

01/25

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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21	Are you aware of any asbestos material that has been encapsulated or removed?			<input checked="" type="checkbox"/> <input 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: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> previous owners said that asbestos material was removed from ductwork </div>			
	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			
27	Contact Name		Phone #	
28	Type of Property (check all that apply) <input checked="" 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			
29	Mandatory Assessment #1 \$ _____ per <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input 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 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: _____			

	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	Amherst				
44 Water	Missouri American				
45 Sewer	Metropolitan Sewer				
46 Trash	Republic Services				
47 Recycle	Republic Services				
48 Internet					
49 Phone					

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS					
Type of Heating Equipment:					
50 Zone 1: Age Brand	<input checked="" 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
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:	<input checked="" 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 Brand	<input checked="" type="checkbox"/> Central Electric	<input 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: Updated system to a 2 1/2 ton Condenser, 2 1/2 14 Seer Coil. Furnaces 80%, 80,000 btu, new thermostat, new wiring.					
60 Please explain any "Yes" or "Other" answers you gave in this section: 5800 labor + Material, Mejia Services					

FIREPLACE(S) none				YES	NO	UNK
61 Location 1: Room:	Functional and properly vented?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type:	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK			
62 Location 2: Room:	Functional and properly vented?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type:	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK			
63 Location 3: Room:	Functional and properly vented?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type:	<input type="checkbox"/> Wood Burning	<input type="checkbox"/> Gas Logs	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK			
64 Are you aware of any problems or repairs needed with any item in this section?				<input type="checkbox"/>	<input 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 type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other:						
67 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
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

UNK=Unknown

_____/_____
Initials BUYER and SELLER

acknowledge they have read this page

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FOUNDATION			
98	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:	
99	Are you aware of any problems or issues with foundation?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
100	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"/> <input type="checkbox"/>
101	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
102	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"/> <input type="checkbox"/>
103	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
104	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
105	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: on Basement Floor, Shifting is noticeable.		
BASEMENT AND CRAWL SPACE (Complete only if applicable)			
106	Is the home equipped with a sump pit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> UNK <input type="checkbox"/>
107	Is the home equipped with a sump pump?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
108	Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
109	Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
110	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
111	Please explain any "Yes" answers you gave in this section: Water comes in during heavy rains by stair steps facing street, French drain added from house to behind garage.		
ROOF, GUTTERS AND DOWNSPOUTS			
112	What is the approximate age of the roof? 12 Is it documented? If yes, please provide documentation.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>
113	Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
114	Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
115	Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
116	Are you aware of any problems with the roof, gutters or downspouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
117	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
118	Please explain any "Yes" answers you gave in this section and attach any documentation: roof replaced in 2013, disclosed by previous owners.		
PESTS/TERMITES/WOOD DESTROYING INSECTS			
119	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
120	Are you aware of any uncorrected damage to the property caused by above?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
121	Are you aware of any control reports for the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
122	Are you aware of any control treatments to the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
123	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 checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
124	Please explain any "Yes" answers you gave in this section: there was previous termite treatment but no active activity. House has had a treatment since purchase and has not shown any active activity.		
SOIL AND DRAINAGE			
125	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"/> <input type="checkbox"/>
126	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"/> <input type="checkbox"/>
127	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"/> <input type="checkbox"/>
128	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"/> <input type="checkbox"/>
129	Please explain any "Yes" answers you gave in this section:		

SURVEY AND ZONING				YES	NO	UNK
130	Do you have a survey of the property? If yes, please attach.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131	Does the survey include all existing improvements on the property?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132	Are you aware of any shared or common features with adjoining properties?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	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"/>
134	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"/>
135	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"/>
136	Please explain any "Yes" answers you gave in this section: both properties next to my house have their driveways on my property lines					
INSURANCE				YES	NO	UNK
137	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"/>
138	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)						
139	Range/Stove	<input type="checkbox"/> N/A	Age 3	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
140	Oven	<input type="checkbox"/> N/A	Age 3	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
141	Cooktop	<input type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
142	Outdoor Grill	<input type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
143	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
144	Built in Microwave	<input type="checkbox"/> N/A	Age			
145	Built in Refrigerator	<input type="checkbox"/> N/A	Age			
146	Dishwasher	<input type="checkbox"/> N/A	Age 3			
147	Garbage Disposal	<input type="checkbox"/> N/A	Age			
148	Trash Compactor	<input type="checkbox"/> N/A	Age			
149	Electric Pet Fence	<input type="checkbox"/> N/A	# of collars			
150	Gas Powered Exterior Lights	<input type="checkbox"/> N/A	# of lights			
151	Security System/Cameras	<input type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
				YES	NO	UNK
152	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"/>
153	Please explain any "Yes" answers you gave in this section:					
MISCELLANEOUS				YES	NO	UNK
154	Has the property been continuously occupied during the last twelve months?			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
155	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"/>
156	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"/>
157	Is the property designated as a historical home or located in a historic district?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
158	Is property tax abated? If yes, attach documentation from taxing authority.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
159	Are you aware of any pets having been kept in or on the property? Explain below.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160	Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
161	Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
162	Are you aware if carpet has been laid over a damaged wood floor? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	Are you aware of any existing or threatened legal action affecting the property? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
164	Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property? Explain below.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165	Please explain any "Yes" answers you gave in this section: Small pet, Shih-tzu					

	ADDITIONAL COMMENTS
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Seller attaches the following document(s): _____

SELLER'S ACKNOWLEDGEMENT:

Seller acknowledges that he has carefully examined this statement and that it is complete and accurate to the best of Seller's knowledge. Seller agrees to immediately notify listing broker in writing of any changes in the property condition. Seller authorizes all brokers and their licensees to furnish a copy of this statement to prospective Buyers.



5/16/2025

SELLER SIGNATURE

DATE

SELLER SIGNATURE

DATE

Sonia Linares Pimentel

Seller Printed Name

Seller Printed Name

BUYER'S ACKNOWLEDGEMENT:

Buyer acknowledges having received and read this Seller's Disclosure Statement. Buyer understands that the information in this Seller's Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information 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.

BUYER SIGNATURE

DATE

BUYER SIGNATURE

DATE

Buyer Printed Name

Buyer Printed Name