Form # 2091

01/20

SELLER'S DISCLOSURE STATEMENT

| 1 2 | te completed by SELLER concerning 2187 Quaethem Drive, Chesterfield, MO 63005 (Property Address) located e municipality of | | | | |
|--|---|--|--|--|--|
| 3 | e: If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect | | | | |
| 4 | er's decision to buy the property, then Seller needs to disclose it. This statement will assist Buyer in evaluating the property | | | | |
| 5 | g considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot | | | | |
| 6 | antee the accuracy of the information in this form. | | | | |
| 7 | SELLER: Your truthful disclosure of the condition of your property gives you the best protection against future charges | | | | |
| 8 | you violated your legal obligation to Buyer by concealing a material defect(s), lead-based paint, use as a site for | | | | |
| 9 | namphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to | | | | |
| 10 | ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some | | | | |
| 11 | istent pattern of a problem not completely remedied, such information should be included in this disclosure in order to | | | | |
| 12 | eve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, | | | | |
| 13 | after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all | | | | |
| 14 | cts of your property. If you know of or suspect some condition which would substantially lower the value of the property, | | | | |
| 15 | air the health or safety of future occupants, or otherwise affect Buyer's decision to buy your property, then use the space at | | | | |
| 16 | end of this form to describe that condition. | | | | |
| 17 | BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY | | | | |
| 18 | TRACT BETWEEN BUYER AND SELLER. If you sign a contract to purchase the property, that contract, and not this | | | | |
| 19 | osure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment | | | | |
| 20 | ided, you must specify them in the contract. Since these disclosures are based on the Seller's knowledge, you cannot be sure | | | | |
| 21 | there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the | | | | |
| 22 | er are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of | | | | |
| 23 | property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, | | | | |
| 24 | ucts, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. | | | | |
| ~ ~ | Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price | | | | |
| 25 | | | | | |
| 25 26 | ditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price ou should make the correction of these conditions by the Seller a requirement of the sale contract. | | | | |
| | | | | | |
| 26 27 | ou should make the correction of these conditions by the Seller a requirement of the sale contract. DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) | | | | |
| 26 27 28 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Guaethern Farm Estates: | | | | |
| 26 27 28 29 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Quaethern Farm Estates Contact Phone | | | | |
| 26 27 28 29 30 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome | | | | |
| 26 27 28 29 30 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Cuaethern Farm Estates Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome | | | | |
| 26 27 28 29 30 31 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Quaethem Farm Estate: Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month Quarter half-year year | | | | |
| 26 27 28 29 30 31 32 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Guaethern Farm Estate: Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$ 875.00 per: month quarter half-year year Mandatory Assessment: #2 \$ per: month quarter half-year year | | | | |
| 26 27 28 29 30 31 32 33 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Quaethern Farm Estate: Contact Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: | | | | |
| 27 28 29 30 31 32 33 34 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Cuaethern Farm Estates Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Cuaethern Farm Estates Phone Phone Phone Street maintenance Common ground snow removal of common area | | | | |
| 27 28 29 30 31 32 33 34 35 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Cuaethern Farm Estates Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: I entrance sign/structure street maintenance common ground snow removal of common area I landscaping specific to this dwelling landscaping of common area | | | | |
| 27 28 29 30 31 32 33 34 35 36 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Quaethern Farm Estate: Contact Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year mandatory Assessment: #2 per: month quarter half-year year mandatory Assessment(s) include: Development Name Quaethern Farm Estate: Phone month or month or month or month per: month or | | | | |
| 27 28 29 30 31 32 33 34 35 36 37 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Guaethern Farm Estate: Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Manual Assessment \$ 875.00 per: month quarter half-year year Mandatory Assessment: #2 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 | | | | |
| 226 227 228 229 330 331 332 333 34 35 36 37 38 38 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Cuaethem Farm Estate: Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Mandatory Assessment: #2 Mandatory Assessment(s) include: Development Name Cuaethem Farm Estate: Contact Phone Name Cuaethem Farm Estate: Phone Sarphone Name Cuaethem Farm Estate: Contact Phone Sarphone Name Cuaethem Farm Estate: Contact Phone Villa Co-Op Mandatory Assessment: #1 Mandatory Assessment: #2 Sarphone Sarph | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Townhome Some insurance half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Townhome Some insurance half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Some insurance reprince to the sale contract. | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Guaethem Farm Estate: Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Description of common ground show removal of common area I snow removal specific to this dwelling landscaping of common area landscaping specific to this dwelling loorman 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: | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Townhome Some insurance half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Townhome Some insurance half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Color Phone Some insurance reprince to the sale contract. | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 41 42 43 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Counted Phone State: Contact Phone Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment year dandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year year Mandatory Assessment of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 41 45 46 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Contact | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Counted Phone State: Contact Phone Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment: #2 per: month quarter half-year year Mandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year Mandatory Assessment year dandatory Assessment per: month quarter half-year year Mandatory Assessment(s) include: Development Name Counter half-year year year Mandatory Assessment of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping of common area landscaping specific to this dwelling landscaping | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Called Part Estates Contact | | | | |
| 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 | DIVISION, CONDOMINIUM, VILLA, CO-OP OR OTHER SHARED COST DEVELOPMENT (if applicable) Development Name Companies Farm Estates Contact Phone Type of Property: (check all that apply) Single-Family Residence Multi-Family Condominium Townhome Villa Co-Op Mandatory Assessment: #1 Annual Assessment \$875.00 per: month quarter half-year year Mandatory Assessment: #2 \$\text{month} \text{month} \text{quarter} half-year year Mandatory Assessments(s) include: entrance sign/structure street maintenance common ground snow removal of common area 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: Optional Assessment(s)/Membership(s) Please explain Are you aware of any existing or proposed special assessments? Yes No Are you aware of any material defects in any common or other shared elements? Yes No Are you aware of any wiolation of the indentures/restrictive covenants? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restrictions by yourself or by others? Yes No Are you aware of any violation of the indentures/restr | | | | |
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| 53 | UT | ILITIES |
|-----|-------------|---|
| 54 | Util | |
| 55 | Gas | /Propane:if Propane, is tank ☑Owned □Leased |
| 56 | Elec | etric: Ameron |
| 57 | Wat | er: was |
| 58 | | Per: Metropolitan St Louis Sewer District |
| 59 | Tras | Sh: Waste Connections |
| 60 | | ycle: Waste Connections |
| 61 | Inte | rnet: Charter |
| 62 | Pho | ne: Charter |
| 63 | HE | ATING, COOLING AND VENTILATING (Seller is not agreeing that all items checked are being offered for sale.) |
| 64 | (a) | Heating Equipment: □ Forced Air □ Hot Water Radiators □ Steam Radiators □ Radiant □ Baseboard |
| 65 | (b) | Source of heating: ☑ Electric ☐ Natural Gas ☐ Propane ☐ Fuel Oil ☐ Other |
| 66 | (c) | Type of air conditioning: Central Electric Central Gas Window/Wall (Number of window units) |
| 67 | (d) | Areas of house not served by central heating/cooling: |
| 68 | (e) | Additional: Humidifier Electronic Air Filter Media Filter Attic Fan Other: |
| 69 | (f) | Are you aware of any problems or repairs needed with any item in this section? Yes No If "Yes", please explain |
| 70 | (-) | The year arms of any problems of repairs needed with any from it and section. La 163 22 140 If 163, picase explain |
| 71 | (g) | Other details: September 2018, the handler in the upstairs HVAC unit went out and caused damage to the ceiling in the kitchen above the cabinet next to the stove and archively into the breaklast room. A new handler was in Earnest HVAC technician and the ceiling drowall was repaired and kitchen wells and ceiling were painted by licensed and regulable contracting and licensed specialist (Mostry Building Arts); there have no |
| 72 | FIR | EPLACE(S) arty issues since. |
| 73 | (a) | Type of fireplace: ☑Wood Burning ☐Vented Gas Logs ☑Vent Free Gas Logs ☐Wood Burning Stove ☐Natural Gas ☐Propane |
| 74 | (b) | Type of flues/venting: |
| 75 | | Functional: (properly vented for wood burning and vented gas logs) Number of fireplace(s) 2 Location's family mass |
| 76 | | □ Non-Functional: Number of fireplace(s) Location(s) Please explain |
| 77 | (c) | Are you aware of any problems or repairs needed with any item in this section? Yes No If "Yes", please explain |
| 78 | | |
| 79 | PLI | MBING SYSTEM, FIXTURES AND EQUIPMENT; POOL/SPA/POND/LAKE/HOT TUB |
| 80 | (a) | Water Heater: ZElectric Datural Gas Dropane ZTankless Dother: The addition has a tankless heater |
| 81 | (b) | Ice maker supply line: Yes No |
| 82 | (c) | Jet Tub: 🖸 Yes 🗆 No |
| 83 | (d) | Swimming Pool/Spa/Hot Tub: ☑ Yes ☐ No |
| 84 | (u) | (If Yes, attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement) |
| 85 | (e) | T |
| 86 | (f) | Are you aware of any problems or repairs needed in the plumbing system? Yes I No If yes, date of last backflow device inspection certificate: MAY 2021 Are you aware of any problems or repairs needed in the plumbing system? Yes I No If "Yes", please explain |
| 87 | (1) | Are you aware of any problems of repairs needed in the plaintoning system? — 1 es 2010 if 1 es , please explain |
| 88 | XX/A | TER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement) |
| 89 | (a) | What is the source of your drinking yeater? Dublic Community D Well C Other (symbol) |
| 90 | | What is the source of your drinking water? ☐ Public ☐ Community ☐ Well ☐ Other (explain) |
| 91 | (c) | Do you have a softener, filter or other purification system? Yes No Owned Leased/Lease Information |
| 92 | | [사용] - 사용 - |
| 93 | (4) | the curb stop box? \(\Pi\)Yes \(\Pi\)No If "Yes", please explain |
| | سسسويين | |
| 94 | | ERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement) |
| 95 | (a) | What is the type of sewerage system to which the house is connected? ☑ Public ☐ Private ☐ Septic ☐ Aerator ☐ Other |
| 96 | 21.5 | If "Other" please explain |
| 97 | (b) | Is there a sewerage lift system? ☐ Yes ☑ No If "Yes", is it in good working condition? ☐ Yes ☐ No |
| 98 | (c) | When was the septic/aerator system last serviced? |
| 99 | (d) | Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system? □Yes ☑No |
| 100 | | If "Yes", please explain |
| 101 | APP | LIANCES (Seller is not agreeing that all items checked are being offered for sale.) |
| 102 | (a) | Electrical Appliances and Equipment: Electric Stove/Range/Cook top Oven Built-in Microwave Oven |
| 103 | 30 S50 | ☑ Dishwasher ☑ Garbage Disposal ☐ Trash Compactor ☑ Wired smoke alarms ☑ Electric dryer (hook up) |
| 104 | | ☑ Ceiling Fan(s) ☐ Intercom System ☐ Central Vaccum System ☐ Other |
| 105 | (b) | Gas Appliances & Equipment: □ Natural Gas ☑ Propane |
| 106 | <i>ೌಚರ್</i> | ☐ Oven ☐ Gas Stove/Range/Cook top ☐ Exterior Lights ☐ Barbecue ☐ Water heater ☐ Tankless Water Heater |
| 107 | | □Gas dryer (hook up) □ Other |
| | | |
| 108 | (c) | Other Equipment: TV Antenna Cable Wiring Phone Wiring Network/Data Wiring |
| 109 | | ☑ Electric Garage Door Opener(s) Number of controls |
| 110 | | ☑ Security Alarm System ☑ Owned □ Leased /Lease information: |

| 111 | | ☐ Satellite Dish ☐ Owned ☐ Leased/LeaseInformation: |
|-------------------|-----|--|
| 112 | | ☑ Electronic Pet Fence System Number of Collars: 2 ☐ Other: |
| 113 114 | (d) | Are you aware of any items in this section in need of repair or replacement? Yes No If "Yes", please explain |
| 115 | EL | ECTRICAL |
| 116 | Ty | pe of service panel: |
| 117 | (a) | |
| 118 119 | (b) | Are you aware of any problems or repairs needed in the electrical system? ——————————————————————————————————— |
| 120 | RO | OF, GUTTERS AND DOWNSPOUTS |
| 121 | (a) | What is the approximate age of the roof?Years. Documented? □Yes □No |
| 122 123 | (b) | Has the roof ever leaked during your ownership? □Yes ☑No If "Yes" please explain |
| 124 125 | (c) | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership? ☑Yes ☐No If "Yes", please explain A new roof was installed to update the cedar shake |
| 126 | (d) | |
| 127 128 | co | NSTRUCTION |
| 129 | (a) | |
| 130 131 | (a) | decks/porches or other load bearing components? Yes No If "Yes" please describe in detail |
| 132 | (b) | The state of the s |
| 133 134 | | location, extent, date and name of the person/company who did the repair or control effort Master bath, vault/s |
| 135 | (c) | |
| 136 137 | (d) | List all significant additions, modifications, renovations, & alterations to the property during your ownership: inished the Libathroom, added sleeping area, installed a wine cellar, Added Holtub and Master decland gas firepitAdded built in office in loft, Guitted in loft, Guit |
| 138 | (e) | Were required permits obtained for the work in (d) above? Dive Ino |
| 139 | BA | SEMENT AND CRAWL SPACE (Complete only if applicable) |
| 140 | (a) | □Sump pit □Sump pit and pump |
| 141 | (b) | Type of foundation: ☐Concrete ☐Stone ☐Cinder Block ☐Wood |
| 142 | (c) | Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space? ☑Yes ☐No If "Yes", please |
| 143 | | describe in detail Downscout burial was cloqued from construction debris (chunks of concrete) causing water to come in through the sill plate on the north side of the home. Water remediation was performed by Bellfor Property Restoration and reconstruction was completed by original builder, of basement remodel, Mosby Building Arts. There have been no issues or leads definition, repairs were made in 2015. |
| 144 145 | | was periormed by belief Property restoration and reconstruction was completed by original builder, of dasement remodel, Mosby Building Arts. There have been no issues or leaks delacted since renairs were made in 2015. |
| 146 | (d) | Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space? |
| 147 148 149 | (-) | ☐Yes ☐ No If "Yes", please describe the location, extent, date and name of the person/company who did the repair or control effort |
| 150 | DEG | STS OR TERMITES/WOOD DESTROYING INSECTS |
| 151 | (a) | Are you aware of any pests or termites/wood destroying insects impacting the property and improvements? Yes No |
| 52 | | Are you aware of any uncorrected damage to the property caused by pests or termites/wood destroying insects? Yes No |
| 53 | | Is your property currently under a warranty contract by a licensed pest/termite control company? Yes No |
| 54 | | Are you aware of any pest/termite control reports for the property? Yes No |
| 55 | (e) | Are you aware of any pest/termite control treatments to the property? Yes No |
| 56 57 | (f) | Please explain any "Yes" answers you gave in this section |
| 158 | SOI | L AND DRAINAGE |
| 59 | (a) | Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property? Yes No |
| 160 | | Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the |
| 161 | | property? ☐ Yes ☑ No |
| 162 163 | (c) | Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property? Yes No |
| 164 | (d) | Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private |
| 65 | (4) | 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) \square Yes \square No |
| 167 | (e) | Please explain any "Yes" answers you gave in this section |
| 160 | (0) | rious expanii aiij 100 aiismeis you gare iii aiis seettoti |

20.0

| 169 | HA | ZARDOUS SUBSTANCES/OTHER ENVIRONMENTAL CONCERNS |
|-----|------|--|
| 170 | (a) | Lead: (Note: Production of lead-based paint was banned in 1978. See Disclosure of Information and Acknowledgement Lead Based |
| 171 | | Paint and/or Lead-Based Paint Hazards, form #2049.) |
| 172 | | (1) Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property? ☐ Yes ☑ No |
| 173 | | (2) Are you aware if it has ever been covered or removed? ☐ Yes ☑ No |
| 174 | | (3) Are you aware if the property has been tested for lead? \(\sigma\) Yes \(\sigma\) No If "Yes", please give date performed, type of test and test |
| 175 | | |
| 176 | | results |
| 177 | | |
| 178 | (b) | Asbestos Materials |
| 179 | 5.5 | (1) Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, |
| 180 | | pipe wrap, etc.? ☐ Yes ☐ No |
| 181 | | (2) Are you aware of any asbestos material that has been encapsulated or removed? ☐ Yes ☑ No |
| 182 | | (3) Are you aware if the property has been tested for the presence of asbestos? \(\sigma\) Yes \(\sigma\) No If "Yes", please give date performed, |
| 183 | | |
| 184 | | type of test and test results (4) Please explain any "Yes" answers you gave in this section |
| 185 | | (1) I state supraise and the state of the st |
| 186 | (0) | Mold |
| 187 | (0) | |
| 188 | | (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 |
| 189 | | (3) Are you aware if the property has ever been tested for the presence of mold? ☐ Yes ☑ No If "Yes", please give date performed, |
| 190 | | type of test and test results |
| 191 | | (4) Please explain any "Yes" answers you gave in this sectionere was moisture in the outdoor kitchen lower cabin |
| 192 | | poolhouse) due to a cracked pipe (was not properly winterized) It was not expansive mote was |
| 193 | (d) | Radrepaired by a license contractor and plumber in 2018. There have been no further issues. |
| 194 | | (1) Are you aware if the property has been tested for radon gas? \(\sigma\) Yes \(\sigma\) No If "Yes", please give date performed, type of test |
| 195 | | and test results |
| 196 | | (2) Are you aware if the property has ever been mitigated for radon gas? ☐ Yes ☑ No If "Yes", please provide the date and name |
| 197 | | of the person/company who did the mitigation |
| 198 | (e) | Methamphetamine |
| 199 | (-) | Are you aware if the property is or was used as a lab, production or storage site for methamphetamine or was the residence of |
| 200 | | a person convicted of a crime related to methamphetamine or a derivative controlled substance related thereto? |
| 201 | | Fire Fire years and at the cococococococococococococococococococo |
| 202 | | ☐ Yes ☑ No If "Yes", Section 442.606 RSMo requires you to disclose such facts in writing, please explain |
| 203 | (6) | Words Disposal Site on Demolition Landfill (namitted on your assetted by |
| | (1) | Waste Disposal Site or Demolition Landfill (permitted or unpermitted) |
| 204 | | Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? Yes No |
| 205 | | If "Yes", Section 260.213 RSMo requires you to disclose the location of any such site on the property. Please provide such |
| 206 | | information. |
| 207 | | W. MC. II. I. I. W. W. B. |
| 208 | | Note: If Seller checks "Yes", Buyer may be assuming liability to the State for any remedial action at the property. |
| 209 | (g) | Radioactive or Hazardous Materials |
| 210 | | Have you ever received a report stating affirmatively that the property is or was previously contaminated with radioactive |
| 211 | | material or other hazardous material? Yes No If "Yes", Section 442.055 RSMo requires you to disclose such knowledge |
| 212 | | in writing. Please provide such information, including a copy of such report, if available. |
| 213 | | 5 |
| 214 | (h) | Other Environmental Concerns |
| 215 | (11) | |
| 216 | | Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), |
| 217 | | electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.? Yes No If "Yes", please |
| | | explain |
| 218 | | |
| 219 | SUF | RVEY AND ZONING |
| 220 | (a) | Are you aware of any shared or common features with adjoining properties? ☑ Yes ☐ No |
| 221 | | Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property? Yes No |
| 222 | | Is any portion of the property located within the 100-year flood hazard area (flood plain)? Yes No |
| 223 | | Do you have a survey of the property? \(\overline{\text{Ves}} \) Yes \(\overline{\text{No}} \) No (If "Yes", please attach) Does it include all existing improvements on the |
| 224 | | property? Yes No |
| 225 | | Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property? Tyes INO |
| 226 | | Please explain any "Yes" answers you gave in this section property includes the entrance and a portion of the subdivision street. There is an easement in from scharly company. |
| | | = - Figure - Color - C |

227

| | licensed contractor | | | | |
|------------|--|--|--|--|--|
| | | | | | |
| | SCELLANEOUS | | | | |
| (a) | The approximate age of the residence is 34 years. The Seller has occupied the property from 2005 to Curi | | | | |
| (b) | Has the property been continuously occupied during the last twelve months? ☑ Yes ☐ No If "No", please explain | | | | |
| (c) | Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire distant other required governmental authority? Yes No If "Yes", please explain | | | | |
| (d) | Is the property located in an area that requires any specific disclosure(s) from the city or county? Yes No If "Yes", explain | | | | |
| (e) | Is the property designated as a historical home or located in a historic district? Yes No If "Yes", please explain | | | | |
| (f) | Is property tax abated? ☐ Yes ☑ No Expiration date Attach documentation from taxing aut | | | | |
| (g) | Are you aware of any pets having been kept in or on the property? Yes No If "Yes" please explain we have 2 tarrily dogs - non st | | | | |
| (h) | Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense? Yes No (If "Yes", please a | | | | |
| (i) | Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass? ☐ Yes ☑ No | | | | |
| (j) | Are you aware if carpet has been laid over a damaged wood floor? ☐ Yes ☑ No | | | | |
| (k) | Are you aware of any existing or threatened legal action affecting the property? ☐ Yes ☐ No | | | | |
| (l) | Are you aware of any consent required of anyone other than the signer(s)of this form to convey title to the property? Yes | | | | |
| (m) | Please explain any "Yes" answers you gave for (i), (j), (k), or (l) above | | | | |
| | litional Comments: | | | | |
| - | | | | | |
| | | | | | |

| 202 | SELLER'S ACKNOWLEDGEMEN | 41; | | |
|-------------------|--|-------------------------------|---|--|
| 263 264 265 | Seller acknowledges that he has careful Seller agrees to immediately notify list their licensees to furnish a copy of this | ting broker in writing of a | at and that it is complete and accurate to the best ny changes in the property condition. Seller au Buyers. | st of Seller's knowledge. othorizes all brokers and |
| | 3 0 1 = 10 | 712461 | \$ | |
| 266 | Dan O to Obt | 1/0-1/00/ | Down GOS | |
| 267 | SELLER SIGNATURE | DATE | SELLER SIGNATURE | DATE |
| 268 | David Off | | DAVID DIT | |
| 269 | Seller Printed Name | | Seller Printed Name | |
| 270 | BUYER'S ACKNOWLEDGEMENT | | cura Statement Duyar understands that the inf | ormotion in this Call-1- |
| 271 | Buyer acknowledges having received a | and read this Seller's Disclo | sure Statement. Buyer understands that the infe | ormation in this Seller's |
| 272 | Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in | | | |
| 273 | this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information | | | |
| 274 | obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker is not an expert at detecting or repairing physical defects in property. | | | |
| 275 | is not an expert at detecting or repairing | g physical defects in prope | rty. | |
| 276 | | | | |
| 277 | BUYER SIGNATURE | DATE | BUYER SIGNATURE | DATE |
| 278 | | | | |
| 279 | Buyer Printed Name | | Buyer Printed Name | |

D 7.0

12/09

SEPTIC/WELL ADDENDUM TO SELLER'S DISCLOSURE STATEMENT

| PROPERTY ADDRESS: 2187 Quaether | m Drive, Chesterfield MO 63005 | DATE: July | 23, 2021 |
|--|--|---|--|
| SEPTIC (Explain any "yes" answers) Note: Potential buyers should be aware that may falsely appear to be problem free. If the problems may not be discovered by a septic i | the current owner may not use the system is more heavily utilized, pr | septic system to its full capacity. If the | e system is being underutilized, it |
| (a) How many people occupy the property? | riod during the last 12 months? [system? | Yes ☑ No unknown system? ☐ Yes ☐ No ☐ No Yes ☐ No Yes ☐ No ur property? ☐ Yes ☐ No ? ☐ Yes ☐ No | ost and who is the current provider? |
| (p) Does any government authority require a require any (q) Have you ever been notified/cited by any (r) Has a service company ever recommended (s) Are you aware of any defects? Yes (t) Have you expanded, updated, or modified (u) Have you cleaned or pumped the system of If yes, when was it done and who did the | governmental authority on proble d any work to be done to the syste No the septic system? Yes No during your ownership of the prop | ms related to the system? Yes I was related to the system? Yes I No | |
| WELLS (Explain any "yes" answers) (a) Is any part of the well located on a neighbor (b) Is the well shared with any other properties. If yes, is there a recorded well agreement? (c) Are you aware of any problems relating to (d) Have you ever been notified/cited by any second (e) Has a service company ever recommended (f) Are you aware of any defects? ☐ Yes (g) Are you aware of any plans to bring public | s? Yes No Yes No the quality or source of drinking governmental authority on probler any work be done to the system? No | ns related to the system? ☐ Yes ☑ No | Νο |
| Explanation of any "yes" answers and addi | itional comments for either of th | e above sections: | |
| SELLER'S ACKNOWLEDGEMENT Selle of Seller's knowledge. Seller agrees to immediand their licensees to furnish a copy of this statement of the seller agrees to furnish a copy of this statement of the seller agrees to immediant their licensees to furnish a copy of this statement of the seller agrees to immediate the seller agrees the seller agre | iately notify listing broker in writing tement to prospective buyers, 1 25 24 DATE | and of any changes in the property condition of any changes in the property condition of the second | DATE |
| BUYER'S ACKNOWLEDGEMENT Buyer understands that the information in this Adder contained in this Septic/Well Addendum To Seing any information obtained through the Mul broker is not an expert at detecting or repairing | ndum is limited to information of illers Disclosure Statement, and an tiple Listing Service) by an indep | which Seller has actual knowledge. Bu y other important information provided | yer should verify the information by either Seller or broker (includ- |
| BUYER | DATE | BUYER | DATE |



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

| 2187 Quaethem Drive | Chesterfield | MO 63 | 3005 | St Louis |
|---|--|---|----------------------------|---|
| Street Address Note: Seller may not frequently us Even if heavily utilized, problems in | City se the pool/hot tub, if at all. If under nay surface that were previously not | rutilized. it mav fals | Code ely appear to les. | County be problem free |
| POOL: (Indicate if any information is | approximate) Hour glass / Free form | | | x 60 ft x 201 |
| (6) Type ☐ Above ground (please ch ☐ In ground (please check | eck type) ☐ Vinyl liner ☐ Other | e | nyl finer | · · · · · · · · · · · · · · · · · · · |
| (7) Pool Builder | | | | |
| (8) Type of chemical sanitizer ☐ Chl | orine ☐ Copper/Silver lonizer ☐ Bac ther | quacil Ozonator | ☑ Saltwater | |
| (9) Cover Yes No If "Yes", is | it 🔲 Automatic 🔲 Manual | | | |
| (10) Pool service provider | ms | Last | serviced | (date) |
| (11) Last opened by Total Pool Solutions | | | the second | |
| Last closed by | | | | |
| (12) Age of heater 2 years | Heating source Propage | | | |
| (13) Age of pump 2 Years | f filter Sand DE Other | | | |
| (15) Specify if any repairs have been limited to the above and any visual of | n performed during your ownership on components, deck equipment or mecha by We performed regular maintenance in 2010, drained sandblastad, new illes | the Pool or any rela nical equipment. (Inc. | clude any availa | including but not ble repair history |
| Are you aware of any leak, defect o Please explain if "Yes" and attach add | r other problem or repair needed for a | any item above? | | |
| HOT TUB: (Indicate if any information | s) (3) Manufacturer | | | |
| | orine ☐ Copper/Silver lonizer ☐ Bacq ther | |] Saltwater | |
| (6) Spa service provider Total Pool Solutions | | | erviced Weekly | (date) |
| (7) Age of heater Heat s | ource | | 3-30-3-1 | (date) |
| (8) Age of pump (9) Ag | e of filter (10) | Number of jets | | |
| (11) Specify if any repairs have been imited to the items above (Include any | performed during your ownership on the y available repair history and attach add | e Hot Tub or any rela itional pages if neede | ted equipment, | including but not |
| Are you aware of any leak, defect or Please explain if "Yes" and attach add | r other problem or repair needed for a itional pages if needed: | any item above? □ | Yes ☑ No | |
| | | | | |
| BUYER'S INITIALS | (date) SELL | ER'S INITIALS | e.0 7/2 | 05/2/(date) |

Approved by legal counsel for use exclusively by current members of Missouri REALTORS®, Columbia, Missouri. No warranty is made or implied as to the legal validity or adequacy of this Rider, or that it complies in every respect with the law or that its use is appropriate for all situations. Locallaw, customs and practice, and differing circumstances in each transaction, may each dictate that amendments to this Rider be made.

Last Revised 12/31/18

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