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BUTLER FELSHER | GROUP  
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**5315 BLOW STREET  
ST. LOUIS, MO 63109**



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This document has legal consequences.

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

01/25

## SELLER'S DISCLOSURE STATEMENT

Property Address : 5315 Blow St. St. Louis Mo, 63109

**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. |                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                          |
| <b>LEAD-BASED PAINT</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                | YES                                 | NO                                  | UNK                      |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2                                                                                                                                                                                                        | Please explain any "Yes" answers you gave in this section:<br>See form 2049                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>METHAMPHETAMINE</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                | YES                                 | NO                                  | UNK                      |
| 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:                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |
| <b>WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)</b>                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                | YES                                 | NO                                  | UNK                      |
| 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"/> |

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page

BM  
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|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                           |                                 |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|---------------------------------|
| 6  | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>RADIOACTIVE OR HAZARDOUS MATERIALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                           |                                 |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES<br><input type="checkbox"/> | NO<br><input checked="" type="checkbox"/> | UNK<br><input type="checkbox"/> |
| 8  | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>ADDITIONAL DISCLOSURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                           |                                 |
|    | <b>Lead-Based Paint</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                           |                                 |
|    | <b>Radon</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>Mold</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>Asbestos Materials</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>Other Environmental Concerns</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                           |                                 |
|    | <b>SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                           |                                 |
| 26 | Development Name <u>Princeton Hieghts</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                           |                                 |
| 27 | Contact Name <u>NA</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone # <u></u>                 |                                           |                                 |
| 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 <u>\$NA</u> 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 <u>\$</u> 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:<br><input type="checkbox"/> entrance sign/structure <input type="checkbox"/> street maintenance <input type="checkbox"/> common ground <input type="checkbox"/> snow removal specific to dwelling<br><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<br><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<br><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 _____<br><input type="checkbox"/> assigned parking space(s): how many _____ identified as _____<br><input type="checkbox"/> other specific item(s): _____<br><input type="checkbox"/> Dwelling exterior maintenance covered by Assessment: _____ |                                 |                                           |                                 |

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page

SELLER SELLER

10/31/25  
dotloop verified

|                                                                                                                                                                                                         | 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:                                                                                                                                           |                                                      |                                                                |                                                     |
| <b>UTILITIES</b>                                                                                                                                                                                        |                                                      |                                                                |                                                     |
| Services                                                                                                                                                                                                | Current Provider                                     | Phone #                                                        | Avg Monthly Cost                                    |
| 41 Propane                                                                                                                                                                                              | NA                                                   | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |                                                     |
| 42 Gas                                                                                                                                                                                                  | Spire                                                |                                                                |                                                     |
| 43 Electric                                                                                                                                                                                             | Ameren                                               |                                                                |                                                     |
| 44 Water                                                                                                                                                                                                | St. Louis City                                       |                                                                |                                                     |
| 45 Sewer                                                                                                                                                                                                | MSD                                                  |                                                                |                                                     |
| 46 Trash                                                                                                                                                                                                | St. Louis City                                       |                                                                |                                                     |
| 47 Recycle                                                                                                                                                                                              | St. Louis City                                       |                                                                |                                                     |
| 48 Internet                                                                                                                                                                                             | ATT                                                  |                                                                |                                                     |
| 49 Phone                                                                                                                                                                                                | NA                                                   |                                                                |                                                     |
| <b>HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS</b>                                                                                                                                                |                                                      |                                                                |                                                     |
| Type of Heating Equipment:                                                                                                                                                                              |                                                      |                                                                |                                                     |
| 50 Zone 1: Age ? Brand unk                                                                                                                                                                              | <input checked="" type="checkbox"/> Forced Air       | <input type="checkbox"/> Heat Pump                             | <input type="checkbox"/> Radiant                    |
| 51 Zone 2: Age Brand                                                                                                                                                                                    | <input type="checkbox"/> Forced Air                  | <input type="checkbox"/> Heat Pump                             | <input type="checkbox"/> Radiant                    |
| Fuel Source of Heating Equipment:                                                                                                                                                                       |                                                      |                                                                |                                                     |
| 52 Zone 1:                                                                                                                                                                                              | <input checked="" type="checkbox"/> Natural Gas      | <input type="checkbox"/> Electric                              | <input type="checkbox"/> Propane                    |
| 53 Zone 2:                                                                                                                                                                                              | <input type="checkbox"/> Natural Gas                 | <input type="checkbox"/> Electric                              | <input type="checkbox"/> Propane                    |
| Type of Air Conditioner:                                                                                                                                                                                |                                                      |                                                                |                                                     |
| 54 Zone 1: Age ? Brand unk                                                                                                                                                                              | <input checked="" type="checkbox"/> Central Electric | <input type="checkbox"/> Central Gas                           | <input type="checkbox"/> Window/Wall (# of Units: ) |
| 55 Zone 2: Age Brand                                                                                                                                                                                    | <input type="checkbox"/> Central Electric            | <input type="checkbox"/> Central Gas                           | <input type="checkbox"/> Window/Wall (# of Units: ) |
|                                                                                                                                                                                                         | 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 <b>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:</b>                         |                                                      |                                                                |                                                     |
| Minor repair 4 o5 years ago cost \$75. Don't remember company                                                                                                                                           |                                                      |                                                                |                                                     |
| 60 Please explain any "Yes" or "Other" answers you gave in this section:                                                                                                                                |                                                      |                                                                |                                                     |
| <b>FIREPLACE(S)</b>                                                                                                                                                                                     |                                                      |                                                                |                                                     |
| 61 Location 1: Room: _____ Functional and properly vented?                                                                                                                                              | YES                                                  | NO                                                             | UNK                                                 |
| 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"/>                            |
| 62 Location 2: Room: _____ Functional and properly vented?                                                                                                                                              | YES                                                  | NO                                                             | UNK                                                 |
| 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?                                                                                                                                              | YES                                                  | NO                                                             | UNK                                                 |
| 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 type="checkbox"/>                                       | <input type="checkbox"/>                            |
| 65 Please explain any "Yes" or "No" answers you gave in this section:                                                                                                                                   |                                                      |                                                                |                                                     |
| <b>PLUMBING SYSTEM, FIXTURES AND EQUIPMENT</b>                                                                                                                                                          |                                                      |                                                                |                                                     |
| 66 Plumbing System: <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other: |                                                      |                                                                |                                                     |
| 67 Water Heater 1: Age: ? Location: basement Tank Size: 40?                                                                                                                                             | <input checked="" type="checkbox"/> Gas              | <input type="checkbox"/> Electric                              | <input type="checkbox"/> Propane                    |
| 68 Water Heater 2: Age: Location: Tank Size:                                                                                                                                                            | <input type="checkbox"/> Gas                         | <input type="checkbox"/> Electric                              | <input type="checkbox"/> Propane                    |

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page.

SELLER SELLER  
dotloop verified

|                                                                                                                                                                                                                                                                                  | 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?<br>(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:<br>there is a supply line                                                                                                                                                                               |                                     |                                     |                          |
| <b>WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b>                                                                                                                                                                          |                                     |                                     |                          |
| 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 :                                                                                                                                                                |                                     |                                     |                          |
| <b>SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b>                                                                                                                                                          |                                     |                                     |                          |
| 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<br>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:                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)</b>                                                                                                                                                                                         |                                     |                                     |                          |
| Type of Service Panel(s):                                                                                                                                                                                                                                                        |                                     |                                     |                          |
| 85 Panel 1: Amps ? Brand unk <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                                  |                                     |                                     |                          |
| 86 Panel 2: Amps ? Brand unk <input checked="" 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 type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                             |                                     |                                     |                          |
| 89 Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" 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 of the panels in services in the property being subject to recall or otherwise out of date?                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 93 Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                    |                                     |                                     |                          |
| <b>CONSTRUCTION</b>                                                                                                                                                                                                                                                              |                                     |                                     |                          |
| 94 The property was originally constructed in: 1921 . Seller has occupied property from 2011 to 2025 .                                                                                                                                                                           |                                     |                                     |                          |
| 95 List all significant additions, modifications, renovations, & alterations to the property during your ownership below:<br>Remodeled back room. New kitchen appliances.                                                                                                        |                                     |                                     |                          |
|                                                                                                                                                                                                                                                                                  | YES                                 | NO                                  | UNK                      |
| 96 Were required permits obtained for the work described above?                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 97 Please explain any "No" answers you gave in this section:                                                                                                                                                                                                                     |                                     |                                     |                          |

UNK=Unknown

BUYER
BUYER

Initials BUYER and SELLER acknowledge they have read this page

SELLER
SELLER

10/31/25  
dotloop verified

| 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: _____ |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                                   |
| 99                                                     | Are you aware of any problems or issues with foundation?                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <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 type="checkbox"/>                     | <input checked="" 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 checked="" type="checkbox"/>          | <input 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 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:<br>There are some cracks in the basement walls                                                                                                           |                                              |                                                                                                                                          |
| BASEMENT AND CRAWL SPACE (Complete only if applicable) |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                                   |
| 106                                                    | Is the home equipped with a sump pit?                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 107                                                    | Is the home equipped with a sump pump?                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                     | <input checked="" 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 type="checkbox"/>                     | <input checked="" 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 type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 111                                                    | Please explain any "Yes" answers you gave in this section:<br>NA                                                                                                                                                                                                                                                          |                                              |                                                                                                                                          |
| ROOF, GUTTERS AND DOWNSPOUTS                           |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                                   |
| 112                                                    | What is the approximate age of the roof? see below Is it documented? If yes, please provide documentation.                                                                                                                                                                                                                | <input type="checkbox"/>                     | <input type="checkbox"/> <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 checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                        |
| 115                                                    | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          | <input type="checkbox"/> <input type="checkbox"/>                                                                                        |
| 116                                                    | Are you aware of any problems with the roof, gutters or downspouts?                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/>          | <input 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 checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 118                                                    | Please explain any "Yes" answers you gave in this section and attach any documentation:<br>Roof is scheduled to be replaced. See attached Signature Exteriors estimate dated 10/28/25                                                                                                                                     |                                              |                                                                                                                                          |
| PESTS/TERMITES/WOOD DESTROYING INSECTS                 |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                                   |
| 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 type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 121                                                    | Are you aware of any control reports for the property?                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 122                                                    | Are you aware of any control treatments to the property?                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                     | <input checked="" 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 type="checkbox"/>                     | <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                             |
| 124                                                    | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                          |
| SOIL AND DRAINAGE                                      |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                                   |
| 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:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                          |

UNK=Unknown

|       |       |
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|       |       |
| BUYER | BUYER |

Initials BUYER and SELLER acknowledge they have read this page.

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| BM               |        |
| 10/31/25         |        |
| SELLER           | SELLER |
| dotloop verified |        |

| SURVEY AND ZONING                                                                              |                                                                                                                                                                                                                      |                                         |              | YES                                     | NO                                           | UNK                      |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-----------------------------------------|----------------------------------------------|--------------------------|
| 130                                                                                            | Do you have a survey of the property? If yes, please attach.                                                                                                                                                         |                                         |              | <input type="checkbox"/>                | <input checked="" type="checkbox"/>          | <input type="checkbox"/> |
| 131                                                                                            | Does the survey include all existing improvements on the property?                                                                                                                                                   |                                         |              | <input type="checkbox"/>                | <input type="checkbox"/>                     | <input type="checkbox"/> |
| 132                                                                                            | Are you aware of any shared or common features with adjoining properties?                                                                                                                                            |                                         |              | <input type="checkbox"/>                | <input checked="" 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:                                                                                                                                                           |                                         |              |                                         |                                              |                          |
|                                                                                                |                                                                                                                                                                                                                      |                                         |              |                                         |                                              |                          |
| 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 checked="" type="checkbox"/>     | <input 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.<br>See attached Standard Guaranty Insurance Company claim information |                                         |              |                                         |                                              |                          |
|                                                                                                |                                                                                                                                                                                                                      |                                         |              |                                         |                                              |                          |
| 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 <1       | <input type="checkbox"/> Gas            | <input checked="" type="checkbox"/> Electric |                          |
| 140                                                                                            | Oven                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> N/A | Age          | <input type="checkbox"/> Gas            | <input type="checkbox"/> Electric            |                          |
| 141                                                                                            | Cooktop                                                                                                                                                                                                              | <input checked="" type="checkbox"/> N/A | Age          | <input type="checkbox"/> Gas            | <input type="checkbox"/> Electric            |                          |
| 142                                                                                            | Outdoor Grill                                                                                                                                                                                                        | <input checked="" type="checkbox"/> N/A | Age          | <input type="checkbox"/> Gas            | <input type="checkbox"/> Electric            |                          |
| 143                                                                                            | Dryer Hookup                                                                                                                                                                                                         | <input type="checkbox"/> N/A            |              | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric            |                          |
| 144                                                                                            | Built in Microwave                                                                                                                                                                                                   | <input checked="" type="checkbox"/> N/A | Age          |                                         |                                              |                          |
| 145                                                                                            | Built in Refrigerator                                                                                                                                                                                                | <input checked="" type="checkbox"/> N/A | Age          |                                         |                                              |                          |
| 146                                                                                            | Dishwasher                                                                                                                                                                                                           | <input type="checkbox"/> N/A            | Age 3 years? |                                         |                                              |                          |
| 147                                                                                            | Garbage Disposal                                                                                                                                                                                                     | <input type="checkbox"/> N/A            | Age 1 year   |                                         |                                              |                          |
| 148                                                                                            | Trash Compactor                                                                                                                                                                                                      | <input checked="" type="checkbox"/> N/A | Age          |                                         |                                              |                          |
| 149                                                                                            | Electric Pet Fence                                                                                                                                                                                                   | <input checked="" type="checkbox"/> N/A | # of collars |                                         |                                              |                          |
| 150                                                                                            | Gas Powered Exterior Lights                                                                                                                                                                                          | <input checked="" type="checkbox"/> N/A | # of lights  |                                         |                                              |                          |
| 151                                                                                            | Security System/Cameras                                                                                                                                                                                              | <input checked="" 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 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 checked="" type="checkbox"/>     | <input 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 checked="" 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:                                                                                                                                                           |                                         |              |                                         |                                              |                          |
| Moved out in August of 2025<br>Seller owned dogs                                               |                                                                                                                                                                                                                      |                                         |              |                                         |                                              |                          |

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page.

SELLER SELLER  
10/31/25  
dotloop verified

| ADDITIONAL COMMENTS |  |
|---------------------|--|
| 166                 |  |
| 167                 |  |
| 168                 |  |
| 169                 |  |
| 170                 |  |
| 171                 |  |
| 172                 |  |
| 173                 |  |
| 174                 |  |
| 175                 |  |
| 176                 |  |

Seller attaches the following document(s): Signature Exterior estimate, Standard Guaranty Insurance Co. claim, Superior Sewer dated 9/4/25

**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.

*Brian Moody* dotloop verified  
10/31/25 3:16 PM CDT  
WN3H-ABGT-GAGM-STUW

SELLER SIGNATURE

DATE \_\_\_\_\_

|  |
|--|
|  |
|--|

SELLER SIGNATURE

DATE \_\_\_\_\_

Brian Moody

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



**Signature Exteriors**  
 2025 Zumbuhl Rd Ste  
 106  
 St. Charles, MO 63303  
 Phone: 314-827-5376  
 Fax: 888-239-2629

# Insurance Restoration Estimate

10/28/2025  
**Claim Information**

**Company  
 Representative**  
 Jeramie Beechler  
 Phone: (314) 827-5376  
 jeramie@sigext.com

**Brian Moody**  
 5315 Blow Street  
 St. Louis, MO 63109

Job: MO-17744: Brian Moody

## Roofing Section

|                                                                                                                                                                                                                                     | Qty    | Unit | Per Unit Charge | Price      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|-----------------|------------|
| Remove and replace shingles                                                                                                                                                                                                         |        |      |                 |            |
| Shingles will be removed and discarded into a dump trailer. Tarps will be applied to landscaping and driveway where necessary to protect the property. Wood decking will be inspected upon remove of the shingles and underlayment. |        |      |                 |            |
| Remove Laminated or 3 Tab Shingles                                                                                                                                                                                                  | 13.51  | SQ   | \$0.00          | \$0.00     |
| Owens Corning TruDefinition Duration AR (3 BD/SQ)<br>- Estate Gray                                                                                                                                                                  | 14.86  | SQ   | \$195.67        | \$2,907.69 |
| Install Laminated Shingles                                                                                                                                                                                                          | 14.86  | SQ   | \$115.38        | \$1,714.62 |
| Owens Corning ProEdge AR (33') - Estate Gray                                                                                                                                                                                        | 1.86   | BD   | \$115.88        | \$215.54   |
| Install Ridge Shingles                                                                                                                                                                                                              | 58.50  | LF   | \$1.00          | \$58.51    |
| Underlayment and Edging                                                                                                                                                                                                             |        |      |                 |            |
| Tarco 15# Felt (4.32 sq)                                                                                                                                                                                                            | 14.86  | SQ   | \$9.32          | \$138.46   |
| Ice and Water Shield Valley Protection                                                                                                                                                                                              | 43.72  | LF   | \$3.20          | \$140.00   |
| Applied to Valleys - Valleys on a roofing system are the areas that are most susceptible to "ice-damming". Ice and water shield (a rubberized membrane) is installed under the shingles to create a water barrier in the valley.    |        |      |                 |            |
| Owens Corning Starter Strip Plus - 7 3/4" (105')                                                                                                                                                                                    | 2.51   | BD   | \$111.25        | \$279.23   |
| ACM Aluminum Drip Edge - .019 - 1.85" (10')                                                                                                                                                                                         | 276.00 | LF   | \$1.56          | \$430.64   |
| Install Drip Edge / Gutter Apron                                                                                                                                                                                                    | 276.00 | LF   | \$0.77          | \$212.31   |
| ACM Aluminum Prebent Step Flashing - 8"x8" (100 PC/BD)                                                                                                                                                                              | 0.91   | BD   | \$114.97        | \$104.62   |
| Boot Flashings                                                                                                                                                                                                                      |        |      |                 |            |
| Aluminum Base Pipe Flashing - 1"-3"                                                                                                                                                                                                 | 1.00   | EA   | \$16.15         | \$16.15    |
| Aluminum Base Pipe Flashing - 3"-4"                                                                                                                                                                                                 | 1.00   | EA   | \$18.85         | \$18.85    |
| Steep and Access                                                                                                                                                                                                                    |        |      |                 |            |
| Steep Fee - 8/12 Pitch                                                                                                                                                                                                              | 14.86  | SQ   | \$23.08         | \$342.92   |
| Steep Slope - Difficult Access                                                                                                                                                                                                      | 14.86  | SQ   | \$23.08         | \$342.92   |
| Hand Load Roof                                                                                                                                                                                                                      | 14.86  | SQ   | \$23.08         | \$342.92   |
| Basic Roof Accessories                                                                                                                                                                                                              |        |      |                 |            |
| Roofing Coil Nails - 1 1/4" (7200 Cnt)                                                                                                                                                                                              | 0.79   | BX   | \$46.94         | \$37.08    |
| GAF ShingleMatch Spray Paint (12 oz)                                                                                                                                                                                                | 0.61   | EA   | \$20.56         | \$12.54    |

|                                                       |      |    |         |                   |
|-------------------------------------------------------|------|----|---------|-------------------|
| A11/T50 Staples - 3/8" (5000 Cnt)                     | 2.00 | BX | \$8.08  | \$16.16           |
| Geocel 2300 Construction TriPolymer Sealant (10.3 oz) | 1.23 | EA | \$26.89 | \$33.08           |
|                                                       |      |    |         | <b>\$7,364.24</b> |

## Siding Section

|                                                          | Qty    | Unit | Per Unit Charge | Price             |
|----------------------------------------------------------|--------|------|-----------------|-------------------|
| Siding                                                   |        |      |                 |                   |
| Remove and Replace - Vinyl Siding - Standard (up to 042) | 110.00 | SF   | \$4.75          | \$522.92          |
| Repair Damaged Siding Pieces from Hail . Closest Match.  |        |      |                 |                   |
| Dump Fee                                                 | 1.00   | EA   | \$230.77        | \$230.77          |
| Wall Insulation and Barriers                             |        |      |                 |                   |
| Norandex Housewrap - 9'x100'                             | 105.00 | SF   | \$1.35          | \$141.23          |
| Install- Vapor Barrier                                   | 105.00 | SF   | \$0.15          | \$16.15           |
| Tyvek Housewrap Tape - 1.88"x164'                        | 33.33  | LF   | \$0.83          | \$27.69           |
| Gutters                                                  |        |      |                 |                   |
| Gutters - Install 5" Seamless Gutters                    | 27.00  | LF   | \$8.46          | \$228.46          |
| Front Gutter                                             |        |      |                 |                   |
| Gutters - Install 2x3" Downspouts                        | 36.00  | LF   | \$8.46          | \$304.62          |
| Left Elevation Downspouts                                |        |      |                 |                   |
| Screens                                                  |        |      |                 |                   |
| Re-screen Window - Medium - Up to 10 SF                  | 7.00   | EA   | \$130.77        | \$915.38          |
|                                                          |        |      |                 | <b>\$2,387.22</b> |

**TOTAL \$9,751.46**

e-Signed by Jeramie Beechler

10/28/2025

Company Authorized Signature

Date

e-Signed by Brian Moody

10/28/2025

Customer Signature

Date

## Project Services Agreement

This agreement ("Agreement") sets for the terms and intentions of Signature Exteriors ("Company") and

Brian Moody \_\_\_\_\_ ("Customer") for work agreed upon and set forth in the proposal attached herein.

- 1. Contract Price/Payment Terms.** Customer agrees to pay the total purchase price of the project services ("Project Services") provided by Company. Project Services include, but not be limited to, labor, materials, and goods. The total purchase price shall be equal to the "Contract Price" and be payable by Customer to the Company as follows:  
Payment to be paid out of closing or within 15 days of completion, whichever comes sooner.
- 2. Late Payment.** A **1.5 percent / per month** late payment fee will be assessed to any invoice that is not paid within 20 days of receipt.
- 3. Returned Checks.** If a check is returned to Company or otherwise fails to process, resulting in a chargeback by Company's bank, Customer shall pay a **Returned Check Fee of \$35.00**. This Returned Check fee shall in no way limit any of the other clauses in the Project Services agreement.
- 4. Security.** Customer agrees that the Customer's interest in the Property shall serve as security for Customer's payment of all amounts due and owing to the Company under the terms of this Agreement, and until Contract Price is paid in full to Company, Customer acknowledges and agrees that the Property will not be sold and/or title to the Property will not be transferred.
- 5. Scope.** This Agreement and the Project Services contemplated hereunder shall include all materials, work, services, and labor performed as set forth in the Proposal attached, which shall be incorporated herein into this Agreement.
- 6. Damages.** Customer agrees that if Customer should attempt to repudiate the terms of this Agreement and refuse to allow Company to proceed or otherwise perform the Project Services, Company will be damaged and Customer will be in breach of this Agreement. Customer acknowledges and agrees that it is difficult for Company to estimate the amount and extent of damages caused by the forgoing actions of Customer, and, as such, Customer agrees that in the event of such a breach, Customer will immediately pay to Company liquidated damages equal to the greater of:
  - a. Thirty percent (30%) of the Contract Price, or
  - b. The total costs and expenses incurred by Company through the date of Company's final determination of Customer's breach hereunder, including, but not limited to, attorneys' fees and costs. Plus an additional 10% of total expenses and costs incurred. Nothing herein shall be construed so as to limit any damages available to Company at law or in equity for any breach by Customer of any other terms or provisions of this Agreement.
- 5. Modification of Agreement.** No modification, termination, or waiver of this Agreement shall be valid unless in writing and signed by all parties.
- 6. Notice to Proceed.** Customer shall provide Company five (5) business days notice to proceed with the Project Services. If notice is not issued by the Customer within ninety (90) days following the execution of this Agreement, Company shall have the right, in its sole discretion, to terminate this Agreement and retain any deposit or earnest money paid by Customer without any further obligation or liability on the part of the Company.
- 7. Access.** Customer further agrees and certifies that Company shall have access to the property at all times deemed reasonable and necessary by Company in order to perform the Project Services, including free egress and ingress to and from the property. Customer shall be fully responsible for the foregoing obligation. If access is denied, an additional charge for hand delivery will apply.
- 8. Extra Work.** An estimate will be provided for any extra work and must be mutually agreed upon by both parties.
- 9. Validity.** If any term, part or provision of this Agreement is held by a court to be invalid, illegal or in conflict with any law, the validity of the remaining portions or provisions shall not be affected, and the rights, obligations and covenants of the undersigned parties shall be construed and enforced as if the Agreement did not contain the particular term, condition, part or provision held to be unlawful.

## **Project Services Agreement (continued)**

- 10. Entire Agreement.** This Agreement sets forth the entire agreement and understanding of the parties hereto with respect to the subject matter hereof and supersedes all prior agreements, if any, written or oral. There is no written or oral understanding directly or indirectly connected with this Agreement that is not incorporated herein.
- 11. Authority.** Each party hereto warrants to the other that such party has full power and authority to execute, deliver and perform this Agreement.
- 12. Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document.
- 13. Further Assurances.** The parties agree to do, execute, acknowledge and deliver all such further acts, instruments and assurances and to take all such further action hereafter as shall be reasonably necessary or desirable to fully carry out the terms of this Agreement and to fully consummate the transactions contemplated herein.
- 14. Governing Law; Binding Effect.** This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri. This Agreement shall be binding upon and shall inure to the benefit of the parties and their respective heirs, legal representatives, successors and assigns. Parties further agree that any action arising under or pursuant to the enforcement of this Agreement shall be brought only in the courts of the County of St. Charles County, State of Missouri.
- 15. Costs of Collection.** In the event that it is necessary for the Company to incur additional costs to collect any balance due, or to enforce any provision of this Agreement, Customer agrees to pay all costs of collection, including litigation and court costs and reasonable attorney's fees.
- 16. Miscellaneous.** All unused materials shall remain the property of Company. Company, its successors and assigns, is and shall be vested with and shall retain full title, ownership, and right of possession to materials or articles installed, delivered, or fabricated under this Agreement until the Contract Price is fully paid. Upon completion of Project Services Customer agrees to execute and deliver a completion certificate as requested by the Company. Upon refusal to do so, Company may at its option declare the entire Contract Price or so much as then unpaid immediately due and payable. This contract shall be binding upon its acceptance by Company at its home office at 2025 Zumbahl Rd, Ste 106 St. Charles, MO 63303
- 17. Structure.** Company will not be responsible for damages to the interior structure and its contents due to the vibration and movement caused from any work performed on the project. This includes, but is not limited to, roofing, siding, guttering. Company is not responsible for cleaning debris from the attic area. Company is not responsible for nails that may protrude through sheathing on an overhang where existing soffit is exposed.
- 18. Discharge of Liability.** Customer agrees he/she/they shall have no cause of action against Company and forever discharges the Company from any liability for the failure of any **manufacturer defect** of any product sold or installed by Company.
- 19. Cancellation.** Customer may cancel this transaction at any time prior to midnight of the third business day after the date of this Agreement first set forth above.
- 20. Workmanship.** Payment shall be a condition precedent to all warranty obligations of the Company. Upon receipt of full payment for all services provided, the Company hereby guarantees the workmanship for the period of time identified on the Contractor's Warranty document on Complete Recover Projects unless otherwise stated within this Agreement, beginning on the date of completion of the Project Services. There is no workmanship warranty for any repair Project Services provided.
- 21. Insured.** Company is fully insured by workmen's compensation, public liability, and property damage.
- 22. Delays.** Company shall not be liable for delays caused by strikes, weather conditions, delays in obtaining goods, or other causes beyond its control.

### **Project Services Agreement (continued)**

**23. Wood Decking/Sheathing.** If Project Services includes work that exposes wood decking/sheathing, wood decking/sheathing will be inspected and replaced as necessary. Replacement wood is not included in the price of the agreement. Each 4x8' sheet will be charged to the Property Owner at \$55 per sheet.

#### **NOTICE TO OWNER**

**FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC'S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429RsMo. TO AVOID THIS RESULT YOU MAY ASK THIS CONTRACTOR FOR "LIEN WAIVERS" FROM ALL PERSONS SUPPLYING MATERIALS OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOU PAYING FOR LABOR AND MATERIALS TWICE.**

**End of Project Services Agreement**

## **Contractor's Warranty**

The contractor signatory below Signature Exteriors ("Contractor") hereby guarantees Brian Moody ("Owner") that the construction performed on that certain structure located at 5315 Blow Street, St. Louis, MO 63109 to be free from defects in material and workmanship for a period of two (2) year from the date of completion.

### **This Standard Limited Warranty applies and is limited as follows:**

1. To the property for the agreed upon time w/ one transfer of ownership within the first 6 months.
2. To the construction work that has not been subject to accident, misuse or abuse.
3. To the construction work that has not been modified, altered, defaced, or had repairs made or attempted by others.
4. That contractor be immediately notified in writing within ten (10) days of first knowledge of the defect by Owner or his agent.
5. That contractor shall be given the first opportunity to make any repairs, replacements or corrections to the defective construction at no cost to Owner within a reasonable period of time.
6. Under no circumstances shall Contractor be liable by virtue of this warranty or otherwise for damage to any person or property whatsoever for any special, indirect, secondary or consequential damages of any nature however arising out of the use or inability to use because of the construction defect.
7. Any damage caused by Acts of God or other causes beyond contractor's control, including, without limitation, lightning, gale or wind, hail, hurricane, tornado, earthquake, explosion, flood, fungus contamination, solid objects falling on the roof, or any other causes.
8. Should default be made in payment of this agreement, a lien will be placed on the property and charges will be added from the date of substantial completion at the maximum allowed by law. If placed in the hands of an attorney for collection, the "Customer" will pay all attorney and legal fees.
9. Signature Exteriors is not responsible for damage below the roof due to leaks caused by excessive wind greater than 55 mph, ice damming or hail, at any time during the construction process, or warranty period.
10. Signature Exteriors shall not be liable for any internal damages caused by rain or for delays resulting from storms, floods, earthquakes, or other acts of the elements, or from strikes, fires, acts of other contractors, governmental controls, or acts of God, or from any other accidental or natural causes beyond our control.
11. Signature Exteriors will not be responsible for slight scratching and denting of gutters, oil droplets in driveways, fractures in concrete, flowers or minor broken branches on plants and shrubbery, or re-calibration of satellite dishes.

## **End of Contractor's Warranty**

## **Consent and Authorization**

The preceding **Project Services Agreement**, and **Contractor's Warranty** constitutes full accord and agreement of the parties, and no other understanding, verbal or otherwise, shall be binding unless in writing, signed by both parties.

Property Address: 5315 Blow Street City: St. Louis State: MO Zip: 63109

**Total Contract Price: \$** 9751.46

**Company Authorized Signature:** e-Signed by Jeramie Beechler **Date:** 10/28/2025

**Customer Signature:** e-Signed by Brian Moody **Date:** 10/28/2025



Standard Guaranty Insurance Company  
PO Box 202142  
Florence, SC 29502  
www.assurant.com

July 31, 2025

BRIAN MOODY  
5315 BLOW ST  
SAINT LOUIS MO 63109-4015

**Claim Information**

|                   |                                            |                |              |
|-------------------|--------------------------------------------|----------------|--------------|
| Insured:          | NATION STAR MORTGAGE LLC                   | Claim Number:  | 00201924905  |
| Additional Name:  | Brian Moody                                | Policy Number: | 2MR322618100 |
| Cause of Loss:    | Windstorm                                  | Date of Loss:  | 05-16-2025   |
| Loan Number:      | 0715921375                                 | Reported Date: | 07-23-2025   |
| Property Address: | 5315 BLOW ST<br>SAINT LOUIS, MO 63109-4015 |                |              |

Dear Brian Moody,

Our investigation indicates the damage found to your property does not exceed your policy deductible of \$5,400.00. Enclosed is a copy of the estimate for your review.

Based on the above information no payment will be issued on your claim.

This claim was reported to us on 07/23/2025 with a 05/16/2025 date of loss for hail and wind damage.

The field adjuster with Wardlaw Claims Service completed the inspection of the property and the inspection revealed evidence of minor hail and wind damage.

If you have questions about your claim, or you have additional information that you would like us to consider, please contact us at the number below. Our office hours are 8 AM to 5 PM EST Monday through Friday. We appreciate your business and thank you for being a valued customer.

Sincerely,

Shad Peterson  
Claims Examiner  
Global P&C Claims  
T. 800-358-0600 Ext. 4019820  
F. 866-728-7098  
E. myclaiminfo@assurant.com

Enclosure: Incoming

cc: Brian Moody  
Nationstar Mortgage, Llc



Standard Guaranty Insurance Company  
PO Box 202142  
Florence, SC 29502  
www.assurant.com

July 31, 2025

BRIAN MOODY  
5315 BLOW ST  
SAINT LOUIS MO 63109-4015

**Claim Information**

|                   |                                            |                |              |
|-------------------|--------------------------------------------|----------------|--------------|
| Insured:          | NATION STAR MORTGAGE LLC                   | Claim Number:  | 00201924905  |
| Additional Name:  | Brian Moody                                | Policy Number: | 2MR322618100 |
| Cause of Loss:    | Windstorm                                  | Date of Loss:  | 05-16-2025   |
| Loan Number:      | 0715921375                                 | Reported Date: | 07-23-2025   |
| Property Address: | 5315 BLOW ST<br>SAINT LOUIS, MO 63109-4015 |                |              |

**This letter has been sent to: O2BMOODY@GMAIL.COM**

Dear Brian Moody

Please find the attached letter for your records. This is a copy of the original letter sent to Brian Moody on July 31, 2025.

Sincerely,

Shad Peterson  
Claims Examiner  
Global P&C Claims  
T. 800-358-0600 Ext. 4019820  
F. 866-728-7098  
E. myclaiminfo@assurant.com

Enclosure: Incoming

cc: Brian Moody  
Nationstar Mortgage, Llc



## Wardlaw Claims Service

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P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

Insured: BRIAN MOODY  
Property: 5315 BLOW ST  
SAINT LOUIS, MO 63109  
Home: 5315 BLOW ST  
SAINT LOUIS, MO 63109

Other:  
Cell:  
E-mail:

Claim Rep.: ASSURANT INSURANCE COMPANY

Business: (800) 358-0600  
E-mail: myclaiminfo@assurant.com

Estimator: KEVIN FLANNERY

(800) 358-0600  
E-mail: kflan1970@gmail.com

**Claim Number:** 00201924905

**Policy Number:** 2MR322618100

**Type of Loss:** Wind

Date Contacted: 7/24/2025 5:48 PM

Date of Loss: 5/16/2025 12:00 AM

Date Inspected: 7/28/2025 2:00 PM

Date Est. Completed: 7/29/2025 5:44 PM

Date Received: 7/23/2025 12:00 AM

Date Entered: 7/23/2025 2:12 PM

Price List: MOSL8X\_JUL25  
Restoration/Service/Remodel

Estimate: BRIAN\_MOODY



## Wardlaw Claims Service

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P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

Dear BRIAN MOODY,

Attached is an estimate for repairs to your home. A payment breakdown has been provided below for your review. Please feel free to contact me with any questions or concerns you may have.

### Summary of Loss:

**Coverage: Dwelling: \$270,000.00**  
Repair/Replacement : \$1,558.77  
Less Recoverable Depreciation : \$347.48  
Less Non Recoverable Depreciation : \$0.00  
Less Deductible : \$5,400.00  
Net Claim : \$0.00

Recoverable Depreciation : \$347.48

**Coverage: Other structures: \$27,000.00**  
Repair/Replacement : \$0.00  
Less Recoverable Depreciation : \$0.00  
Less Non Recoverable Depreciation : \$0.00  
Less Deductible : \$0.00  
Net Claim : \$0.00

**This is a repair estimate; some line items may be higher or lower than actual costs. Consideration should be given to the total RCV amount prior to application of deductible. This estimate has been prepared using generally prevailing prices of building and materials and labor in your area. The ultimate choice of a contractor is up to you. Please give your repairer a copy of the estimate before repairs begin. If the contractor you choose thinks he or she is unable to complete the specified repairs for the amount allowed in our estimate, please have your contractor contact us immediately. Any request for supplemental funds must be made prior to the work being done, or such request cannot be honored. Before we can consider any additional payment, we must agree the damage is related to this loss.**

Regards,  
ASSURANT INSURANCE COMPANY

[myclaiminfo@assurant.com](mailto:myclaiminfo@assurant.com)



## Wardlaw Claims Service

P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

### BRIAN\_MOODY

#### Front Elevation

| QUANTITY                         | UNIT  | TAX         | RCV          | AGE/LIFE | COND. | DEP % | DEPREC.     | ACV          |
|----------------------------------|-------|-------------|--------------|----------|-------|-------|-------------|--------------|
| 1. R&R Window screen, 10 - 16 SF |       |             |              |          |       |       |             |              |
| 1.00 EA                          | 69.76 | 5.60        | 75.36        | 0/30 yrs | Avg.  | 0%    | (0.00)      | 75.36        |
| <b>Totals: Front Elevation</b>   |       | <b>5.60</b> | <b>75.36</b> |          |       |       | <b>0.00</b> | <b>75.36</b> |

#### Right Elevation

| QUANTITY                         | UNIT  | TAX         | RCV          | AGE/LIFE | COND. | DEP % | DEPREC.     | ACV          |
|----------------------------------|-------|-------------|--------------|----------|-------|-------|-------------|--------------|
| 2. R&R Window screen, 10 - 16 SF |       |             |              |          |       |       |             |              |
| 1.00 EA                          | 69.76 | 5.60        | 75.36        | 0/30 yrs | Avg.  | 0%    | (0.00)      | 75.36        |
| <b>Totals: Right Elevation</b>   |       | <b>5.60</b> | <b>75.36</b> |          |       |       | <b>0.00</b> | <b>75.36</b> |

#### Rear Elevation

| QUANTITY                                        | UNIT | TAX         | RCV           | AGE/LIFE  | COND. | DEP %   | DEPREC.       | ACV          |
|-------------------------------------------------|------|-------------|---------------|-----------|-------|---------|---------------|--------------|
| 3. R&R Gutter / downspout - aluminum - up to 5" |      |             |               |           |       |         |               |              |
| 20.00 LF                                        | 9.64 | 7.72        | 200.52        | 20/25 yrs | Avg.  | 75% [M] | (138.99)      | 61.53        |
| <b>Totals: Rear Elevation</b>                   |      | <b>7.72</b> | <b>200.52</b> |           |       |         | <b>138.99</b> | <b>61.53</b> |

#### Left Elevation

| QUANTITY                                        | UNIT | TAX          | RCV           | AGE/LIFE  | COND. | DEP %   | DEPREC.       | ACV           |
|-------------------------------------------------|------|--------------|---------------|-----------|-------|---------|---------------|---------------|
| 4. R&R Gutter / downspout - aluminum - up to 5" |      |              |               |           |       |         |               |               |
| 30.00 LF                                        | 9.64 | 11.59        | 300.79        | 20/25 yrs | Avg.  | 75% [M] | (208.49)      | 92.30         |
| 5. R&R Siding - vinyl                           |      |              |               |           |       |         |               |               |
| 20.00 SF                                        | 5.53 | 4.24         | 114.84        | 0/50 yrs  | Avg.  | 0%      | (0.00)        | 114.84        |
| <b>Totals: Left Elevation</b>                   |      | <b>15.83</b> | <b>415.63</b> |           |       |         | <b>208.49</b> | <b>207.14</b> |

#### Debris Removal



## Wardlaw Claims Service

P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

|                                                              | QUANTITY | UNIT   | TAX         | RCV           | AGE/LIFE | COND. | DEP % | DEPREC.     | ACV           |
|--------------------------------------------------------------|----------|--------|-------------|---------------|----------|-------|-------|-------------|---------------|
| 6. Haul debris - per pickup truck load - including dump fees | 1.00 EA  | 234.26 | 0.00        | 234.26        | 0/NA     | Avg.  | NA    | (0.00)      | 234.26        |
| <b>Totals: Debris Removal</b>                                |          |        | <b>0.00</b> | <b>234.26</b> |          |       |       | <b>0.00</b> | <b>234.26</b> |

### Labor Minimums Applied

|                                       | QUANTITY | UNIT   | TAX          | RCV             | AGE/LIFE | COND. | DEP % | DEPREC.       | ACV             |
|---------------------------------------|----------|--------|--------------|-----------------|----------|-------|-------|---------------|-----------------|
| 7. Window labor minimum               | 1.00 EA  | 265.14 | 0.00         | 265.14          | 0/NA     | Avg.  | 0%    | (0.00)        | 265.14          |
| 8. Gutter labor minimum               | 1.00 EA  | 55.55  | 0.00         | 55.55           | 0/NA     | Avg.  | 0%    | (0.00)        | 55.55           |
| 9. Siding labor minimum               | 1.00 EA  | 236.95 | 0.00         | 236.95          | 0/NA     | Avg.  | 0%    | (0.00)        | 236.95          |
| <b>Totals: Labor Minimums Applied</b> |          |        | <b>0.00</b>  | <b>557.64</b>   |          |       |       | <b>0.00</b>   | <b>557.64</b>   |
| <b>Line Item Totals: BRIAN_MOODY</b>  |          |        | <b>34.75</b> | <b>1,558.77</b> |          |       |       | <b>347.48</b> | <b>1,211.29</b> |

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item



## Wardlaw Claims Service

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Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

### Summary for Building

|                                               |                                       |                   |
|-----------------------------------------------|---------------------------------------|-------------------|
| Line Item Total                               |                                       | 1,524.02          |
| Material Sales Tax                            |                                       | 34.75             |
| <b>Replacement Cost Value</b>                 |                                       | <b>\$1,558.77</b> |
| Less Depreciation                             |                                       | (347.48)          |
| <b>Actual Cash Value</b>                      |                                       | <b>\$1,211.29</b> |
| Less Deductible                               | [Full Deductible = 5,400.00]          | (1,211.29)        |
| <b>Net Claim</b>                              |                                       | <b>\$0.00</b>     |
| Total Depreciation                            |                                       | 347.48            |
| Less Residual Deductible                      | [Full Residual Deductible = 4,188.71] | (347.48)          |
| Total Recoverable Depreciation                |                                       | 0.00              |
| <b>Net Claim if Depreciation is Recovered</b> |                                       | <b>\$0.00</b>     |

KEVIN FLANNERY



**Wardlaw Claims Service**

P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

**Recap of Taxes**

|            | Material Sales Tax<br>(9.679%) | Manuf. Home Tax<br>(9.679%) | State Food Tax (1.225%) | Local Food Tax (5.454%) |
|------------|--------------------------------|-----------------------------|-------------------------|-------------------------|
| Line Items | 34.75                          | 0.00                        | 0.00                    | 0.00                    |
| Total      | 34.75                          | 0.00                        | 0.00                    | 0.00                    |



## Wardlaw Claims Service

---

P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

### Recap by Room

Estimate: BRIAN\_MOODY

|                        |          |         |
|------------------------|----------|---------|
| Front Elevation        | 69.76    | 4.58%   |
| Right Elevation        | 69.76    | 4.58%   |
| Rear Elevation         | 192.80   | 12.65%  |
| Left Elevation         | 399.80   | 26.23%  |
| Debris Removal         | 234.26   | 15.37%  |
| Labor Minimums Applied | 557.64   | 36.59%  |
| <hr/>                  |          |         |
| Subtotal of Areas      | 1,524.02 | 100.00% |
| <hr/>                  |          |         |
| Total                  | 1,524.02 | 100.00% |



## Wardlaw Claims Service

P.O. Box 7817  
Waco Tx 76714  
Phone 800-217-0859  
Fax 877-943-8482

### Recap by Category with Depreciation

| Items                     | RCV      | Deprec. | ACV      |
|---------------------------|----------|---------|----------|
| GENERAL DEMOLITION        | 297.00   |         | 297.00   |
| SIDING                    | 334.35   |         | 334.35   |
| SOFFIT, FASCIA, & GUTTER  | 499.55   | 333.00  | 166.55   |
| WINDOW REGLAZING & REPAIR | 127.98   |         | 127.98   |
| WINDOWS - WOOD            | 265.14   |         | 265.14   |
| Subtotal                  | 1,524.02 | 333.00  | 1,191.02 |
| Material Sales Tax        | 34.75    | 14.48   | 20.27    |
| Total                     | 1,558.77 | 347.48  | 1,211.29 |

# Your receipt from Superior Sewer Company

**Job Number:** 15756016  
**Service Date:** Sep 04, 2025  
**Customer Name:** Brian Moody  
**Service Address:** 5315 Blow St St. Louis, MO 63109

## Services

### Superior Combo

A mechanical device will be used to clear debris or blockages such as waste, sanitary products, or roots in the primary lateral line. These can be cleared through cabling, restoring intended flow and function. Following the removal of debris and/or blockages, the sewer lateral line will be thoroughly inspected for any damages, and a full visual inspection will be provided in the report.

Price is for first 1.5 hours of service. Any extra time will be an additional \$60/30 minutes.  
You will be notified prior if we need any additional time to get approval.

Subtotal \$199.00

**Amount Paid**

**\$199.00**

**Payment Method**

October 31, 2025

visa x7004

1:04pm

Thank you for using Superior Sewer Company! We appreciate your business.

(314) 437-0522 | [info@superiorsewerco.com](mailto:info@superiorsewerco.com)

<http://superiorsewerco.com>

11084 Gravois Industrial Ct  
St. Louis, MO 63128

[Terms & Conditions](#)

This document has legal consequences.  
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 # 2049

07/25

## DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

PROPERTY: 5315 Blow St, St Louis, MO, 63109

### Lead Warning Statement

Every Buyer of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide Buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

### Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- ☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing  
☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

(b) Records and reports available to Seller (check one below):

- ☐ Seller has provided the Buyer with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list all documents below):  
☒ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Buyer's Acknowledgment (initial appropriate blanks)

☐ Buyer has received copies of all information listed above. (leave blank if none provided to Buyer.)  
☐ Buyer has received the pamphlet Protect Your Family From Lead in Your Home.  
Buyer has (check one below):

- ☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection of the presence of lead-based paint or lead-based hazards; or  
☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

### Agent's Acknowledgment (initial)

☒ Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance. (To be completed by listing agent or if not listed, agent assisting Buyer.)

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

BUYER SIGNATURE DATE

Buyer Printed Name

BUYER SIGNATURE DATE

Buyer Printed Name

BUYER'S AGENT SIGNATURE DATE

Buyer's Agent Printed Name

*Brian Moody*  
SELLER SIGNATURE DATE

Brian Moody  
Seller Printed Name

SELLER SIGNATURE DATE

Seller Printed Name

*Carol Butler*  
LISTING AGENT SIGNATURE DATE

Carol Butler  
Listing Agent Printed Name

(NOTE: Any reference to Agent also includes a licensee acting as a Transaction Broker)



**SHAWN DACE**  
DIRECTOR OF PUBLIC SAFETY

**City of St. Louis**  
**DEPARTMENT OF PUBLIC SAFETY**  
DIVISION OF BUILDING AND INSPECTION  
**CARA SPENCER**  
MAYOR



**ED WARE**  
BUILDING COMMISSIONER

**HOUSING CONSERVATION DISTRICT SECTION**

**Certificate Number:** #COI-19652-25

**Issue Date:** November 03, 2025

**CERTIFICATE OF INSPECTION**

This certifies that the Unit/Property at 5315 BLOW ST, St. Louis, MO 63109 has been inspected by the Division of Building and Inspection and has complied with applicable provisions of the Ordinances of the City of St. Louis, as amended and may be occupied as a ONE FAMILY UNIT, with occupancy limited to 4 person(s).

This Certificate expires on: November 03, 2026

**Issue to:**

MOODY, BRIAN  
5315 BLOW ST  
ST LOUIS, MO 63109

CITY OF ST. LOUIS  
HOUSING CONSERVATION

This permit may or may not have been issued with minor violations that must be complied or legal action and or revocation of this certificate may occur.