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01/25

Property Address : 3885 Olde Mill Dr. Byrnes Mill MO 63051

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.

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	YES	NO	UNK
Is there a residential dwelling on the property 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"/>
METHAMPHETAMINE	YES	NO	UNK
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"/>
Please explain any “Yes” answers you gave in this section:			
WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)	YES	NO	UNK
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"/>

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Please explain any "Yes" answers you gave in this section:			
RADIOACTIVE OR HAZARDOUS MATERIALS	YES	NO	UNK
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"/>
Please explain any "Yes" answers you gave in this section:			
ADDITIONAL DISCLOSURES			
Lead-Based Paint	YES	NO	UNK
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"/>
Are you aware if it has ever been covered or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware if the property has been tested for lead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please explain any "Yes" answers you gave in this section including test date, type of test and results:			
Radon	YES	NO	UNK
Are you aware if the property has been tested for radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware if the property has ever been mitigated for radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please explain any "Yes" answers you gave in this section:			
Mold	YES	NO	UNK
Are you aware of the presence of any mold on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Please explain any "Yes" answers you gave in this section:			
Asbestos Materials	YES	NO	UNK
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"/>
Are you aware of any asbestos material that has been encapsulated or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware if the property has been tested for the presence of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please explain any "Yes" answers you gave in this section:			
Other Environmental Concerns	YES	NO	UNK
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"/>
Please explain any "Yes" answers you gave in this section:			
SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)			
Development Name	Olde Mill Estates		
Contact Name	Jenni Smith	Phone #	314-852-6062
Type of Property (check all that apply)	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op		
Mandatory Assessment #1	\$ 400-500 per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other		
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		
Mandatory Assessment(s) include: <input type="checkbox"/> entrance sign/structure <input type="checkbox"/> street maintenance <input 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:			

UNK=Unknown

_____ / _____ Initials BUYER and SELLER acknowledge they have read this page

BUYER BUYER

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SELLER SELLER

	YES	NO	UNK
Are you aware of any existing or proposed special assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any special taxes and/or district improvement assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Are you aware of any material defects in any common or other shared elements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any existing indentures/restrictive covenants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Is there a recorded driveway/street/road maintenance agreement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

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

UTILITIES

Services	Current Provider	Phone #		Avg Monthly Cost
Propane			<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Gas				
Electric				
Water				
Sewer				
Trash				
Recycle				
Internet				
Phone				

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

Type of Heating Equipment:

Zone 1: Age Brand ☐ Forced Air ☐ Heat Pump ☐ Radiant ☐ Baseboard ☐ Geo-Thermal ☐ Other

Zone 2: Age Brand ☐ Forced Air ☐ Heat Pump ☐ Radiant ☐ Baseboard ☐ Geo-Thermal ☐ Other

Fuel Source of Heating Equipment:

Zone 1: ☐ Natural Gas ☐ Electric ☐ Propane ☐ Fuel Oil ☐ Solar ☐ Other

Zone 2: ☐ Natural Gas ☐ Electric ☐ Propane ☐ Fuel Oil ☐ Solar ☐ Other

Type of Air Conditioner:

Zone 1: Age Brand ☐ Central Electric ☐ Central Gas ☐ Window/Wall (# of Units:) ☐ Other

Zone 2: Age Brand ☐ Central Electric ☐ Central Gas ☐ Window/Wall (# of Units:) ☐ Other

	YES	NO	UNK
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"/>
Do you have any existing maintenance agreements in place?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any areas of the home not covered by central heating /cooling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

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

FIREPLACE(S)

	YES	NO	UNK
Location 1: Room: _____ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Are you aware of any problems or repairs needed with any item in this section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

Plumbing System: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other:
Water Heater 1: Age: _____ Location: _____ Tank Size: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other
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

UNK=Unknown

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BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page

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