\) No If "yes", please give date performed, type of test and test results. | | | | | |
| | (4) Please explain any "yes" answers you gave in this section. | | | | | |
| a.s | Advanta Maria dalla | | | | | |
| (b) | Asbestos Materials (1) Are your experience of the recovery of | | | | | |
| | (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? Yes No If "yes", please give date performed, type of test and test results: | | | | | |
| | (4) Please explain any "yes" answers you gave in this section, ashestoes siding under the vinyl | | | | | |
| | | | | | | |

| (c) | Mold | | | | |
|-------------|-------------------|---|--|--|--|
| | (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 Are you aware if the property has ever been tested for the presence of mold? Yes No If "yes", please give date performed, type of test and test results. | | | |
| | (4) | Please explain any "yes" answers you gave in this section. | | | |
| (d) | Rador | | | | |
| (-7 | . (1) | Are you aware if the property has been tested for radon gas? \(\subseteq \) Yes \(\subseteq \) No If "yes", please give date performed, type of test | | | |
| | (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) | Metha | mphetamine | | | |
| | | 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 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 yo | u aware of any shared or common features with adjoining properties? Tyes VNo | | | |
| (b) | Are yo | u aware of any rights of way, unrecorded easements, or encroachments, which affect the property? Tyes ZNo | | | |
| (c) | | portion of the property located within the 100 year flood hazard area (flood plain)? Tyes No | | | |
| (d) | | | | | |
| (e) | Are yo | u aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property? Yes No | | | |
| (f) | | explain any "yes" answers you gave in this section. | | | |
| INS | URAN | CE | | | |
| Are info | you aw rmation | are of any claims that have been filed for damages to the property? Yes No If "yes", please provide the following date of claim, description of claim, repairs and/or replacements completed. roof claim in 2017 | | | |
| MIS | SCELL | ANEOUS | | | |
| (a) (b) | | | | | |
| (c) | Is the p | roperty located in an area that requires an occupancy (code compliance) inspection? Yes No If "yes", please explain. | | | |
| | If "yes' | u aware if this property is located in an area that requires any specific disclosure(s) from the city or county? | | | |
| (e) | Is the p | roperty designated as a historical home or located in a historic district? | | | |

| (f) | Is property tax abated? ☐ Yes ☑ No Expire | ation date | ÷ | Attach documentation fro | m taxing authority. | | |
|------------------------------|--|---|-------------------|--|---|--|--|
| (g) | Are you aware of any pets having been kept | in or on the property | ? 🛮 Yes 🗖 N | o If "yes" please explain. | cat | | |
| (h) (i) (j) (k) (l) (m) | Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass? \[\begin{align*} \Pi_{\text{No}} & \pi_ | | | | | | |
| Add | itional comments: | | | | | | |
| | | | 1 | | | | |
| Selle | er attaches the following document(s): | | | | | | |
| Selle Selle | LER'S ACKNOWLEDGEMENT: er acknowledges that he has carefully examiner agrees to immediately notify listing broke licensees to furnish a copy of this statement ER SIGNATURE | r in writing of any cl | hanges in the pro | operty condition. Seller auth | of Seller's knowledge. horizes all brokers and DATE | | |
| Selle | er Printed Name | | Seller Printed | Name | <u>.</u> | | |
| Buye Disc this obta | TER'S ACKNOWLEDGEMENT: or acknowledges having received and read the losure Statement is limited to information of Seller's Disclosure Statement, and any other ined through the Multiple Listing Service) by it an expert at detecting or repairing physical | f which Seller has ac important informati an independent, pro | tual knowledge, | Buyer should verify the int either Seller or broker (incl | formation contained in uding any information | | |
| | | | | | | | |
| BUS | 'ER SIGNATURE | DATE | BUYER SIGN | IATURE | DATE | | |
| Buy | er Printed Name | | Buyer Printed | Name | | | |