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 If you do not understand it, consult your attorney.
 The text of this form may not be altered in any manner
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Form # 2091 01/26

SELLER'S DISCLOSURE STATEMENT

Property Address : 1347 Cherry Glen Ct, Chesterfield, MO 63017

Note: If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect Buyer's decision to buy the property, then Seller needs to disclose it. This statement will assist Buyer in evaluating the property being considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot guarantee the accuracy of the information in this form.

TO SELLER: Your truthful disclosure of the condition of your property gives you the best protection against future charges that you violated your legal obligation to Buyer by concealing a material defect(s), lead-based paint, use as a site for methamphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to your ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some persistent pattern of a problem not completely remedied, such information should be included in this disclosure in order to achieve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, even after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all aspects of your property. If you know of or suspect some condition which would substantially lower the value of the property, impair the health or safety of future occupants, or otherwise affect Buyer's decision to buy your property, then use the space at the end of this form to describe that condition.

TO BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER. If you sign a contract to purchase the property, that contract, and not this disclosure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment included, you must specify them in the contract. Since these disclosures are based on the Seller's knowledge, you cannot be sure that there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the Seller are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of the property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, products, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or you should make the correction of these conditions by the Seller a requirement of the sale contract.

STATUTORY DISCLOSURES				
Note: The following information, if applicable to the property, is required by federal or state law to be disclosed to prospective buyers. Local laws and ordinances may require additional disclosures.				
LEAD-BASED PAINT		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Please explain any "Yes" answers you gave in this section:			
METHAMPHETAMINE		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:			
WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)		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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are you aware if the property has ever been mitigated for radon gas?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Please explain any "Yes" answers you gave in this section: Tested at the time of Purchase (2004). A Radon Remediation was installed at that time.					
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	Westchester Place				
27	Contact Name	Marissa Kinsey, Curtis Hula, Dan Tomczak	Phone #			
28	Type of Property (check all that apply) <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Condominium <input type="checkbox"/> Townhome <input type="checkbox"/> Villa <input type="checkbox"/> Co-op					
29	Mandatory Assessment #1	\$ 395	per	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other		
30	Mandatory Assessment #2	\$	per	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Other		
31	Mandatory Assessment(s) include: <input checked="" type="checkbox"/> entrance sign/structure <input type="checkbox"/> street maintenance <input checked="" type="checkbox"/> common ground <input type="checkbox"/> snow removal specific to dwelling <input type="checkbox"/> snow removal common area <input checked="" type="checkbox"/> landscaping of common area <input type="checkbox"/> landscaping specific to dwelling <input type="checkbox"/> reception facility <input type="checkbox"/> clubhouse <input type="checkbox"/> pool <input type="checkbox"/> tennis court <input type="checkbox"/> exercise area <input type="checkbox"/> water <input type="checkbox"/> sewer <input type="checkbox"/> trash removal <input type="checkbox"/> doorman <input type="checkbox"/> cooling <input type="checkbox"/> heating <input type="checkbox"/> security <input type="checkbox"/> elevator <input type="checkbox"/> some insurance <input type="checkbox"/> real estate taxes <input type="checkbox"/> other common facility _____ <input type="checkbox"/> assigned parking space(s): how many _____ identified as _____ <input type="checkbox"/> other specific item(s): _____ <input type="checkbox"/> Dwelling exterior maintenance covered by Assessment: _____					

	YES	NO	UNK
32 Are you aware of any existing or proposed special assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
33 Are you aware of any special taxes and/or district improvement assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Are you aware of any condition or claim which may cause an increase in assessment or fees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Are you aware of any material defects in any common or other shared elements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Are you aware of any existing indentures/restrictive covenants?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
40 Please explain any "Yes" answers you gave in this section:			

Copy of Indentures attached.

UTILITIES

Services	Current Provider	Phone #		Avg Monthly Cost
41 Propane			<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
42 Gas	Spire	800-887-4173		\$84
43 Electric	Ameren Missouri	800-552-7583		\$91
44 Water	MO American Water	866-430-0820		\$62
45 Sewer	Metro St Louis Sewer	866-281-5737		\$50
46 Trash	Republic Services	636-947-5959		\$13
47 Recycle	Republic Services			Incl w/above
48 Internet	Spectrum	855-707-7328		\$90
49 Phone				

HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

Type of Heating Equipment:			
50 Zone 1: Age 18 Yr Brand Amana	<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 18 Brand Amana	<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 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:			
Winter Checkup (11-13-25) by Comfort Solutions Heating & Cooling			

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

FIREPLACE(S)

	YES	NO	UNK
61 Location 1: Room: Family Type: <input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62 Location 2: Room: 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: 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:

Fireplace was used occasionally - not aware of any problems

PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

66 Plumbing System: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input type="checkbox"/> Other:
67 Water Heater 1: Age: 11 Location: Basement Tank Size: 50 Gal. <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 checked="" type="checkbox"/>	<input 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: Last Backflow Inspection was performed on 5/29/25.			
WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
74	What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other			
75	If well, when was the water last tested? Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.			
76	Do you have a water softener? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.			
		YES	NO	UNK
77	Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78	Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :			
SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)				
79	What is the type of sewerage system to which the house is connected? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other If Other, please explain:			
80	If septic/aerator, when was system last serviced?			
		YES	NO	UNK
81	Is there a sewerage lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
82	Is there a sewerage grinder system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
83	Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84	Please explain any "Yes" answers you gave in this section:			
ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)				
Type of Service Panel(s):				
85	Panel 1: Amps	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 checked="" type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> UNK <input type="checkbox"/> Other
89	Panel 2:	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> UNK <input type="checkbox"/> Other
90	Panel 3:	<input type="checkbox"/> Copper	<input type="checkbox"/> Aluminum	<input type="checkbox"/> UNK <input type="checkbox"/> Other
		YES	NO	UNK
91	Are you aware of any problems or repairs needed in the electrical system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
92	Are you aware of any panels in service in the property being subject to recall or otherwise out of date?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
93	Are you aware of any active knob and tube wiring in the property?	<input type="checkbox"/>	<input 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: 1984 . Seller has occupied property from 2004 to Present .			
96	List all significant additions, modifications, renovations, & alterations to the property during your ownership below: All Rooms-Replaced Flooring, Kitchen-Rearrange Cabinets, Family Room-New Hardwood Floor & Installed New Cabinets & Wet Bar, Master Bath-New Cabinets, Garage Door-New, Patio-New, Kitchen-Converted Electric Cooktop to Gas Cooktop.			
		YES	NO	UNK
97	Were required permits obtained for the work described above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Please explain any "No" answers you gave in this section:			

FOUNDATION			
99	Type of Foundation: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other:		
		YES	NO
100	Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101	Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102	Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103	Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
104	Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105	Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input type="checkbox"/>
106	Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort:		
	BASEMENT AND CRAWL SPACE (Complete only if applicable)	YES	NO
107	Is the home equipped with a sump pit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
108	Is the home equipped with a sump pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
109	Are you aware of any issues with sump pit(s) & pump(s)?	<input 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"/>
111	Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
112	Please explain any "Yes" answers you gave in this section:		
	ROOF, GUTTERS AND DOWNSPOUTS	YES	NO
113	What is the approximate age of the roof? 2 Yr Is it documented? If yes, please provide documentation.	<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"/>
115	Has the roof ever leaked during your ownership?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
117	Are you aware of any problems with the roof, gutters or downspouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
118	Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
119	Please explain any "Yes" answers you gave in this section and attach any documentation:		
	Storm damage in 2024. Old roof removed & new roof, gutters, & downspouts installed.		
	PESTS/TERMITES/WOOD DESTROYING INSECTS	YES	NO
120	Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
121	Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
122	Are you aware of any control reports for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
123	Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
124	Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
125	Please explain any "Yes" answers you gave in this section:		
	SOIL AND DRAINAGE	YES	NO
126	Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
127	Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
128	Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
129	Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
130	Please explain any "Yes" answers you gave in this section:		

SURVEY AND ZONING				YES	NO	UNK
131	Do you have a survey of the property? If yes, please attach.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
132	Does the survey include all existing improvements on the property?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133	Are you aware of any shared or common features with adjoining properties?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
134	Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	Is any portion of the property located within the 100-year flood hazard area (flood plain)?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
136	Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
137	Please explain any "Yes" answers you gave in this section:					
INSURANCE				YES	NO	UNK
138	Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)			<input 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.					
Storm damage in 2024. Old roof removed & new roof, gutters, & downspouts installed.						
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	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
141	Oven	<input type="checkbox"/> N/A	Age 15 Yrs	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
142	Cooktop	<input type="checkbox"/> N/A	Age 6 Yrs	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
143	Outdoor Grill	<input checked="" type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
144	Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
145	Built in Microwave	<input type="checkbox"/> N/A	Age			
146	Built in Refrigerator	<input type="checkbox"/> N/A	Age			
147	Dishwasher	<input type="checkbox"/> N/A	Age 3 Yrs			
148	Garbage Disposal	<input type="checkbox"/> N/A	Age 22 Yrs			
149	Trash Compactor	<input type="checkbox"/> N/A	Age			
150	Electric Pet Fence	<input type="checkbox"/> N/A	# of collars			
151	Gas Powered Exterior Lights	<input type="checkbox"/> N/A	# of lights			
152	Security System/Cameras	<input type="checkbox"/> N/A		<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
162	Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
163	Are you aware if carpet has been laid over a damaged wood floor?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
164	Are you aware of any existing or threatened legal action affecting the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
165	Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
166	Please explain any "Yes" answers you gave in this section:					
Property Tax Freeze - Senior Citizen						

Stark Roofing LLC
 8480 Local Hillsboro Rd
 Cedar Hill, MO 63016
 +16366710045
 info@starkroofingllc.com

Invoice 5049



BILL TO	SHIP TO	DATE	PLEASE PAY	DUE DATE
Bernie Hermann 1347 Cherry Glen Ct Chesterfield, MO 63017	Bernie Hermann 1347 Cherry Glen Ct Chesterfield, MO 63017	06/11/2024	\$0.00	06/11/2024

PROJECT MANAGER
 Bryan 636-288-0593

DESCRIPTION	AMOUNT
ROOF	
Color: Max Def Resawn Shake	
Tear off_1_layer of existing shingles. 26.50SQ.	1,483.47
Furnish laminated architectural shingles w/out felt. 29.15SQ.	3,862.30
Install _29.15_ SQ of CertainTeed Landmark Pro (30yr) AR architectural shingles using 1 1/4" nails. This includes shingles plus waste. (Class 3 Impact Resistant shingles).	3,156.07
Install synthetic felt. 26.50sq.	861.97
Install CertainTeed Shadow Ridge cap shingles. 127.60LF.	765.71
Install starter strip shingles. 160.70LF.	305.73
Replace continuous rolled ridge vent - filtered. 100.00LF.	1,034.78
Furnish and install aluminum drip edge around perimeter. (Per code). 298LF. Incurred payment	805.27
Replace (3) pipe flashings - lead. (two 2", 3").	93.13
Valley metal/Ice and water shield install in valleys. 72LF.	488.89
Remove additional charge for steep roof - 7/12-9/12 slope. 12.98sq.	270.89
Additional charge for steep roof. 7/12-9/12 slope. 12.98sq.	519.72
Remove additional charge for high roof - 2 stories. 15.15sq.	119.53
Additional charge for high roof - 2 stories. 15.15sq.	267.85
Exhaust cap - 6". Remove and replace flashing, collar and cap.	101.72
Dumpster load haul away. 1-3 tons.	405.75
Replace aluminum step flashings as needed.	
Seal under and over all roof vents and pipe flashings with silicone roofing sealant.	0.00

Over 50 Years Experience - Family Owned and Operated

DESCRIPTION	AMOUNT
GUTTERS/DOWNSPOUTS	1,645.81
Color: Brown (to match existing). I will have to come back and get the exact color match.	
Remove and replace 5" aluminum seamless gutters and downspouts. 163LF.	
Completed: 6/11/24	
STARK ROOFING LLC is fully licensed and insured	
NOTES:	0.00
All debris to be removed from job site on re-roofs and tear-offs – Shingles figured at four nails per shingle – We are not responsible for the reception of the satellite or antenna.	
Material Bonded By Manufacturer, Workmanship Warranty is 10 years.	
Payment due upon completion of work.	
Please make all checks payable to Stark Roofing LLC	PAYMENT 16,188.59
Mailing Address:	
6876 Providence	
House Springs MO 63051	TOTAL DUE \$0.00
Credit/Debit Card payments will include a 3.0% convenience fee.	THANK YOU.