



Seller's Disclosure Statement for Commercial/Industrial Property

Addendum to Listing Contract # _____

The following is a disclosure statement, made by Seller concerning the condition of the property located at:

Street Address: 106 Oak St

City: Advance State: MO

Zip Code: 63730 County: Stoddard

This disclosure is not a warranty of any kind by Seller or any agent of Seller in this transaction, and is not a substitute for any inspection or warranties the buyer may wish to obtain. The following are representations made by the Seller and are not representations of the Seller's agent.

To the Seller:

Please complete the following form, including past history or problems if known. **Do not leave any spaces blank.** If the condition is not applicable to your property, mark "NA" in the blank. **Attach additional pages if additional space is required.** Be sure to sign every page.

1. GENERAL.

- a) Approximate Year Built: 1950 (Seller to complete Lead-based Paint Disclosure form (DSC-2000 or DSC-3000) for residential building built prior to 1978).
- b) Date Purchased: _____

2. OCCUPANCY.

- a) Is the property currently vacant? Yes No
- b) Does Seller currently occupy this property? Yes No. If not, how long has it been since Seller occupied or inspected the property?
(1) Occupied 11/1/24
(2) Inspected _____

3. LAND (SOILS, DRAINAGE AND BOUNDARIES).

- a) Has any part of the property been filled other than in ordinary construction? Yes No Unknown
- b) Is the property located in a flood zone, established flood plain or wetlands area? Yes No Unknown
- c) Do you know of any past or present drainage or flood problems affecting the property or immediately adjacent properties? Yes No Unknown
- d) Do you know of any encroachments, title disputes, boundary line disputes or easements affecting the property? Yes No

If any of your answers in this section are "Yes," explain in detail: _____

4. ROOF. (Defined as outer layer of roof)

- a) Age: 2 yrs. years.
- b) Has the roof ever leaked during your ownership? Yes No
- c) Has the roof been replaced or repaired during your ownership? Yes No
- d) Do you know of any problems with the roof or rain gutters? Yes No

If any of your answers in this section are "Yes," explain in detail: Roof Replaced 2 yrs ago.

5. TERMITES, DRYROT, PESTS.

- a) Do you have any knowledge of termites, wood destroying insects, dryrot or pests on or affecting the property? Yes No
- b) Do you have any knowledge of any previous treatment or damage to the property relating to termites, dryrot or pests? Yes No
- (c) Is your property currently under warranty or other coverage by a licensed pest control company? Yes No

If any of your answers in this section are "Yes," explain in detail: _____

6. STRUCTURAL ITEMS.

- (a) Are you aware of any past or present cracks or flaws in the walls, foundations or structural areas? Yes No
- (b) Are you aware of any past or present water leakage or seepage in the building? Yes No
- c) Are you aware of any fire damage or other casualty to the property? Yes No
- d) Have there been any repairs or other attempts to control any problem described above? Yes No
- e) Have any insurance claims been made in the last 5 years? Yes No
- f) Have you received any insurance payments for damage to the property, which were not spent for repairs? Yes No
- g) Are you aware of any insurance application or prior coverage regarding all or any part of the property that has been rejected or will not be renewed? Yes No
- h) Are you aware that any existing insurance coverage will be subjected to increased premium rates? Yes No

- i) Do you know of any temporary repairs that when made the repairmen advised that replacement would soon be needed? Yes No

If any of your answers in this section are "Yes," explain in detail. When describing repairs or control efforts, describe the location, extent, date, and name of the persons who did the repair or control effort. Also attach copies of any available insurance claims made within the last 5 years.

7. BASEMENTS, CRAWLSPACES AND FOUNDATIONS.

- a) Does the property have a sump pump? Yes No
- b) Has there ever been any water leakage, seepage, accumulation, moisture or dampness within or around the basement, crawlspace, foundation or slab? Yes No If "Yes," describe in detail: _____
- c) Have there been any repairs or other attempts to control any water or dampness problem relating to the basement, crawlspace, foundation or slab? Yes No If "Yes," describe the location, extent, date, and name of the person who did the repair or control effort: _____

8. ADDITIONS/REMODELS.

- a) Have you made any additions, improvements, structural changes, or other alterations to the property? Yes No If "Yes," did you obtain all necessary permits and approvals and was all work in compliance with building codes? Yes No Unknown If your answer is "No," explain: _____

9. HEATING AND AIR CONDITIONING.

- a) Air Conditioning: Central Electric Central Gas Window (#) Units
- b) Heating: Electric Propane Natural Gas Other: _____
- c) Water Heating: Electric Gas Solar
- Are you aware of any problems regarding these items? Yes No If "Yes," explain in detail: _____

- 10. ELECTRICAL SYSTEM.** Are you aware of any problems with the electrical system? Yes No If "Yes," explain in detail: _____

- 11. PLUMBING SYSTEM.** Are you aware of any problems with the plumbing system? Yes No If "Yes," explain in detail: _____

12. OTHER EQUIPMENT AND ITEMS.

Mark the number of items being sold with property:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Electric Garage Door Opener | <input type="checkbox"/> Transmitters | <input type="checkbox"/> Water Softener | <input checked="" type="checkbox"/> Smoke Detectors |
| <input type="checkbox"/> Security Alarm System | <input type="checkbox"/> Disposal | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Fire Suppression Equipment |
| <input type="checkbox"/> Spa/Hot Tub | <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Automatic Timers |
| <input type="checkbox"/> Fireplace Doors and Covering | <input type="checkbox"/> Stove | <input type="checkbox"/> Microwave Oven | <input type="checkbox"/> Ceiling Fans |
| <input checked="" type="checkbox"/> TV Antennas | <input type="checkbox"/> Washer | <input type="checkbox"/> Dryer | <input type="checkbox"/> FP Insert |
| <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Propane Tank |
| <input type="checkbox"/> Pool/spa Equipment (list) _____ | | | |

Other (describe): _____

If any of the above are not in working order, or are not owned by Seller, explain: _____

13. AVAILABLE RESOURCES.

- Sewer System Natural Gas Electricity Telephone Cable Television Cable

- a) What is your drinking water source: Public Private System Well on Property Shared Well
- b) If non-public, date last tested: _____ Results: _____
- c) What is the type of sewage system: Public Sewer Connected Private Sewer Septic Tank None Other: _____ Explain: _____
- d) Is there a sewage lift pump? Yes No
- e) When was the septic system last serviced? _____
- f) Do you know of any leaks, backups or other problems relating to any of the plumbing, water and sewage-related items? Yes No If "Yes," explain in detail: _____

- 14. NEIGHBORHOOD.** Are you aware of any annexation, school re-districting, threat of condemnation, zoning changes or street changes? Yes No If "Yes," explain in detail: _____

15. HAZARDOUS SUBSTANCES.

- a) Are you aware of the presence of any lead-based paint on the property? Yes No
- b) Are you aware of asbestos materials on the property, such as roof shingles, siding insulation, ceiling, flooring, pipe wrap, etc? Yes No
- c) Are you aware of the presence of other environmental concerns that may affect the property such as underground tanks, lead water supply pipes, polychlorinated biphenyls (PCB's), radon gas, mold, toxic waste, dump sites or any other hazardous substance? Yes No

d) Are you aware whether the property has been tested for mold, radon gas or any other hazardous substances?
 Yes No
 If "Yes," please give date performed, type of test and test results: _____

If any of the above answers are "Yes," explain in detail: _____

Other disclosures: _____
 Smaller AC unit behind the building is a working unit.

16. PROPERTY OWNERS ASSOCIATIONS/ CONDOMINIUMS/USE RESTRICTIONS.

- a) Is the property subject to covenants, conditions and restrictions (CC&R's)?
 Yes No Unknown
- b) Is the property part of a condominium, property owner's association or other common ownership?
 Yes No Unknown
 (If your answer to (b) is "No," or "Unknown," you may ignore the remainder of this section).
- c) Is there any condition or claim which may result in an increase in assessments or fees?
 Yes No Unknown
 If your answer to (c) is "Yes," explain in detail: _____
- d) Are all association dues, fees, charges and assessments related to the property current?
 Yes No Unknown **N/A**
 If your answer to (d) is "No," explain in detail: _____

What are the association fees, dues and other assessments related to the property? _____

DUE TO SELLER'S LIMITED KNOWLEDGE OF THE PROPERTY, SELLER MAKES NO DISCLOSURES.

The undersigned Seller represents that the information set forth in the foregoing disclosure statement is accurate and complete to the best of Seller's knowledge. Seller does not intend this disclosure statement to be a warranty or guaranty of any kind. Seller hereby authorizes the Broker to provide this information to prospective buyers of the property and to real estate brokers and sales people. Seller will fully and promptly disclose in writing to Buyer any new information pertaining to the Property that is discovered by or made known to Seller at any time prior to closing or settlement and constitutes an adverse material fact or would make any existing information set forth herein false or materially misleading. Seller does have legal authority to sell the property, and does not know of any facts that could restrict, impede or prevent Seller's ability to sell.

Seller: Cross Trails Medical Center by: Ricko Frank

Date: 11/22/24

Seller: _____

Date: _____

17. OTHER MATTERS.

- a) Do you know of any existing legal action which would prevent Seller from conveying the property?
 Yes No
- b) Do you know of any violations, or alleged violations of local, state or federal laws or regulations, or any covenants, conditions or restrictions relating to this property? Yes No
- c) Do you know of any mortgages, deeds of trust or other liens against the property that may affect your ability to sell the property? Yes No
- d) Do you know of proceedings which might result in a special tax bill or assessment on the property?
 Yes No
- e) Are you aware that the property is or was used as a site for methamphetamine production, storage or was the residence of a person convicted of a crime involving any controlled substance related thereto?
 Yes No Unknown **If "Yes," MAR form DSC-5000 must be filled out in conjunction with this form.**

If any of your answers in this section are "Yes," explain in detail: _____
 (use extra sheets, if necessary)

RECEIPT AND ACKNOWLEDGMENT OF BUYER

The undersigned Buyer is urged to carefully inspect the property and, if desired, to have the property examined by professional inspectors. Buyer understands that this disclosure statement is not a substitute for such inspections. Buyer acknowledges that no broker or salesperson involved in this transaction is an expert at detecting or repairing physical defects in the property. Buyer understands that there are areas of the property of which Seller has no knowledge and that this disclosure statement does not encompass those areas.

Buyer understands that unless stated otherwise in the Contract with Seller, the property is being sold in its present condition only, without warranties or guarantee of any kind by Seller or any broker or salesperson. Buyer states that no representations concerning the condition of the property are being relied upon by Buyer except as stated within the sale contract.

Buyer: _____

Date: _____

Buyer: _____

Date: _____