

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.

64531095

©ST. LOUIS REALTORS®  
Approved by Counsel for St. Louis REALTORS®  
To be used exclusively by REALTORS®

Form # 2091 01/20

### SELLER'S DISCLOSURE STATEMENT

To be completed by SELLER concerning 1044 PINEGATE DR (Property Address) located in the municipality of KILGUS (if incorporated), County of ST LOUIS, Missouri.  
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.

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

- (a) Development Name KIRKSHIRE CONDOMINIUMS (CMA)  
(b) Contact PAULINE MIGNERON @ CMA Phone 314-878-0025  
Type of Property: (check all that apply)  Single-Family Residence  Multi-Family  Condominium  Townhome  
 Villa  Co-Op  
(c) Mandatory Assessment: #1 MONTHLY FEE \$ 310 per:  month  quarter  half-year  year  
Mandatory Assessment: #2 - \$ - per:  month  quarter  half-year  year  
(d) Mandatory Assessment(s) include:  
 entrance sign/structure  street maintenance  common ground  snow removal of common area  
 snow removal specific to this dwelling  landscaping of common area  landscaping specific to this dwelling  
 clubhouse  pool  tennis court  exercise area  reception facility  water  sewer  trash removal  
 doorman  cooling  heating  security  elevator  other common facility PUBLIC AREA  
 assigned parking space(s): how many \_\_\_\_\_ identified as \_\_\_\_\_  some insurance  real estate taxes  
 other specific item(s): RESERVED PARKING SPOT  
 Exterior Maintenance of this dwelling covered by Assessment: OTHER THAN DOORWAY  
(e) Optional Assessment(s)/Membership(s) Please explain NONE KNOWN  
(f) Are you aware of any existing or proposed special assessments?  Yes  No  
(g) Are you aware of any special taxes and/or district improvement assessments?  Yes  No  
(h) Are you aware of any condition or claim which may cause an increase in assessment or fees?  Yes  No  
(i) Are you aware of any material defects in any common or other shared elements?  Yes  No  
(j) Are you aware of any existing indentures/restrictive covenants?  Yes  No  
(k) Are you aware of any violation of the indentures/restrictions by yourself or by others?  Yes  No  
(l) Is there a recorded street/road maintenance agreement?  Yes  No  
(m) Please explain any "Yes" answer you gave for (e), (f), (g), (h), (i), (j) or (k) above: (J) DECLARATIONS AND BYLAWS HAVE RESTRICTIONS ON PARKING, SEWER, ETC

\_\_\_\_\_/\_\_\_\_\_  
BUYER BUYER

Initials BUYER and SELLER acknowledge they have read this page

MM  
SELLER SELLER

53 UTILITIES

54 Utility

Current Provider

55 Gas/Propane: SPINE (\$66 MONTH BUDGET BILL) if Propane, is tank  Owned  Leased

56 Electric: KIRKWOOD CITY UTILITIES (\$63 MONTH BUDGET BILL)

57 Water: COMDO ASSD

58 Sewer: COMDO ASSD

59 Trash: COMDO ASSD

60 Recycle: COMDO ASSD

61 Internet: OWSER PICKS PROVIDER

62 Phone: OWSER PICKS PROVIDER

63 HEATING, COOLING AND VENTILATING (Seller is not agreeing that all items checked are being offered for sale.)

64 (a) Heating Equipment:  Forced Air  Hot Water Radiators  Steam Radiators  Radiant  Baseboard

65 (b) Source of heating:  Electric  Natural Gas  Propane  Fuel Oil  Other

66 (c) Type of air conditioning:  Central Electric  Central Gas  Window/Wall (Number of window units \_\_\_\_\_)

67 (d) Areas of house not served by central heating/cooling: \_\_\_\_\_

68 (e) Additional:  Humidifier  Electronic Air Filter  Media Filter  Attic Fan  Other: \_\_\_\_\_

69 (f) Are you aware of any problems or repairs needed with any item in this section?  Yes  No If "Yes", please explain \_\_\_\_\_

70  
71 (g) Other details: \_\_\_\_\_

72 FIREPLACE(S) NO FIREPLACE

73 (a) Type of fireplace:  Wood Burning  Vented Gas Logs  Vent Free Gas Logs  Wood Burning Stove  Natural Gas  Propane

74 (b) Type of flues/venting:

Functional: (properly vented for wood burning and vented gas logs) Number of fireplace(s) \_\_\_\_\_ Location(s) \_\_\_\_\_

Non-Functional: Number of fireplace(s) \_\_\_\_\_ Location(s) \_\_\_\_\_ Please explain \_\_\_\_\_

76 (c) Are you aware of any problems or repairs needed with any item in this section?  Yes  No If "Yes", please explain \_\_\_\_\_

79 PLUMBING SYSTEM, FIXTURES AND EQUIPMENT; POOL/SPA/POND/LAKE/HOT TUB

80 (a) Water Heater:  Electric  Natural Gas  Propane  Tankless  Other: \_\_\_\_\_

81 (b) Ice maker supply line:  Yes  No

82 (c) Jet Tub:  Yes  No

83 (d) Swimming Pool/Spa/Hot Tub:  Yes  No COMMUNITY POOL  
(If Yes, attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement)

84 (e) Lawn Sprinkler System:  Yes  No If yes, date of last backflow device inspection certificate: \_\_\_\_\_

85 (f) Are you aware of any problems or repairs needed in the plumbing system?  Yes  No If "Yes", please explain \_\_\_\_\_

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

89 (a) What is the source of your drinking water?  Public  Community  Well  Other (explain) \_\_\_\_\_

90 (b) If Public, identify the utility company: KIRKWOOD CITY UTILITIES

91 (c) Do you have a softener, filter or other purification system?  Yes  No  Owned  Leased/Lease Information \_\_\_\_\_

92 (d) 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?  Yes  No If "Yes", please explain \_\_\_\_\_

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

95 (a) What is the type of sewerage system to which the house is connected?  Public  Private  Septic  Aerator  Other  
If "Other" please explain \_\_\_\_\_

96 (b) Is there a sewerage lift system?  Yes  No If "Yes", is it in good working condition?  Yes  No

97 (c) When was the septic/aerator system last serviced? \_\_\_\_\_

98 (d) Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?  Yes  No  
If "Yes", please explain \_\_\_\_\_

101 APPLIANCES (Seller is not agreeing that all items checked are being offered for sale.)

102 (a) Electrical Appliances and Equipment:  Electric Stove/Range/Cook top  Oven  Built-in Microwave Oven  
103  Dishwasher  Garbage Disposal  Trash Compactor  Wired smoke alarms  Electric dryer (hook up)  
104  Ceiling Fan(s)  Intercom System  Central Vacuum System  Other \_\_\_\_\_

105 (b) Gas Appliances & Equipment:  Natural Gas  Propane

106  Oven  Gas Stove/Range/Cook top  Exterior Lights  Barbecue  Water heater  Tankless Water Heater

107  Gas dryer (hook up)  Other \_\_\_\_\_

108 (c) Other Equipment:  TV Antenna  Cable Wiring  Phone Wiring  Network/Data Wiring

109  Electric Garage Door Opener(s) Number of controls \_\_\_\_\_

110  Security Alarm System  Owned  Leased /Lease information: \_\_\_\_\_

111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125  
126  
127  
128  
129  
130  
131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142  
143  
144  
145  
146  
147  
148  
149  
150  
151  
152  
153  
154  
155  
156  
157  
158  
159  
160  
161  
162  
163  
164  
165  
166  
167  
168

- Satellite Dish     Owned  Leased/Lease Information: \_\_\_\_\_
- Electronic Pet Fence System Number of Collars: \_\_\_\_\_  Other: \_\_\_\_\_

(d) Are you aware of any items in this section in need of repair or replacement?  Yes  No If "Yes", please explain \_\_\_\_\_

**ELECTRICAL**

- Type of service panel:  Fuses     Circuit Breakers     Other: \_\_\_\_\_
- (a) Type of wiring:  Copper     Aluminum     Knob and Tube     Unknown SWITCHES/OUTLETS HAVE COPPER WIRE
- (b) Are you aware of any problems or repairs needed in the electrical system?  Yes  No If "Yes", please explain \_\_\_\_\_

**ROOF, GUTTERS AND DOWNSPOUTS**

- (a) What is the approximate age of the roof? 1 Years. Documented?  Yes  No
- (b) Has the roof ever leaked during your ownership?  Yes  No If "Yes" please explain \_\_\_\_\_
- (c) Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?  Yes  No If "Yes", please explain ALL FLAT ROOF/SHIPOLES REPLACED 2020
- (d) Are you aware of any problems with the roof, gutters or downspouts?  Yes  No If "Yes", please explain \_\_\_\_\_

**CONSTRUCTION**

- (a) 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?  Yes  No If "Yes" please describe in detail \_\_\_\_\_
- (b) Are you aware of any repairs to any of the building elements listed in (a) above?  Yes  No If "Yes", please describe the location, extent, date and name of the person/company who did the repair or control effort \_\_\_\_\_
- (c) Are you aware that any of the work in (b) above was completed without required permits?  Yes  No
- (d) List all significant additions, modifications, renovations, & alterations to the property during your ownership: FLOOR IN KITCHEN, HALL BATH 2021, KITCHEN REMODEL 1998
- (e) Were required permits obtained for the work in (d) above?  Yes  No

**BASEMENT AND CRAWL SPACE (Complete only if applicable)**

- (a)  Sump pit     Sump pit and pump
- (b) Type of foundation:  Concrete     Stone     Cinder Block     Wood
- (c) Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space?  Yes  No If "Yes", please describe in detail \_\_\_\_\_
- (d) Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?  Yes  No If "Yes", please describe the location, extent, date and name of the person/company who did the repair or control effort \_\_\_\_\_

**PESTS OR TERMITES/WOOD DESTROYING INSECTS**

- (a) Are you aware of any pests or termites/wood destroying insects impacting the property and improvements?  Yes  No
- (b) Are you aware of any uncorrected damage to the property caused by pests or termites/wood destroying insects?  Yes  No
- (c) Is your property currently under a warranty contract by a licensed pest/termite control company?  Yes  No
- (d) Are you aware of any pest/termite control reports for the property?  Yes  No
- (e) Are you aware of any pest/termite control treatments to the property?  Yes  No
- (f) Please explain any "Yes" answers you gave in this section COCKROACH ASSOC DOES PEST CONTROL ON COMMON AREAS AS NEEDED

**SOIL AND DRAINAGE**

- (a) Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?  Yes  No
- (b) Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?  Yes  No
- (c) 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?  Yes  No
- (d) 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)  Yes  No
- (e) Please explain any "Yes" answers you gave in this section \_\_\_\_\_

HAZARDOUS SUBSTANCES/OTHER ENVIRONMENTAL CONCERNS

(a) Lead: (Note: Production of lead-based paint was banned in 1978. See Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards, form #2049.)

(1) Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?  Yes  No

(2) Are you aware if it has ever been covered or removed?  Yes  No

(3) Are you aware if the property has been tested for lead?  Yes  No If "Yes", please give date performed, type of test and test results

(4) Please explain any "Yes" answers you gave in this section

(b) Asbestos Materials

(1) Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?  Yes  No

(2) Are you aware of any asbestos material that has been encapsulated or removed?  Yes  No

(3) Are you aware if the property has been tested for the presence of asbestos?  Yes  No If "Yes", please give date performed, type of test and test results

(4) Please explain any "Yes" answers you gave in this section

(c) Mold

(1) Are you aware of the presence of any mold on the property?  Yes  No

(2) Are you aware of anything with mold on the property that has ever been covered or removed?  Yes  No

(3) Are you aware if the property has ever been tested for the presence of mold?  Yes  No If "Yes", please give date performed, type of test and test results

(4) Please explain any "Yes" answers you gave in this section

(d) Radon

(1) Are you aware if the property has been tested for radon gas?  Yes  No If "Yes", please give date performed, type of test and test results

(2) Are you aware if the property has ever been mitigated for radon gas?  Yes  No If "Yes", please provide the date and name of the person/company who did the mitigation

(e) Methamphetamine

Are you aware if the property is or was used as a lab, production or storage site for methamphetamine or was the residence of a person convicted of a crime related to methamphetamine or a derivative controlled substance related thereto?

Yes  No If "Yes", Section 442.606 RSMo requires you to disclose such facts in writing, please explain

(f) Waste Disposal Site or Demolition Landfill (permitted or unpermitted)

Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property?  Yes  No If "Yes", Section 260.213 RSMo requires you to disclose the location of any such site on the property. Please provide such information.

Note: If Seller checks "Yes", Buyer may be assuming liability to the State for any remedial action at the property.

(g) Radioactive or Hazardous Materials

Have you ever received a report stating affirmatively that the property is or was previously contaminated with radioactive material or other hazardous material?  Yes  No If "Yes", Section 442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.

(h) Other Environmental Concerns

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.?  Yes  No If "Yes", please explain

SURVEY AND ZONING

(a) Are you aware of any shared or common features with adjoining properties?  Yes  No

(b) Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?  Yes  No

(c) Is any portion of the property located within the 100-year flood hazard area (flood plain)?  Yes  No

(d) Do you have a survey of the property?  Yes  No (If "Yes", please attach) Does it include all existing improvements on the property?  Yes  No

(e) Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?  Yes  No

(f) Please explain any "Yes" answers you gave in this section

228 INSURANCE

229 Are you aware of any claims that have been filed for damages to the property?  Yes  No If "Yes", please provide the following  
230 information: date of claim, description of claim, repairs and/or replacements completed CLAIM SETTLED 2021.  
231 UPPER LEVEL NEIGHBOR HAD TUB/SHOWER LEAK THAT DAMAGED HALL  
232 BATH CEILING/WALL. PLOMBING ABOVE COMPLETELY REPLACED AT  
233 LEAK. CEILING/WALL IN HALL BATH REPAIRED/REPLACED

234 MISCELLANEOUS

- 235 (a) The approximate age of the residence is 55 years. The Seller has occupied the property from \_\_\_\_\_ to \_\_\_\_\_.
- 236 (b) Has the property been continuously occupied during the last twelve months?  Yes  No If "No", please explain SELLER'S FAMILY MEMBER OCCUPIED PROPERTY 1998 - 2021
- 237 (c) Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or  
238 any other required governmental authority?  Yes  No If "Yes", please explain PROPERTY REQUIRED  
239 CITY OF KID WOOD RESIDENCE INSPECTION
- 240 (d) Is the property located in an area that requires any specific disclosure(s) from the city or county?  Yes  No If "Yes", please  
241 explain \_\_\_\_\_
- 242 (e) Is the property designated as a historical home or located in a historic district?  Yes  No If "Yes", please explain \_\_\_\_\_
- 243 (f) Is property tax abated?  Yes  No Expiration date \_\_\_\_\_ Attach documentation from taxing authority.
- 244 (g) Are you aware of any pets having been kept in or on the property?  Yes  No If "Yes" please explain \_\_\_\_\_
- 245 (h) Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?  Yes  No (If "Yes", please attach)
- 246 (i) Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?  Yes  No
- 247 (j) Are you aware if carpet has been laid over a damaged wood floor?  Yes  No
- 248 (k) Are you aware of any existing or threatened legal action affecting the property?  Yes  No
- 249 (l) Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?  Yes  No
- 250 (m) Please explain any "Yes" answers you gave for (i), (j), (k), or (l) above \_\_\_\_\_
- 251 \_\_\_\_\_
- 252 \_\_\_\_\_
- 253 \_\_\_\_\_
- 254 \_\_\_\_\_


255 Additional Comments:

256 SELLER COMPLETING THIS DISCLOSURE NEVER  
257 OCCUPIED THIS PROPERTY  
258 \_\_\_\_\_  
259 \_\_\_\_\_  
260 \_\_\_\_\_

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

262 **SELLER'S ACKNOWLEDGEMENT:**

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

266   
267 05/18/2021  
SELLER SIGNATURE DATE  
268 PATRICK MALONEY  
269 Seller Printed Name

SELLER SIGNATURE DATE  
Seller Printed Name

270 **BUYER'S ACKNOWLEDGEMENT:**

271 Buyer acknowledges having received and read this Seller's Disclosure Statement. Buyer understands that the information in this Seller's  
272 Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in  
273 this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information  
274 obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker  
275 is not an expert at detecting or repairing physical defects in property.

276 \_\_\_\_\_  
277 BUYER SIGNATURE DATE  
278 \_\_\_\_\_  
279 Buyer Printed Name

BUYER SIGNATURE DATE  
Buyer Printed Name



CITY OF KIRKWOOD – DEPARTMENT OF PUBLIC SERVICES  
139 SOUTH Kirkwood Road, Kirkwood, MO 63122  
Building Commissioner’s Office  
(314) 822-5823 | Fax (314) 822-5898

## RESIDENTIAL INSPECTION REPORT

MALONEY FAMILY TRUST  
827 OAKBROOK LN  
ST. LOUIS MO 63132

DATE OF RE-INSPECTION: June 3, 2021

**APPROVED**

ADDRESS INSPECTED: 1044 PINEGATE DR, Permit # 21-00004173

RE-INSPECTED BY: Matt Stoll

The following is a list of deficiencies that were discovered during the above referenced inspection of this unit. These deficiencies must be corrected, re- inspected and approved to obtain a City of Kirkwood occupancy permit. Common areas of this multi-family building are inspected and a separate notice will be sent to the responsible party. **Please note: It is unlawful to occupy these premises or allow the occupancy of these premises without first receiving an occupancy permit.**

The following deficiencies were observed and must be corrected prior to obtaining an occupancy permit:

- ~~1. Install smoke detectors in each bedroom~~
- ~~2. Repair/replace GFCI receptacle in kitchen – reverse polarity~~
- ~~3. Cover open light fixture master bedroom closet~~

Please email [bldginspections@kirkwoodmo.org](mailto:bldginspections@kirkwoodmo.org) to schedule a re-inspection when the corrections have been made. Once the approval of this inspection is granted, an occupancy permit can be issued. **This inspection is valid for 120 days from the date of inspection above.**

**OFFICE USE ONLY** | Re-inspected and Approved by

Matt Stoll – [stollmp@kirkwoodmo.org](mailto:stollmp@kirkwoodmo.org)  
Tim Smalling – [smallita@kirkwoodmo.org](mailto:smallita@kirkwoodmo.org)

Mary White – [whiteme@kirkwoodmo.org](mailto:whiteme@kirkwoodmo.org)  
Phil Smith – [smithpd@kirkwoodmo.org](mailto:smithpd@kirkwoodmo.org)