## 39.Smoke detector Information:

Smoke detectors(s)
Properly located
\*Hard-Wired \*

\*If N or H see note on p.3, Item 39

## Disclosure Report Saint Paul Truth-in-Sale of Housing

(Carefully read this entire report)

Office Use, O	NLY
Date Received	
Payment Ref.	

## THIS REPORT IS NOT A WARRANTY, BY THE CITY OF ST. PAUL OR EVALUATOR OF THE FUTURE USEFUL LIFE, OR THE FUTURE CONDITION OF ANY BUILDING COMPONENT OR FIXTURE.

Notice: A copy of this Report must be publicly displayed at the premises when the house is shown to prospective buyers, and a copy of this Report must be provided to the buyer prior to the time of signing a Purchase Agreement.

copy of this report the	st be provided to the b	ayer prior to the till	ic 0, 3,9	illing a raichasc A	greenena		
Address of Evaluate	d Dwelling:	2026 Stillwater Ave			a second to section and an advance to		
Owner's Name:	Home Loan Services o		correct str	eet type and/or direction	n may be returned and may in	cur a late ree.	
Owner's Address:	6211 Upper 51st S	St Oakdale, MN 551	28				
Current USAGE of this dwelling:	Single Family  Duplex Usage may not be le	Townhous	<b>e</b> [	Condo*	*For condominium units, th those items located withinth not include the common us areas of the structure.	he residential unit	s and does
Comments: Single Family	coage may not be to	gan see selem					
PROPERTY LOCAT. If a box is not checked evaluator nor by the Conference of the confe	then the information of ty of Saint Paul.	loes not apply to th	is dwellii	ng.This informatio	n is not guaranteed by	the	
	· · · · · · · · · · · · · · · · · · ·				e are different by Ca	tegory:	
	s box is not marked this dwell					<b>.</b>	
Cat. 1: New own	ers must re-register the b	uilding and pay all out	tstanding	fees and obtain peri	mission for occupancy.	•	
Written permission		-					
	nents include: 1. Register/ t for approval a rehab cos npliance work, 5. Submit p	t estimate from a licer	nsed cont	ractor and a schedul	e for completion of all	report,	
Cat. 3: All above	requirements AND obtain	a CERTIFICATE OF C	OCCUPAN	CY or CERTIFICATE	OF CODE COMPLIANCE b	efore sale.	
	tus and/or category can chinformed of all conditions				nt Buildings division at 65	<u>1-266-1900</u>	
Preservat required I City's Info	on site. Review and ap	proval of exterior w ation Commission a 6-8989	ork (exc and city :	luding painting), r staff. For question	ually designated as a Sa modifications, additions s regarding Heritage Pr	and demolities	on is
	on.Completion and/or o				oply. Call 651-266-9090	for permit	
	ED LEGAL DUPLEX. If the 1908 for the most recei				is NOT checked, conta cory may incur a fee.	ct DSI ZONIN	IG at
You may obtain a printout www.stpaul.gov>Gove						•	
the requirements of		ever, this evaluation f	orm will b		is report WILL NOT be use repartment to determine if		
	ent Truth-in-Sale of Housir ion (FHA) or Veterans Adr		s and is t	ased upon different	standards than the lender	, Federal	
3. is not warranted, by	the City of Saint Paul nor I	by the evaluator for th	e conditio	on of the building co	mponent,nor of the accura	cy of this repor	t.
				the time of the eva observe the condition	a <b>luation.</b> The Evaluato on of the roofing, disassen	or is not require nble items or	d to
Questions regardin	from the date of issue and g this report should be ety and Inspections, Tr	directed to the eva	luator. (	Complaints regard	ing this report should i 551) 266-1900.	e directed to	:
EVALUATOR:Jon	Haven		PHONE:	(651) 641-0641	DATE: 6/5/:	2009	Rev 3/2009

Dronerty Address:	2026 Stillwater Ave St Paul, MN 55119	

Rating Key: M = Meets minimum B = Below minimum C = See Comment H = Hazardous Y = Yes N = No NV = Not Visible/Viewed NA = Not Applicable

	Item#	Comment
BASEMENT/CELLAR		Specify location(s), where necessary
1. Stairs and Handrails B	1. Lacks a ha Width less th	andrail. Low headroom Damaged treads.
2. Basement/cellar floor		pasement limits view of floor and wall areas.
3. Foundation M	_	
4. Evidence of dampness or staining	<ul> <li>4. Effloresce</li> </ul>	nce, Stains on foundation walls
5. First floor, floor system	o, circais in	ot indexed. [B] in house or garage sub
6. Beams and columns M		sed as extension cord through masonry
	wall. Expose	ed wires at stairs.
ELECTRICAL SERVICE(S) # of Services1		ed wasteline in basement d piping at water heater.
7. Service size:		has been disconnected and the plumbing
Amps: 30 60 100X 150 Other		e observed for leaks.
Volts: 115 115/220		ed gas pipe in basement.  proved gas valve at water heater. Flexible
BASMENT or METER LOCATION(S) ONLY:		or to water heater, gas pipe not secure.
8. Electrical service installation/grounding B	_	
9. Electrical wiring, outlets, and fixtures H	_	
PLUMBING SYSTEM		
10. Floor drain(s) (basement) M		
11. Waste and vent piping (all floors)	_	
12. Water piping (all floors) B	_	
13. Gas piping (all floors) H	_	
14. Water heater(s), installation M	_	
15. Water heater(s), venting M	_	
16. Plumbing fixtures (basement) NA	-	
HEATING SYSTEM(S) # of 1	_	
17. Heating plant(s): Type: Forced air Fuel: Gas		
a. Installation and visible condition M	<del>-</del>	
b. Viewed in operation (required in heating season)N	_	
c. Combustion venting M	_	
The Evaluator is NOT required to operate the heating plant during heating season, between October 15 and April 15.	(s), except	
18. Additional heading unit(s) Type: Fuel:	-	
a. Installation and visible condition	_	
b. Viewed in operation	_	
c. Combustion venting	_	
19. ADDITIONAL COMMENTS (1 through 18)	_	
	_	

DATE: 6/5/2009

**EVALUATOR:** 

Jon Haven

Rating Key: M = Meets minimum B = Below minimum C = See Comment H = Hazardous Y = Yes N = No NV = Not Visible/Viewed NA = Not Applicable

## Item # Comment

Where there are multiple rooms to a category, the Evaluator must specify the room to which a Comment is related.

KITCHEN	5 77	
20. Walls and ceiling	М	24. Kitchen sink drain not vented.[B]
21. Floor condition and ceiling height	M	25. Water is off. [H]
22. Evidence of dampness or staining	N	27. Glass fogged, thermal leak.
23. Electrical outlets and fixtures	M	28. Dining room wall open above patio door
24. Plumbing fixtures	В	31. Missing cover plates. Wire splices in wall above
25. Water flow	H	patio door.
26. Window size/openable area/mechanical exhaust	M	33. sash cords broken
27. Condition of windows/doors/mech. exhaust	B	
LIVING AND DINING ROOM(S)		<ol> <li>Lacks a guardrail at basement stairs</li> <li>Siphon leg under sink.</li> </ol>
28. Walls and ceiling	B	•
29. Floor condition and ceiling height	M	45. Water shut off, plumbing not tested
30. Evidence of dampness or staining	N	57. Broken window. in front entry
31. Electrical outlets and fixtures	H	58. No attic access, not viewed
32. Window size and openable area	M	62. H; CO detectors not installed to state code.
33. Window and door condition	B	
HALLWAYS, STAIRS AND ENTRIES		
34. Walls, ceilings, floors	NA	
35. Evidence of dampness or staining	NA	
36. Stairs and handrails to upper floors	Н	
37. Electrical outlets and fixtures	M	
38. Window and door condition	M	
39. Smoke detector(s)	Y	
Properly located	Y	
* Hard-Wired (HWSD)	Y	
* if N or H in SINGLE FAMILY HOME the SPFire Dept requires HWSD ins	taliation	
BATHROOM(S)	•	
40. Walls and ceilings	M	
41. Floor condition and ceiling height	M	
42. Evidence of dampness or staining	N	
43. Electrical outlets and fixtures	<u> </u>	
44. Plumbing	B	
45. Water flow	<u> </u>	
46. Window size/openable area/mechanical exhaust	M	
47. Condition of windows/doors/mech. exhaust	M	
SLEEPING ROOM(S)		
48. Walls and ceilings	M	
49. Floor condition and ceiling height	M	
50. Evidence of dampness or staining	N	
51. Electrical outlets and fixtures	M	
52. Window size and openable area	M	
53. Window and door condition	M	
ENCLOSED PORCHES AND OTHER ROOMS		
54. Walls, ceiling, and floor condition	M	
55. Evidence of dampness or staining	N	
56. Electrical outlets and fixtures	M	
57. Window and door condition	H	
ATTIC SPACE (Visible Areas)		
58. Roof boards and rafters	С	
59. Evidence of dampness or staining		
60. Electrical wiring/outlets/fixtures		
61. Ventilation		
62. ADDITIONAL COMMENTS (20 through 61)		
CO Detector information reported here		
		Page 3 of

DATE: 6/5/2009 Rev 3/2009

Property Address: 2026 S	Stillwater Av	e St Paul, MN 5	5119			
Rating Key: M = Meets minimum Applicable				Hazardous Y = Ye	es N = No NV = Not Visible/V	/iewed NA = Not
EXTERIOR (Visible Ar	eas)			Item#	Comment	
-	_			66. Damage	d, missing siding and trir	ns
63. Foundation			M		or not trimed in. Damag	
64. Basement/cellar window			M	door compoi	_	ca, missing storm
65. Drainage (grade)			M	•	glass broken.	
66. Exterior walls			B		_	
67. Doors (frames/storms/s			B		ow paint peeling, putty	
68. Windows (frames/storm			H		ws. Missing or damaged	storm window
69. Open porches, stairways			<u>B</u>	components		
70. Comice and trim			M	69. Handrail	not secure on rrar. not o	jrippable
71. Roof structure and cove	_		M	74. Service e	entrance lack 2' clearan	ce above garage
72. Gutters and downspouts			NA	roof.		
73. Chimneys 74. Outlets, fixtures and ser			M B	76. Debri in structure.	yard limits view of exteri	or garage
GARAGE(S)/ACCESSO	DRY STRU	CTURE(S)		77. View obs	structed by stored items.	Oil stains
75. Roof structure and cove	ring		M	80. missing o	coverplates.	
76. Wall structure and cover			С			
77. Slab condition	_		C			
78. Garage door(s)			М			i.
79. Garage opener(s) - (see	important n	otice #6)	Y			
80. Electrical wiring, outlets	and fixtures	·	H			
81. ADDITIONAL COMME	:NTS (63 th	rough 80)	\(\frac{1}{2}\)			
FIREPLACE/WOODST	OVES					
82. Dampers installed in fire	nlaces		NA			
83. Installation			NA NA			
84. Condition			NA NA			
			NA			
******				_		
SUPPLEMENTAL INFORM items meet minimum sta				ether		
INSULATION	r/N	Туре	Inches/	Depth		
85. Attic Insulation	NV					
86. Foundation Insulation	N					
87. Knee Wall Insulation	NA					
				<del></del>	•	
88. Rim Joist Insulation	<u>N</u>			<del></del>		
89. ADDITIONAL COMME	-					
,	-	-			delines and all other applica	•
· _		•			nary care and diligence and	I have noted all
conditions found that do n	ot conform	to the minimun	n standards of m	aintenance.		
DA			(651) 641-0	0641	6/5/2009	Page 4 of <u>4</u>
Evaluator Signature			Phone Num	ıber	Date	Rev 3/2009
Printed Name: Jon Haven						NCT 3/2003
			IMPORTANT N	OTTCES	, ,	
1. All single family residences in	Saint Paul mi	ist have at least			electrical system (hard-wired)	The detector
must be located near sleenin	a rooms. For	more information	call Fire Prevention	. (651) 266-9090	. (Saint Paul Legislative Code, C	Chapter 58.)
2. Rainleaders connected to the						
(651) 266-6234. 3. A house built before 1978 ma	av have lead s	aint on/in it Tf o	hildren ingest lead :	naint they can be	noisoned For more information	n call Ramsev
2. A HOUSE DUIL DEIOIG 13/0 IIK	ay nave lead t	ant orginic is it to	imaren maest iean l	ranty uncy can be	possible in those intomination	i can ixamisey

- County Public Health, (651) 266-1199.
- 4. Neither the City of Saint Paul nor the Evaluator is responsible for the determination of the presence of airborne particles such as asbestos, noxious gases such as radon, or other conditions of air quality that may be present, nor the conditions which may cause the above.
- 5. If this building is used for any purpose other than a single family dwelling, it may be illegally zoned. To help you determine legal uses under the zoning ordinance, contact the Zoning Administrator at (651) 266-9008.
- 6. An automatic garage door should reverse upon striking an object. If it does not reverse it poses a serious hazard and should be immediately repaired or replaced.