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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                      01/25

**SELLER'S DISCLOSURE STATEMENT**

Property Address : 1113 Washington Avenue, 215, St. Louis, MO 63101

**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.

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

UNK=Unknown

BUYER	BUYER

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

**RADIOACTIVE OR HAZARDOUS MATERIALS**

	YES	NO	UNK
Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**ADDITIONAL DISCLOSURES**

**Lead-Based Paint**

	YES	NO	UNK
Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware if it has ever been covered or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you aware if the property has been tested for lead?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain any "Yes" answers you gave in this section including test date, type of test and results:

**Radon**

	YES	NO	UNK
Are you aware if the property has been tested for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you aware if the property has ever been mitigated for radon gas?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

**Mold**

	YES	NO	UNK
Are you aware of the presence of any mold on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of anything with mold on the property that has ever been covered or removed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware if the property has ever been tested for the presence of mold?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**Asbestos Materials**

	YES	NO	UNK
Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any asbestos material that has been encapsulated or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you aware if the property has been tested for the presence of asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

**Other Environmental Concerns**

	YES	NO	UNK
Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)**

Development Name | Lucas Lofts

Contact Name | Jeff Kronenberg Security Management | Phone # 314-399-8485

Type of Property (check all that apply)  Single Family  Multi-Family  Condominium  Townhome  Villa  Co-op

Mandatory Assessment #1 \$ 836.00 per  Monthly  Quarterly  Semi-Annual  Annual  Other

Mandatory Assessment #2 \$ \_\_\_\_\_ per  Monthly  Quarterly  Semi-Annual  Annual  Other

Mandatory Assessment(s) include:  
 entrance sign/structure  street maintenance  common ground  snow removal specific to dwelling  
 snow removal common area  landscaping of common area  landscaping specific to dwelling  reception facility  
 clubhouse  pool  tennis court  exercise area  water  sewer  trash removal  doorman  cooling  heating  
 security  elevator  some insurance  real estate taxes  other common facility \_\_\_\_\_  
 assigned parking space(s): how many \_\_\_\_\_ identified as \_\_\_\_\_  
 other specific item(s): High Speed Internet (Elite Fiber) HD Cable Service (Spectrum)  
 Dwelling exterior maintenance covered by Assessment:

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

**UTILITIES**

Services	Current Provider	Phone #	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Avg Monthly Cost
Propane	NA	NA		
Gas	NA	NA		
Electric	Ameren	800 552 7583		\$125
Water	City of St. Louis City Water Division	314 771 2255		Incl in HOA
Sewer	MSD	314 786 6260		Incl in HOA
Trash	Waste Management	Property Manager		Incl In HOA
Recycle	Unknown	Property Manager		Incl in HOA
Internet	Spectrum/HOA	Property Manager		Incl in HOA
Phone	AT&T	Property Manager		Incl in HOA

**HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS**

Type of Heating Equipment:

Zone 1: Age 2 yrs Brand Lennox  Forced Air  Heat Pump  Radiant  Baseboard  Geo-Thermal  Other

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

Fuel Source of Heating Equipment:

Zone 1:  Natural Gas  Electric  Propane  Fuel Oil  Solar  Other

Zone 2:  Natural Gas  Electric  Propane  Fuel Oil  Solar  Other

Type of Air Conditioner:

Zone 1: Age 2 yrs Brand Lennox  Central Electric  Central Gas  Window/Wall (# of Units: )  Other

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

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

**With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost:**

New Lennox HVAC Systems Installed by Crestside Ballwin Heating and Cooling : \$15,200.00

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

**FIREPLACE(S)**

	YES	NO	UNK
Location 1: Room: _____ Functional and properly vented? Type: <input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Location 2: Room: _____ Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Location 3: Room: _____ Functional and properly vented? Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

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

**PLUMBING SYSTEM, FIXTURES AND EQUIPMENT**

Plumbing System:  Copper  PVC  PEX  Galvanized  Other:

Water Heater 1: Age: >10 Location: 1st floor Tank Size: 50 Gal  Gas  Electric  Propane  Tankless  Other

Water Heater 2: Age: \_\_\_\_\_ Location: \_\_\_\_\_ Tank Size: \_\_\_\_\_  Gas  Electric  Propane  Tankless  Other

UNK=Unknown

BUYER BUYER

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	YES	NO	UNK
Does the property have an ice-maker supply line?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Are you aware of any problems or repairs needed in the plumbing system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does property have a Swimming Pool/Spa/Hot Tub? <b>(If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any "Yes" or "Other" answers you gave in this section: Ice Maker in Freezer - Roof Top Pool Included in HOA Fee			

**WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)**

What is the source of your drinking water?  Public  Community  Well  Other

If well, when was the water last tested? NA Is test documented?  Yes or  No. If yes, please provide documentation.

Do you have a water softener?  Yes or  No. If yes, is it  Owned or  Leased. If leased, provide lessor and cost below.

	YES	NO	UNK
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"/>

Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :  
MSD Supplied City Water

**SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)**

What is the type of sewerage system to which the house is connected?  Public  Private  Septic  Aerator  Other  
If Other, please explain:

If septic/aerator, when was system last serviced? NA

	YES	NO	UNK
Is there a sewerage lift system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a sewerage grinder system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

Please explain any "Yes" answers you gave in this section:  
MSD - Sewer HOA Overview

**ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)**

Type of Service Panel(s):

Panel 1: Amps 200 Brand unknown  Circuit Breakers  Fuses  Other

Panel 2: Amps Brand  Circuit Breakers  Fuses  Other

Panel 3: Amps Brand  Circuit Breakers  Fuses  Other

Type of Wiring:

Panel 1:  Copper  Aluminum  UNK  Other

Panel 2:  Copper  Aluminum  UNK  Other

Panel 3:  Copper  Aluminum  UNK  Other

	YES	NO	UNK
Are you aware of any problems or repairs needed in the electrical system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

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

**CONSTRUCTION**

The property was originally constructed in: 1896 . Seller has occupied property from 2021 to Present .

List all significant additions, modifications, renovations, & alterations to the property during your ownership below:

	YES	NO	UNK
Were required permits obtained for the work described above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<b>FOUNDATION</b>			
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
Are you aware of any problems or issues with foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
Are you aware of any repairs to any of the building elements listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were required permits obtained for any repairs described above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:			
<b>BASEMENT AND CRAWL SPACE (Complete only if applicable)</b>			
	YES	NO	UNK
Is the home equipped with a sump pit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the home equipped with a sump pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any issues with sump pit(s) & pump(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Please explain any "Yes" answers you gave in this section:			
<b>ROOF, GUTTERS AND DOWNSPOUTS</b>			
	YES	NO	UNK
What is the approximate age of the roof? _____ Is it documented? If yes, please provide documentation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any active leaks to the roof?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the roof ever leaked during your ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you aware of any problems with the roof, gutters or downspouts?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the property have multiple layers of roofing currently installed on any portion of the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please explain any "Yes" answers you gave in this section and attach any documentation:			
Roof Age 18 years			
<b>PESTS/TERMITES/WOOD DESTROYING INSECTS</b>			
	YES	NO	UNK
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"/>
Are you aware of any uncorrected damage to the property caused by above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any control reports for the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any control treatments to the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Please explain any "Yes" answers you gave in this section:			
<b>SOIL AND DRAINAGE</b>			
	YES	NO	UNK
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"/>
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"/>
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"/>
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"/>
Please explain any "Yes" answers you gave in this section:			

UNK=Unknown

BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page.

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SURVEY AND ZONING			YES	NO	UNK
Do you have a survey of the property? If yes, please attach.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the survey include all existing improvements on the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any shared or common features with adjoining properties?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
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"/>
Please explain any "Yes" answers you gave in this section:					
INSURANCE			YES	NO	UNK
Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed.					
APPLIANCES/EQUIPMENT (Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable)					
Range/Stove	<input type="checkbox"/> N/A	Age 5-10 years	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
Oven	<input type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> Electric	
Cooktop	<input checked="" type="checkbox"/> N/A	Age	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Outdoor Grill	<input type="checkbox"/> N/A	Age 5-10 years	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Dryer Hookup	<input type="checkbox"/> N/A		<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	
Built in Microwave	<input type="checkbox"/> N/A	Age 5-10 years			
Built in Refrigerator	<input checked="" type="checkbox"/> N/A	Age			
Dishwasher	<input type="checkbox"/> N/A	Age 5-10 years			
Garbage Disposal	<input type="checkbox"/> N/A	Age 5-10 years			
Trash Compactor	<input type="checkbox"/> N/A	Age 5-10 years			
Electric Pet Fence	<input checked="" type="checkbox"/> N/A	# of collars			
Gas Powered Exterior Lights	<input checked="" type="checkbox"/> N/A	# of lights			
Security System/Cameras	<input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	
			YES	NO	UNK
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"/>
Please explain any "Yes" answers you gave in this section:					
MISCELLANEOUS			YES	NO	UNK
Has the property been continuously occupied during the last twelve months?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Is the property designated as a historical home or located in a historic district?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is property tax abated? If yes, attach documentation from taxing authority.			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any pets having been kept in or on the property?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Are you aware if carpet has been laid over a damaged wood floor?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you aware of any existing or threatened legal action affecting the property?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>

ADDITIONAL COMMENTS

Seller attaches the following document(s): \_\_\_\_\_

**SELLER’S ACKNOWLEDGEMENT:**

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

<i>Ryan Armbruster</i>	dotloop verified 01/26/25 1:11 PM CST BZOC-B8EY-DPT1-GUWT
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SELLER SIGNATURE

DATE

SELLER SIGNATURE

DATE

Ryan Armbruster

Ryan Armbruster 01/26/2025

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.

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BUYER SIGNATURE

DATE

BUYER SIGNATURE

DATE

\_\_\_\_\_  
Buyer Printed Name

\_\_\_\_\_  
Buyer Printed Name



Since 1973 Heating & Cooling

CUST.# 25961  
QUOTE# 49485  
JOB# 6280  
AHRI#



Main # South 314-351-8300 Fax: 314-351-7187  
West 636-458-2940 8130 Valcour  
Jeff. County 636-671-0555 St. Louis, MO 63123

\*CUST. COPY\*

"Think 'YOUNG' - Go CRESTSIDE"

<b>PROPOSAL AGREEMENT</b>		DATE: 05/23/2023	MAP:
NAME: Ryan Armbruster		JOB NAME AND PHONE #:	
STREET: 1114 Lucas Ave #215		STREET: SAME	
CITY: St Louis	STATE: Mo	ZIP: 63101	CITY: STATE:
DATE OF INSTALLATION: 05/31/23		H. PHONE: (989) 712-5209	
<b>EQUIPMENT</b> Lennox Equipment		<b>CONTROLS &amp; ELECTRICAL</b>	
Air Conditioner 2 - Lennox 13ACX-030, 2.5 Ton		Safety Disconnect Outside for Air Conditioning	
Furnace 2 - Lennox CBA25UH-030 W/ 15 KW Heat Pack		Humidistat for Humidifier	
Evaporator Coil		All Electrical wiring to be performed by <input checked="" type="checkbox"/> us your electrician	
Heat Pump		Other	
<b>ACCESSORIES</b>		<b>PIPING</b>	
Air Cleaner		Line Set Size x x	
Humidifier		Foam Rubber Insulation on Refrigerant Suction Line	
Water Heater		Reconnect Existing Gas Line	
Thermostat 2 - Sensi WiFi 1F87U-42WF Thermostats		Safety Gas Shut-Off at Furnace	
<b>DUCTWORK</b>		Condensate Drain to Sewer	
New Plenum <input checked="" type="checkbox"/> Mod. present plenum		Condensate Pump	
New return drop <input checked="" type="checkbox"/> Mod. present drop		Other	
<input checked="" type="checkbox"/> External Filter Rack for ease in changing filters		Safety Switches for Drains	
New R/A grills <input type="checkbox"/> Existing R/A grills		<b>MISCELLANEOUS</b>	
All necessary modifications to existing supply and R/A ductwork		Disconnect & remove from premises unnecessary Equipment and Debris.	
New vent pipe to existing flue		Outside unit to set on Preformed Pad	
Flue Tee Size x x		Size 2 - 4" X 4" X 10'	
Flue Liner Size		Permits to be furnished by <input checked="" type="checkbox"/> us <input type="checkbox"/> you	
Other		Recovery/Reclaim	

Install new Lennox Air Conditioners with matching Air Handlers and Heat Packages. Make necessary duct changes to accept new Air Handlers. Install Safety Switches on Drain Lines. Set new AC's on new 4 X 4 Timbers and secure. Make necessary Piping and Electrical connections. Install new Sensi WiFi Thermostats. Start and check operation of new System.

*Paid check # 1091 C.S.*

Add \$ for 5 year extended limited labor warranty  Add \$ for 10 year extended limited labor warranty

**THE COST BELOW IS WITH ALL DISCOUNTS AND COUPONS ALREADY TAKEN OFF THE COST LISTED BELOW!!!**

WARRANTIES	
Heat Exchanger	Year
Compressor	10 Year
Evaporator Coil	10 Year
Parts	10 Year
Water Heater Tank	Year
Air Cleaner	Year
Humidifier	Year
Limited Labor	1 Year

We hereby propose to furnish labor & materials - complete in accordance with the above specifications, for the sum of:  
 \$ \$ 15,210.00 +PERMITS: \$ Included TOTAL: \$ \$ 15,210.00

WITH ALL DISCOUNTS, PAYMENT ON COMPLETION

On Job Completion.

TERMS OF AGREEMENT & LABOR WARRANTY

Balance Due on Completion.  
 Finance charge of 2% per month will be paid on unpaid balance  
 All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.  
 \*Labor warranty does not cover "Lack of Maintenance to Equipment" (see back of proposal)

Authorized Signature *[Signature]* Paid



**CHARLES COYLE**  
DIRECTOR OF PUBLIC SAFETY

**City of St. Louis**  
**DEPARTMENT OF PUBLIC SAFETY**  
DIVISION OF BUILDING AND INSPECTION  
**TISHAURA O. JONES**  
MAYOR



**ED WARE**  
BUILDING COMMISSIONER

**HOUSING CONSERVATION DISTRICT SECTION**

**Certificate Number:** #COI-24384-24

**Issue Date:** December 20, 2024

**CERTIFICATE OF INSPECTION**

This certifies that the Unit/Property at 1114 LUCAS AV, 215, St. Louis, MO 63101 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 6 person(s).

This Certificate expires on: December 20, 2025

Issue to:

LUCAS LOFTS CONDOMINIUM \*\*\*SUMMARY RECORD; NOT ON LRMS\*\*\*  
1114 Lucas Ave  
St Louis, MO 63101

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.