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Gladys Manion's #1 Team 2025



738 WINDBERRY COURT #9
OAKLAND, MO 63122



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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

01/26

SELLER'S DISCLOSURE STATEMENT

#4

Property Address : 738 Windberry Court, MO 63122-6578

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.

		YES	NO	UNK
LEAD-BASED PAINT				
1	Does the Property include a residential dwelling built prior to 1978? If "Yes," 42 U.S.C. 4852d and EPA regulations promulgated pursuant thereto require that a completed Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards form (Form #2049) must be signed by Seller and any involved real estate licensee(s) and given to any potential buyer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Please explain any "Yes" answers you gave in this section:			
METHAMPHETAMINE				
3	Are you aware if the Property is or was used as a site for methamphetamine production or the place of residence of a person convicted of a crime involving methamphetamine or a derivative controlled substance related thereto? If "Yes," §442.606 RSMo requires you to disclose such facts in writing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Please explain any "Yes" answers you gave in this section:			
WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)				
5	Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? If "Yes," Section 260.213 RSMo requires Seller to disclose the location of any such site on the Property. Note: If Seller checks "Yes," Buyer may be assuming liability to the State for any remedial action at the property.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

RADIOACTIVE OR HAZARDOUS MATERIALS		YES	NO	UNK
7	Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Please explain any "Yes" answers you gave in this section:			
ADDITIONAL DISCLOSURES				
Lead-Based Paint		YES	NO	UNK
9	Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Are you aware if it has ever been covered or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Are you aware if the property has been tested for lead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Please explain any "Yes" answers you gave in this section including test date, type of test and results:			
Radon		YES	NO	UNK
13	Are you aware if the property has been tested for radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Are you aware if the property has ever been mitigated for radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Please explain any "Yes" answers you gave in this section:			
Mold		YES	NO	UNK
16	Are you aware of the presence of any mold on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Are you aware of anything with mold on the property that has ever been covered or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Are you aware if the property has ever been tested for the presence of mold?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Please explain any "Yes" answers you gave in this section:			
Asbestos Materials		YES	NO	UNK
20	Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Are you aware of any asbestos material that has been encapsulated or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Are you aware if the property has been tested for the presence of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23	Please explain any "Yes" answers you gave in this section:			
Other Environmental Concerns		YES	NO	UNK
24	Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25	Please explain any "Yes" answers you gave in this section:			
SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)				
26	Development Name <u>VILLAS AT OAK BEND</u>			
27	Contact Name <u>HOLLY GRESCHEN</u>	Phone #	<u>514-629-3858</u>	
28	Type of Property (check all that apply) <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input checked="" type="checkbox"/> Villa <input type="checkbox"/> Co-op			
29	Mandatory Assessment #1	\$ <u>500</u> per	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other
30	Mandatory Assessment #2	\$ _____ per	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other	
31	Mandatory Assessment(s) include:			
	<input checked="" type="checkbox"/> entrance sign/structure <input checked="" type="checkbox"/> street maintenance <input checked="" type="checkbox"/> common ground <input checked="" type="checkbox"/> snow removal specific to dwelling <input checked="" type="checkbox"/> snow removal common area <input checked="" type="checkbox"/> landscaping of common area <input checked="" type="checkbox"/> landscaping specific to dwelling <input type="checkbox"/> reception facility <input type="checkbox"/> clubhouse <input type="checkbox"/> pool <input type="checkbox"/> tennis court <input type="checkbox"/> exercise area <input type="checkbox"/> water <input type="checkbox"/> sewer <input type="checkbox"/> trash removal <input type="checkbox"/> doorman <input type="checkbox"/> cooling <input type="checkbox"/> heating <input type="checkbox"/> security <input type="checkbox"/> elevator <input checked="" type="checkbox"/> some insurance <input type="checkbox"/> real estate taxes <input type="checkbox"/> other common facility _____ <input type="checkbox"/> assigned parking space(s): how many _____ identified as _____ <input type="checkbox"/> other specific item(s): _____ <input type="checkbox"/> Dwelling exterior maintenance covered by Assessment: <u>NA</u>			

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

UTILITIES

Services	Current Provider	Phone #		Avg Monthly Cost
41 Propane			<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
42 Gas	SPIRE			
43 Electric	ARFOLDEN			
44 Water	MISSOURI AMERICAN			
45 Sewer	MSP			
46 Trash	(INCLUDED)			
47 Recycle	(INCLUDED)			
48 Internet				
49 Phone				

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

Type of Heating Equipment:									
50 Zone 1: Age 8 Brand	<input checked="" type="checkbox"/> Forced Air	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Geo-Thermal	<input type="checkbox"/> Other			
51 Zone 2: Age Brand	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Radiant	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Geo-Thermal	<input type="checkbox"/> Other			
Fuel Source of Heating Equipment:									
52 Zone 1:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Other			
53 Zone 2:	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Other			
Type of Air Conditioner:									
54 Zone 1: Age 8 Brand	<input checked="" type="checkbox"/> Central Electric	<input type="checkbox"/> Central Gas	Window/Wall (# of Units:)		<input type="checkbox"/> Other				
55 Zone 2: Age Brand	<input type="checkbox"/> Central Electric	<input type="checkbox"/> Central Gas	Window/Wall (# of Units:)		<input type="checkbox"/> Other				

	YES	NO	UNK
56 Are you aware of any problems or issues with any part of the HVAC system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
57 Do you have any existing maintenance agreements in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 Are any areas of the home not covered by central heating /cooling?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
59 With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:			

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

FIREPLACE(S)

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

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

PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

66 Plumbing System: <input type="checkbox"/> Copper <input type="checkbox"/> PVC <input checked="" type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other:			
67 Water Heater 1: Age: <u>27</u> Location: Tank Size: <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other			
68 Water Heater 2: Age: Location: Tank Size: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Tankless <input type="checkbox"/> Other			

	YES	NO	UNK
69 Does the property have an ice-maker supply line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
71 Are you aware of any problems or repairs needed in the plumbing system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
72 Does property have a Swimming Pool/Spa/Hot Tub? (If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
73 Please explain any "Yes" or "Other" answers you gave in this section:			
WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)			
74 What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other			
75 If well, when was the water last tested? _____ Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.			
76 Do you have a water softener? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.			
	FILTRATION		
77 Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78 Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :			
SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)			
79 What is the type of sewerage system to which the house is connected? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other If Other, please explain:			
80 If septic/aerator, when was system last serviced?			
	YES	NO	UNK
81 Is there a sewerage lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82 Is there a sewerage grinder system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83 Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84 Please explain any "Yes" answers you gave in this section:			
ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)			
Type of Service Panel(s):			
85 Panel 1: Amps _____ Brand _____ <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
86 Panel 2: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
87 Panel 3: Amps _____ Brand _____ <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other			
Type of Wiring:			
88 Panel 1: <input 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 type="checkbox"/> UNK <input type="checkbox"/> Other			
90 Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other			
	YES	NO	UNK
91 Are you aware of any problems or repairs needed in the electrical system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92 Are you aware of any panels in service in the property being subject to recall or otherwise out of date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93 Are you aware of any active knob and tube wiring in the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
94 Please explain any "Yes" answers you gave in this section:			
CONSTRUCTION			
95 The property was originally constructed in: <u>2018</u> . Seller has occupied property from <u>2022</u> to <u>2024</u>			
96 List all significant additions, modifications, renovations, & alterations to the property during your ownership below:			
	YES	NO	UNK
97 Were required permits obtained for the work described above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98 Please explain any "No" answers you gave in this section:			

FOUNDATION

99	Type of Foundation: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other:	YES	NO	UNK
100	Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
101	Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
102	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
103	Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
104	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
105	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

106 Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:

BASEMENT AND CRAWL SPACE (Complete only if applicable)

		YES	NO	UNK
107	Is the home equipped with a sump pit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Is the home equipped with a sump pump?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
110	Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
111	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

ROOF, GUTTERS AND DOWNSPOUTS

		YES	NO	UNK
113	What is the approximate age of the roof? <i>8 1/2</i> - Is it documented? If yes, please provide documentation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
114	Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
115	Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
116	Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
117	Are you aware of any problems with the roof, gutters or downspouts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

119 Please explain any "Yes" answers you gave in this section and attach any documentation:
CLAIM FILED & PENDING - SEE ATTACHED

PESTS/TERMITES/WOOD DESTROYING INSECTS

		YES	NO	UNK
120	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
121	Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
122	Are you aware of any control reports for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
123	Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
124	Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SOIL AND DRAINAGE

		YES	NO	UNK
126	Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
127	Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
128	Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
129	Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

SURVEY AND ZONING				YES	NO	UNK
131	Do you have a survey of the property? If yes, please attach.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
132	Does the survey include all existing improvements on the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
133	Are you aware of any shared or common features with adjoining properties?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134	Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	Is any portion of the property located within the 100-year flood hazard area (flood plain)?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
136	Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
137	Please explain any "Yes" answers you gave in this section: <i>SHARGO DRIVE MAINTAINED BY HOA SHARGO WALL WITH ADJOINING VILLA</i>					
INSURANCE				YES	NO	UNK
138	Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139	If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed. <i>SEE ATTACHED CLAIM</i>					
APPLIANCES/EQUIPMENT (Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable)						
140	Range/Stove	<input type="checkbox"/> N/A	Age <i>8</i>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
141	Oven	<input type="checkbox"/> N/A	Age <i>8</i>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
142	Cooktop	<input checked="" type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
143	Outdoor Grill	<input checked="" type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
144	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
145	Built in Microwave	<input type="checkbox"/> N/A	Age <i>8</i>			
146	Built in Refrigerator	<input type="checkbox"/> N/A	Age <i>8</i>			
147	Dishwasher	<input type="checkbox"/> N/A	Age <i>2</i>			
148	Garbage Disposal	<input type="checkbox"/> N/A	Age <i>5</i>			
149	Trash Compactor	<input checked="" type="checkbox"/> N/A	Age			
150	Electric Pet Fence	<input checked="" type="checkbox"/> N/A	# of collars			
151	Gas Powered Exterior Lights	<input checked="" type="checkbox"/> N/A	# of lights			
152	Security System/Cameras	<input type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
				YES	NO	UNK
153	Are you aware of any items in this section in need of repair or replacement?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
154	Please explain any "Yes" answers you gave in this section:					
MISCELLANEOUS				YES	NO	UNK
155	Has the property been continuously occupied during the last twelve months?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156	Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
157	Is the property located in an area that requires any specific disclosure(s) from the city or county?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
158	Is the property designated as a historical home or located in a historic district?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
159	Is property tax abated or subject to a tax freeze (such as Senior Property Tax Freeze)? If yes, attach documentation from taxing authority.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
160	Are you aware of any pets having been kept in or on the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
161	Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
162	Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
163	Are you aware if carpet has been laid over a damaged wood floor?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
164	Are you aware of any existing or threatened legal action affecting the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165	Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
166	Please explain any "Yes" answers you gave in this section:					

ADDITIONAL COMMENTS


167
168
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[Empty box for additional comments]

Seller attaches the following document(s): STATE FARM CLAIM 2593D55W

SELLER'S ACKNOWLEDGEMENT:

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

	5/25/2024		
SELLER SIGNATURE	DATE	SELLER SIGNATURE	DATE

Mark Jordan
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



State Farm Claims
P.O. Box 106170
Atlanta, GA 30348-6170
Fax: 1-844-236-3646
statefarmfireclaims@statefarm.com

Structural Damage Claim Policy

This estimate is priced based on estimated market pricing for the cost of materials, labor, and other factors at the time of the loss.

Adjustments in market pricing and timing of the repairs may impact the final cost of covered repairs. Should you or the contractor you select have questions concerning our estimate, please contact us. If your contractor's estimate is higher than ours, you should contact us prior to beginning repairs. State Farm will work with you and your contractor to determine the actual and necessary cost of covered repairs at the time repairs will be completed, subject to policy terms, conditions and limits.

- We want you to receive quality repair work to restore the damages to your property.
- We will provide you with a detailed estimate of the scope of the damage and costs of repairs. Should the contractor you select have questions concerning our estimate, they should contact your claim representative directly.
- Depending upon the complexity of your repair, our estimate may or may not include an allowance for general contractor's overhead and profit. If you have questions regarding general contractor's overhead and profit and whether general contractor services are appropriate for your loss, please contact your claim representative before proceeding with repairs.
- There may be building codes, ordinances, laws, or regulations that affect the repairs of your property. These items may or may not be covered by your policy. Please contact your claim representative if you have any questions regarding coverage which may be available under your policy.
- State Farm® cannot authorize any contractor to proceed with work on your property.
- State Farm does not guarantee the quality of the workmanship of any contractor or guarantee that the work will be accomplished within any specific time frame.
- It is understood that the contractor is hired by you, our insured, and that they work for you - not State Farm.

If you have any questions or need additional information regarding your claim, please contact your claim representative immediately.



Building Estimate Summary Guide

This summary guide is based on a sample estimate and is provided for reference only.

Please refer to the estimate for specifics of your claim.

State Farm Insurance			
Insured: Smith, Joe & Jane		Estimate: 00-0000-000	
Property: 1 Main Street		Claim number: 00-0000-000	
Anywhere, IL 00000-0000		Policy Number: 00-00-0000-0	
Type of Loss: Other		Price List: ILBL8F_MAR 13	
Deductible: \$1,000.00		Restoration/Service/ Remodel	
		F = Factored In, D = Do Not Apply	
Summary for Dwelling			
Line Item Total [1]			5,953.10
Material Sales Tax	@	10.000% x 1,520.00	
Subtotal			6,105.10
General Contractor Overhead [2]	@	10.0% x 6,105.10	610.51
General Contractor Profit	@	10.0% x 6,105.10	
Replacement Cost Value (Including General Contractor Overhead and Profit [3])			7,326.12
Less Depreciation (Including Taxes) [4]			(832.50)
Less General Contractor Overhead & Profit on Recoverable & Non - recoverable Depreciation			(166.50)
Less Deductible [5]			
Net Actual Cash Value Payment [6]			
Maximum Additional Amounts Available If Incurred:			
Total Line Item Depreciation (Including Taxes) [4]		832.50	
Less Non - recoverable Depreciation (Including Taxes) [7]			312.50
Subtotal			166.50
General Contractor O&P on Depreciation		166.50	
Less General Contractor O&P on Non - recoverable Depreciation			
Subtotal			
Total Maximum Additional Amounts Available If Incurred [8]			
Total Amount of Claim If Incurred [9]			
Claim Representative _____			
ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND LIMITS OF YOUR POLICY.			

1. **Line Item Total** – Total value of all line items in the estimate plus possible adjustments for *labor minimums*. *Labor Minimum* is to cover a certain minimum number of hours for drive-time, set up time and applicable administrative costs and repairs.
2. **General Contractor's Overhead and Profit** – General contractor's charge for coordinating your repairs.
3. **Replacement Cost Value (RCV)** – Estimated cost to repair or replace damaged property.
4. **Depreciation** – The decrease in the value of property over a period of time due to wear, tear, condition, and obsolescence. A portion or all of this amount may be eligible for replacement cost benefits.
5. **Deductible** – The insurer will pay for losses, up to the policy limits, in excess of your applicable deductible.
6. **Net Actual Cash Value Payment (ACV)** – The repair or replacement cost of the damaged part of the property less *depreciation* and *deductible*.
7. **Non Recoverable Depreciation** – *Depreciation* applied to items that are not eligible for replacement cost benefits.
8. **Total Maximum Additional Amount if Incurred** – Total amount of recoverable depreciation after actual repair or replacement of the property.
9. **Total Amount of Claim if Incurred** – Total amount of the claim, including *net actual cash value payment* and *total maximum additional amount available if incurred*.

State Farm Claims

JORDAN, MARK

25-93D5-55W

Insured: JORDAN, MARK
Property: 738 Windberry Ct # 9
Saint Louis, MO 63122-6578

Estimate: 25-93D5-55W
Claim Number: 2593D555W
Policy Number: 25NT02082
Price List: MOSL28_JAN26
Restoration/Service/Remodel

Home:
Cellular:
Type of Loss: Hail
Deductible: \$2,304.00
Date of Loss: 3/14/2025
Date Inspected: 12/25/2025

Summary for Coverage A - Dwelling Extension - 35 Windstorm
and Hail

Line Item Total	5,569.08
Material Sales Tax	116.99
Replacement Cost Value	5,686.07
Less Deductible	(2,304.00)
Net Payment	\$3,382.07

Connor, Alexis
866-787-8676 x 4641

**ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND
LIMITS OF YOUR POLICY.**

State Farm Claims

JORDAN, MARK

25-93D5-55W

4,808.44 SF Walls
 4,808.44 Exterior Wall Area
 5,116.95 Surface Area
 124.28 Total Ridge Length

416.51 Exterior Perimeter
 of Walls
 51.17 Number of Squares

4,808.44 SF Walls and Ceiling
 416.51 LF Floor Perimeter
 478.74 Total Perimeter Length

Total: Exterior

40.12 1,283.02

Area Totals: Dwelling

4,808.44 SF Walls
 4,808.44 Exterior Wall Area
 5,116.95 Surface Area
 124.28 Total Ridge Length

416.51 Exterior Perimeter
 of Walls
 51.17 Number of Squares

4,808.44 SF Walls and Ceiling
 416.51 LF Floor Perimeter
 478.74 Total Perimeter Length

Total: Dwelling

40.12 1,283.02

Front Elevation

0.00 SF Walls
 0.00 SF Floor
 0.00 SF Long Wall

0.00 SF Ceiling
 0.00 SF Short Wall

0.00 SF Walls & Ceiling
 0.00 LF Floor Perimeter
 0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
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GUTTERS

* 10. R&R Gutter - aluminum - 6"	23.42 LF	13.58	16.96	335.01
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Gutters only

Totals: Front Elevation

16.96 335.01

Right Elevation

0.00 SF Walls
 0.00 SF Floor
 0.00 SF Long Wall

0.00 SF Ceiling
 0.00 SF Short Wall

0.00 SF Walls & Ceiling
 0.00 LF Floor Perimeter
 0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
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GUTTERS

* 11. R&R Gutter - aluminum - 6"	43.83 LF	13.58	31.75	626.96
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Totals: Right Elevation

31.75 626.96

Rear Elevation

0.00 SF Walls
 0.00 SF Floor

0.00 SF Ceiling
 0.00 SF Short Wall

0.00 SF Walls & Ceiling
 0.00 LF Floor Perimeter

State Farm Claims

JORDAN, MARK

25-93D5-55W

0.00 SF Long Wall

0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
12. R&R Metal Z flashing / drip cap	33.00 LF	3.79	2.13	127.20
On top of Brick facade / below Fiber cement Siding.				
13. Remove Fiber cement lap siding - 8"	265.36 SF	0.66	0.00	175.14
14. Install Fiber cement lap siding - 8"	265.36 SF	3.11	0.00	825.27
We will have to detach&reset siding to replace the flashing.				
15. Detach & Reset Exterior outlet or switch	1.00 EA	37.43	0.00	37.43
16. Low voltage box - Detach & reset	1.00 EA	37.12	0.00	37.12
17. Detach & Reset Exterior light fixture - Standard grade	4.00 EA	118.74	0.00	474.96
This for the solar lights on back of home				
Totals: Rear Elevation			2.13	1,677.12

Left Elevation

0.00 SF Walls

0.00 SF Ceiling

0.00 SF Walls & Ceiling

0.00 SF Floor

0.00 SF Short Wall

0.00 LF Floor Perimeter

0.00 SF Long Wall

0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
18. R&R Wrap custom fascia with aluminum (PER LF)	77.17 LF	19.48	26.03	1,529.30
Totals: Left Elevation			26.03	1,529.30

Debris Removal

0.00 SF Walls

0.00 SF Ceiling

0.00 SF Walls & Ceiling

0.00 SF Floor

0.00 SF Short Wall

0.00 LF Floor Perimeter

0.00 SF Long Wall

0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
19. Haul debris - per pickup truck load - including dump fees	1.00 EA	234.66	0.00	234.66
Debris removal for non roof materials				

State Farm Claims

JORDAN, MARK

25-93D5-55W

CONTINUED - Debris Removal

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
Totals: Debris Removal			0.00	234.66
Line Item Totals: 25-93D5-55W			116.99	5,686.07

Grand Total Areas:

4,808.44 SF Walls			4,808.44 SF Walls and Ceiling	
			416.51 LF Floor Perimeter	
4,808.44 Exterior Wall Area	416.51	Exterior Perimeter of Walls		
5,116.95 Surface Area	51.17	Number of Squares	478.74	Total Perimeter Length
124.28 Total Ridge Length				

Trade Summary

Includes all applicable Tax, General Contractor O&P, and Labor Minimums

DESCRIPTION	LINE ITEM QTY	REPL. COST TOTAL	ACV	NON-REC. DEPREC.	MAX ADDL. AMT AVAIL.
DMO GENERAL DEMOLITION					
Haul debris - per pickup truck load - including dump fees	1.00 EA	\$234.66	\$234.66	\$0.00	\$0.00
TOTAL GENERAL DEMOLITION		\$234.66	\$234.66	\$0.00	\$0.00
ELE ELECTRICAL					
Detach & Reset Exterior outlet or switch	1.00 EA	\$37.43	\$37.43	\$0.00	\$0.00
TOTAL ELECTRICAL		\$37.43	\$37.43	\$0.00	\$0.00
FPL FIREPLACES					
R&R Fireplace - chimney chase cover - sheet metal	1.00 EA	\$510.47	\$510.47	\$0.00	\$0.00
R&R Flue cap	1.00 EA	\$183.28	\$183.28	\$0.00	\$0.00
TOTAL FIREPLACES		\$693.75	\$693.75	\$0.00	\$0.00
LIT LIGHT FIXTURES					
Detach & Reset Exterior light fixture - Standard grade	4.00 EA	\$474.96	\$474.96	\$0.00	\$0.00
TOTAL LIGHT FIXTURES		\$474.96	\$474.96	\$0.00	\$0.00
RFG ROOFING					
Laminated - comp. shingle rfg (per SHINGLE)	10.00 EA	\$154.51	\$154.51	\$0.00	\$0.00
Remove Laminated - comp. shingle rfg (per SHINGLE)	10.00 EA	\$62.20	\$62.20	\$0.00	\$0.00
R&R Aluminum rake/gable edge trim - mill finish	38.00 LF	\$219.04	\$219.04	\$0.00	\$0.00
R&R Flashing - pipe jack	2.00 EA	\$116.09	\$116.09	\$0.00	\$0.00
R&R Hip / Ridge cap - Standard profile - composition shingles	1.00 LF	\$8.79	\$8.79	\$0.00	\$0.00
Additional charge for steep roof - 7/12 to 9/12 slope	0.50 SQ	\$18.67	\$18.67	\$0.00	\$0.00
Remove Additional charge for steep roof - 7/12 to 9/12 slope	0.50 SQ	\$9.97	\$9.97	\$0.00	\$0.00
TOTAL ROOFING		\$589.27	\$589.27	\$0.00	\$0.00
SDG SIDING					
Remove Fiber cement lap siding - 8"	265.36 SF	\$175.14	\$175.14	\$0.00	\$0.00
Install Fiber cement lap siding - 8"	265.36 SF	\$825.27	\$825.27	\$0.00	\$0.00
R&R Metal Z flashing / drip cap	33.00 LF	\$127.20	\$127.20	\$0.00	\$0.00
Low voltage box - Detach & reset	1.00 EA	\$37.12	\$37.12	\$0.00	\$0.00
TOTAL SIDING		\$1,164.73	\$1,164.73	\$0.00	\$0.00

Note: Slight variances may be found within report sections due to rounding

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Trade Summary

Includes all applicable Tax, General Contractor O&P, and Labor Minimums

DESCRIPTION	LINE ITEM QTY	REPL. COST TOTAL	ACV	NON-REC. DEPREC.	MAX ADDL. AMT AVAIL.
SFG SOFFIT, FASCIA, & GUTTER					
R&R Gutter - aluminum - 6"	67.25 LF	\$961.97	\$961.97	\$0.00	\$0.00
R&R Wrap custom fascia with aluminum (PER LF)	77.17 LF	\$1,529.30	\$1,529.30	\$0.00	\$0.00
TOTAL SOFFIT, FASCIA, & GUTTER		\$2,491.27	\$2,491.27	\$0.00	\$0.00
TOTALS		\$5,686.07	\$5,686.07	\$0.00	\$0.00

Note: Slight variances may be found within report sections due to rounding

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