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If you do not understand it, consult your attorney.

The text of this form may not be altered in any manner without written acknowledgement of all parties.

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Form # 2091

01/26

45120367

SELLER'S DISCLOSURE STATEMENT

Property Address : 4002 Treeshadow Dr, Saint Peters, MO 63376

Note: If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect Buyer's decision to buy the property, then Seller needs to disclose it. This statement will assist 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 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 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 Buyer's decision to buy your property, then use the space at the end of this form to describe that condition.

TO 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. Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or you should make the correction of these conditions by the Seller a requirement of the sale contract.

STATUTORY DISCLOSURES				
Note: The following information, if applicable to the property, is required by federal or state law to be disclosed to prospective buyers. Local laws and ordinances may require additional disclosures.				
LEAD-BASED PAINT				
1	Does the Property include a residential dwelling built prior to 1978? If "Yes," 42 U.S.C. 4852d and EPA regulations promulgated pursuant thereto require that a completed Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards form (Form #2049) must be signed by Seller and any involved real estate licensee(s) and given to any potential buyer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Please explain any "Yes" answers you gave in this section:			
METHAMPHETAMINE				
3	Are you aware if the Property is or was used as a site for methamphetamine production or the place of residence of a person convicted of a crime involving methamphetamine or a derivative controlled substance related thereto? If "Yes," §442.606 RSMo requires you to disclose such facts in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Please explain any "Yes" answers you gave in this section:			
WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)				
5	Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? If "Yes," Section 260.213 RSMo requires Seller to disclose the location of any such site on the Property. Note: If Seller checks "Yes," Buyer may be assuming liability to the State for any remedial action at the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6	Please explain any "Yes" answers you gave in this section:					
	RADIOACTIVE OR HAZARDOUS MATERIALS			YES	NO	UNK
7	Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Please explain any "Yes" answers you gave in this section:					
	ADDITIONAL DISCLOSURES					
	Lead-Based Paint			YES	NO	UNK
9	Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Are you aware if it has ever been covered or removed?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Are you aware if the property has been tested for lead?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Please explain any "Yes" answers you gave in this section including test date, type of test and results:					
	Radon			YES	NO	UNK
13	Are you aware if the property has been tested for radon gas?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Are you aware if the property has ever been mitigated for radon gas?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Please explain any "Yes" answers you gave in this section:					
	Mold			YES	NO	UNK
16	Are you aware of the presence of any mold on the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Are you aware of anything with mold on the property that has ever been covered or removed?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Are you aware if the property has ever been tested for the presence of mold?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Please explain any "Yes" answers you gave in this section:					
	Asbestos Materials			YES	NO	UNK
20	Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Are you aware of any asbestos material that has been encapsulated or removed?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Are you aware if the property has been tested for the presence of asbestos?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Please explain any "Yes" answers you gave in this section:					
	Other Environmental Concerns			YES	NO	UNK
24	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.?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Please explain any "Yes" answers you gave in this section:					
	SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)					
26	Development Name		Country Crossing			
27	Contact Name			Phone #		
28	Type of Property (check all that apply) <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op					
29	Mandatory Assessment #1 \$ <u>100</u> per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other					
30	Mandatory Assessment #2 \$ _____ per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other					
31	Mandatory Assessment(s) include: <input checked="" type="checkbox"/> entrance sign/structure <input type="checkbox"/> street maintenance <input checked="" type="checkbox"/> common ground <input type="checkbox"/> snow removal specific to dwelling <input type="checkbox"/> snow removal common area <input type="checkbox"/> landscaping of common area <input type="checkbox"/> landscaping specific to dwelling <input type="checkbox"/> reception facility <input type="checkbox"/> clubhouse <input type="checkbox"/> pool <input type="checkbox"/> tennis court <input type="checkbox"/> exercise area <input type="checkbox"/> water <input type="checkbox"/> sewer <input type="checkbox"/> trash removal <input type="checkbox"/> doorman <input type="checkbox"/> cooling <input type="checkbox"/> heating <input type="checkbox"/> security <input type="checkbox"/> elevator <input type="checkbox"/> some insurance <input type="checkbox"/> real estate taxes <input type="checkbox"/> other common facility _____ <input type="checkbox"/> assigned parking space(s): how many _____ identified as _____ <input type="checkbox"/> other specific item(s): _____ <input type="checkbox"/> Dwelling exterior maintenance covered by Assessment: _____					

	YES	NO	UNK
32 Are you aware of any existing or proposed special assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33 Are you aware of any special taxes and/or district improvement assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Are you aware of any condition or claim which may cause an increase in assessment or fees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Are you aware of any material defects in any common or other shared elements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Are you aware of any existing indentures/restrictive covenants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37 Are you aware of any violation of the indentures/restrictions by yourself or by others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
38 Is there a recorded shared driveway/street/road maintenance agreement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39 Is there a driveway/street/road that is not maintained by city or county? If so, please explain in description.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

40 Please explain any "Yes" answers you gave in this section:

UTILITIES

Services	Current Provider	Phone #		Avg Monthly Cost
41 Propane			<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
42 Gas	Spire			
43 Electric	Ameran			
44 Water	City			
45 Sewer	City			
46 Trash	City			
47 Recycle	City			
48 Internet	Various Providers			
49 Phone	Various Providers			

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

Type of Heating Equipment:

50 Zone 1: Age <u>2</u> Brand <u>Lenox</u> <input type="checkbox"/> Forced Air <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant <input type="checkbox"/> Baseboard <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Other
51 Zone 2: Age _____ Brand _____ <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Radiant <input type="checkbox"/> Baseboard <input type="checkbox"/> Geo-Thermal <input type="checkbox"/> Other

Fuel Source of Heating Equipment:

52 Zone 1: <u>Ameran</u> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Solar <input type="checkbox"/> Other
53 Zone 2: _____ <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Solar <input type="checkbox"/> Other

Type of Air Conditioner:

54 Zone 1: Age <u>2</u> Brand <u>Lenox</u> <input type="checkbox"/> Central Electric <input checked="" type="checkbox"/> Central Gas <input type="checkbox"/> Window/Wall (# of Units: _____) <input type="checkbox"/> Other
55 Zone 2: Age _____ Brand _____ <input type="checkbox"/> Central Electric <input type="checkbox"/> Central Gas <input type="checkbox"/> Window/Wall (# of Units: _____) <input type="checkbox"/> Other

	YES	NO	UNK
56 Are you aware of any problems or issues with any part of the HVAC system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57 Do you have any existing maintenance agreements in place?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
58 Are any areas of the home not covered by central heating /cooling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

59 **With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:**
 10-10-2024 Yearly chekup

60 Please explain any "Yes" or "Other" answers you gave in this section:

FIREPLACE(S)

	YES	NO	UNK
61 Location 1: Room: <u>Family room</u> Functional and properly vented? Type: <input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 Location 2: Room: _____ Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 Location 3: Room: _____ Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64 Are you aware of any problems or repairs needed with any item in this section?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

65 Please explain any "Yes" or "No" answers you gave in this section:

PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

66 Plumbing System: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other: _____
67 Water Heater 1: Age: <u>1</u> Location: <u>Basement</u> Tank Size: <u>40</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other
68 Water Heater 2: Age: _____ Location: _____ Tank Size: _____ <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other

		YES	NO	UNK
69	Does the property have an ice-maker supply line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
71	Are you aware of any problems or repairs needed in the plumbing system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
72	Does property have a Swimming Pool/Spa/Hot Tub? (If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73	Please explain any "Yes" or "Other" answers you gave in this section:			
WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
74	What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other _____			
75	If well, when was the water last tested? _____ Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.			
76	Do you have a water softener? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.			
		YES	NO	UNK
77	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78	Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :			
SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
79	What is the type of sewerage system to which the house is connected? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other If Other, please explain:			
80	If septic/aerator, when was system last serviced? _____			
		YES	NO	UNK
81	Is there a sewerage lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82	Is there a sewerage grinder system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83	Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84	Please explain any "Yes" answers you gave in this section:			
ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)				
Type of Service Panel(s):				
85	Panel 1: Amps <u>200</u> Brand <u>Challenger</u> <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
86	Panel 2: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
87	Panel 3: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other _____			
Type of Wiring:				
88	Panel 1: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other _____			
89	Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other _____			
90	Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other _____			
		YES	NO	UNK
91	Are you aware of any problems or repairs needed in the electrical system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92	Are you aware of any panels in service in the property being subject to recall or otherwise out of date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93	Are you aware of any active knob and tube wiring in the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Please explain any "Yes" answers you gave in this section:			
CONSTRUCTION				
95	The property was originally constructed in: <u>1999</u> . Seller has occupied property from <u>1999</u> to <u>2026</u> .			
96	List all significant additions, modifications, renovations, & alterations to the property during your ownership below: HAVOC Whole house Windows by Anderson. Warranty transferable Metal front door			
		YES	NO	UNK
97	Were required permits obtained for the work described above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Please explain any "No" answers you gave in this section:			

FOUNDATION			
99	Type of Foundation: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____		
		YES	NO
100	Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103	Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
104	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input type="checkbox"/>
106	Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:		
BASEMENT AND CRAWL SPACE (Complete only if applicable)			
107	Is the home equipped with a sump pit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
108	Is the home equipped with a sump pump?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
109	Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
110	Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
111	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
112	Please explain any "Yes" answers you gave in this section:		
ROOF, GUTTERS AND DOWNSPOUTS			
113	What is the approximate age of the roof? _____ Is it documented? If yes, please provide documentation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
114	Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
115	Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
116	Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
117	Are you aware of any problems with the roof, gutters or downspouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
118	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
119	Please explain any "Yes" answers you gave in this section and attach any documentation:		
PESTS/TERMITES/WOOD DESTROYING INSECTS			
120	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
121	Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
122	Are you aware of any control reports for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
123	Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
124	Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
125	Please explain any "Yes" answers you gave in this section:		
SOIL AND DRAINAGE			
126	Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
127	Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
128	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
129	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Please explain any "Yes" answers you gave in this section:		

SURVEY AND ZONING				YES	NO	UNK
131	Do you have a survey of the property? If yes, please attach.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
132	Does the survey include all existing improvements on the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
133	Are you aware of any shared or common features with adjoining properties?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
134	Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
135	Is any portion of the property located within the 100-year flood hazard area (flood plain)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
136	Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
137	Please explain any "Yes" answers you gave in this section:					
INSURANCE				YES	NO	UNK
138	Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
139	If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed.					
APPLIANCES/EQUIPMENT						
(Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable)						
140	Range/Stove	<input type="checkbox"/> N/A	Age <u>26</u>	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
141	Oven	<input type="checkbox"/> N/A	Age <u>26</u>	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
142	Cooktop	<input checked="" type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
143	Outdoor Grill	<input checked="" type="checkbox"/> N/A	Age _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
144	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
145	Built in Microwave	<input type="checkbox"/> N/A	Age <u>1</u>			
146	Built in Refrigerator	<input checked="" type="checkbox"/> N/A	Age _____			
147	Dishwasher	<input checked="" type="checkbox"/> N/A	Age <u>26</u>			
148	Garbage Disposal	<input checked="" type="checkbox"/> N/A	Age <u>26</u>			
149	Trash Compactor	<input checked="" type="checkbox"/> N/A	Age _____			
150	Electric Pet Fence	<input checked="" type="checkbox"/> N/A	# of collars _____			
151	Gas Powered Exterior Lights	<input checked="" type="checkbox"/> N/A	# of lights _____			
152	Security System/Cameras	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
				YES	NO	UNK
153	Are you aware of any items in this section in need of repair or replacement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
154	Please explain any "Yes" answers you gave in this section:					
MISCELLANEOUS				YES	NO	UNK
155	Has the property been continuously occupied during the last twelve months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
156	Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
157	Is the property located in an area that requires any specific disclosure(s) from the city or county?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
158	Is the property designated as a historical home or located in a historic district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
159	Is property tax abated or subject to a tax freeze (such as Senior Property Tax Freeze)? If yes, attach documentation from taxing authority.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
160	Are you aware of any pets having been kept in or on the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
161	Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
162	Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
163	Are you aware if carpet has been laid over a damaged wood floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
164	Are you aware of any existing or threatened legal action affecting the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
165	Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
166	Please explain any "Yes" answers you gave in this section:					

