| Fire protection Infor<br>Smoke detector(s)  | rmation<br>No   | <b>Disclosure Report</b>   |   |
|---|---|--|---|
| Properly located<br>*Hard-wired<br>* if N or H see note o   | Yes<br>*Yes   | Saint Paul Truth-in-Sale of Housing<br>(Carefully read this entire report)   | Office Use ONLY:<br>Date Received   |
| THIS REPORT IS<br>LIFE, OR THE F<br>Notice: A copy of thi   | S NOT A WARRANT<br>UTURE CONDITION<br>is Report must be publicly  | <b>TY, BY THE CITY OF ST. PAUL OR EVALUA</b><br><b>N OF ANY BUILDING COMPONENT OR FIXT</b><br>y displayed at the premises when the house is shown to pro-<br>the time of signing a Purchase Agreement.   | TURE.   |
| Address of Evaluate   | ed Dwelling: 312 Kir  |  |   |
| Owner's Name: FE  | EDERAL NATIONA  | Addresses without the correct street type and/or direction may be returned an<br>L MORTGAGE ASSOC C/O FANNIE MAE   | id may incur a late fee   |
| Owner's Address: 1<br>Current usage of:<br>This dwelling  | 4221 DALLAS PKV<br>X Single Family<br>Duplex  | WY STE 1000 DALLAS TX 75254-2946   include City, State if NOT St. Paul and ALL Zip code, EVEN IN St. Paul   Townhouse Condo*   Usage may not be legal. See below   | * For condominium units, this<br>evaluation includes only those items<br>located within the residential units and<br>does not include the common use<br>areas, or other residential areas of the  |
| If a box is not check<br>nor by the city of St.<br>According to inform<br>IS A Re<br>Category:<br>Even if<br>Cat. 1 : New owners<br>Written per<br>Cat. 2 : Requirement<br>approva<br>proof of<br>Cat 3 : All of the at<br>* NOTICE: A VI | ed then the information<br>Paul<br>mation provided to True<br>egistered Vacant H<br>this box not now marked<br>s must re-register the build<br>rmission from the<br>ts include: 1. Register/re-<br>il a rehab cost estimate fro<br>f financial responsibility a<br>pove requirements <u>AND</u><br>B status and or category | <b>BLE USE RESTRICTION INFORMATION</b><br><i>does not apply to this dwelling. This information is not g</i><br>th-in-Sale of Housing Evaluators by the City of Sain<br><b>Building, The conditions applicable to a s</b><br>this dwelling may <u>become</u> a vacant building before the 1<br>ding and pay all outstanding fees and obtain permission for<br><b>city of St. Paul is required before a Cat 2</b><br>register the building. 2. Pay outstanding fees 3. obtain a c<br>om a licensed contractor and a schedule for completion of<br>acceptable to the city.<br>obtain a <u>Certificate of Occupancy</u> or <u>Certificate of</u><br>y can change at any time. You must contact the City?<br>informed of all the conditions and requirements that | at Paul this property:<br><b>ale are different by</b><br>year expiration date of this report<br>or occupancy.<br><b>2 or Cat 3 VB can be sold.</b><br>sode compliance report, 4. submit for<br>all code compliance work, 5 submit<br>of Code Compliance before sale<br><u>S vacant building division at</u> |
| IS Preserv<br>is requi<br>Informa   | vation site. Review and<br>ired by the Heritage Pro-<br>ation line at <b>651-266-8</b>  | eritage Preservation District or is individually designation approval of exterior work (excluding painting), modeservation commission and city staff. For questions r 989<br>te (see Below) click on "Look Up Permits and Propert  | lifications, additions and demolition regarding Heritage call the City's  |
| Comple  | tion and or/or Occupancy<br>fied Legal Duplex. If f<br>6-9008 for the most record   | restrictions may apply. Contact <b>DSI</b> at 651.266.9090 for<br>this dwelling is in use as a duplex and this box is <u>not</u><br>cent information. Research into a property's history i<br>mation by visiting the DSI website, then enter the pr<br><b>nent of Safety &amp; Inspections, then click on "Look</b>  | permit information.<br><u>t</u> checked, contact <b>DSI Zoning</b> at<br>may incur a fee.<br>operty address as directed:  |

- is intended to provide basic information to the home buyer and seller prior to the time of sale. This report WILL NOT be used to enforce the 1. requirements of the Legislative Code: however, this evaluation form will be used by the Fire Department to determine if there is compliance with the requirements for a hard-wired smoke detector in single family residences.
- is based on the current Truth in Sale of Housing Evaluator Guidelines and is based upon different standards than the lender, Federal Housing 2. Administration (FHA) or Veterans Administration (VA).
- is not warranted, by the City of St. Paul, nor by the evaluator for the condition of the building component, nor of the accuracy of this report. 3.
- covers only the items listed on the form and only those items visible at the time of evaluation. The Evaluator is not required to operate the heating 4. plant (except during the heating season), use a ladder to observe the condition of the roofing, disassemble items or evaluate inaccessible areas.

5. may be based upon different standards than the lender, Federal Housing Administration (FHA) or Veterans Administration (VA).

6. is valid for one year from the date of issue and only for the owner named on this report.

Questions regarding this report should be directed to the evaluator. Complaints regarding this report should be directed to Department of Safety and Inspections, Truth-in Sale of Housing program Phone No. (651) 266-1900.

EVALUATOR: American Central Inspections, Brice Staeheli PHONE: (651) 293-0100 DATE: 05-18-12 Rev 3/2009 Rating Key: M Meets minimum B Below minimum C See comment H Hazardous Y Yes N No NV Not Visible NA Not applicable

|    |                                  |    | <u>Item #</u> | <u>Comments</u><br>Specify locations(s), where necessary   |
|----|----------------------------------|----|---------------|--|
| В  | BASEMENT/CELLAR                  | С  | 1-81          | Storage prevents full evaluation of all areas, items marked as "M" refer only to what is readily visible at time of inspection |
| 1. | Stairs and Handrails             | Η  | 1             | Missing tread  |
| 2. | Basement/cellar floor            | М  | 1-B           | No open side protection, improper handrail, improper guardrail, low  |
| 3. | Foundation                       | В  |               | headroom   |
| 4. | Evidence of dampness or staining | Υ. | 4             | Old water stains   |
| 5. | First floor, floor system        | В  | 3             | Cracked, peeling finish, missing mortar  |
| 6. | Beams and columns                | М  | 5             | Deteriorated joist   |

## ELECTRICAL SERVICES(S) # of Services.....1

| 7.<br>RA | Service size:<br>Amps : 3060100_X150other<br>Volts : 115115/220X<br>SEMENT or METER LOCATION(S) ONL | <br>V. |     |                             |
|----------|---|--------|-----|-----------------------------|
| 8.       | Electrical service installation /grounding.   | H.     | 8   | Missing knockouts           |
|          | 6 6   |        |     | 8                           |
| 9.       | Electrical wiring, outlets and fixtures   | В      | 8-B | Incomplete indexing         |
|          |   |        | 9   | Improper routing, power off |

Debris in floor drain

Cover sealed, limited view

# PLUMBING SYSTEM

| 10. | Floor drain(s) (basement)          | В | 10   |
|-----|------------------------------------|---|------|
| 11. | Waste and vent piping (all floors) | М | 10-C |
| 12. | Water piping (all floors)          | В | 12   |
| 13. | Gas piping (all floors)            | М |      |
| 14. | Water heater(s) installation       | В | 14   |
| 15. | Water heater(s) venting            | Н | 15   |
| 16. | Plumbing fixtures (basement)       | Н | 15-B |
|     |                                    |   | 16   |

|   | Threaded faucets lack backflow prevention, damage to supply piping                          |
|---|---|
|   | Some rust   |
|   | Not sealed into chimney   |
| 3 | Missing screws on flue line, may not be into metal liner<br>Water off at time of inspection |

| HEATING SYSTEM(S | ) # of 1 |
|------------------|----------|
|------------------|----------|

| 17. | Hea | ting plant(s): Fuel: GAS Type: FA                |        |     |                             |
|-----|-----|--|--------|-----|-----------------------------|
|     | a.  | Installation and visible condition               | В      | 17a | Dirty                       |
|     | b.  | Viewed in operation (required during heating sea | ason)N |     |                             |
|     | c.  | Combustion venting                               | В      | 17c | Missing screws on flue line |

# The Evaluator is not required to operate the heating plant(s) except during the heating season, between October 15 and April 15.

18. /Additional heating unit(s) Fuel: GAS Type:

- a. Installation and visible condition
- b. Viewed in operation.....
- c. Combustion venting.....

19. ADDITIONAL COMMENTS (1 THROUGH 18)....M

EVALUATOR: American Central Inspections, Brice Staeheli DATE: 05-18-12

Rating Key: M Meets minimum B Below minimum C See comment H Hazardous Y Yes N No NV Not Visible NA Not applicable Where there are multiple rooms under same category, the evaluator must specify the room to which the comment is related

|     | where there are multiple rooms under same                           | category, | Item         |                 | Comments                                   |
|-----|---|-----------|--------------|-----------------|--|
| K   | ITCHEN  |           | Item         |                 |  |
|     | Walls and ceiling   | В         | 20,28,34     | ,40,48,54       | Cracks                                     |
|     | Floor condition and ceiling height                                  | В         |              | ,41,49,54       | Floors off level                           |
|     | Evidence of dampness or staining                                    | Ν         | 23,31,37     | ,43,51,56-B     | Damaged fixtures, power off                |
|     | Electrical outlets and fixtures                                     | Н         |              | ,43,51,56       | Open electrical                            |
| 24. | Plumbing systems  | Н         | 24,44        |                 | time of inspection                         |
| 25. | Water flow  | С         | 25,45        | No water flo    | -  |
|     | Window size and openable area                                       | М         | 27,33,38     | 3,47,53,57      | Broken/jagged glass                        |
| 27. | Window and door condition   | Н         | 27,33,38     | ,47,53,57-В     | Missing hold open hardware, peeling paint, |
| L   | IVING AND DINING ROOM(S)  |           |              |                 | deteriorated                               |
| 28. | Walls and ceiling   | В         |              |                 |  |
| 29. | Floor condition and ceiling height                                  | В         |              |                 |  |
| 30. | Evidence of dampness or staining                                    | Ν         |              |                 |  |
| 31. | Electrical outlets and fixtures                                     | Н         |              |                 |  |
| 32. | Window size and openable area                                       | М         |              |                 |  |
| 33. | Window and door condition   | Н         |              |                 |  |
| H   | ALLWAYS, STAIRS AND ENTRIES   |           |              |                 |  |
| 34. | Walls, ceilings and floors  | В         |              |                 |  |
| 35. | Evidence of dampness or staining                                    | Ν         |              |                 |  |
| 36. | Stairs and handrails to upper floors                                | В         | 36           | Improper ha     | andrail, improper guardrail                |
| 37. | Electrical outlets and fixtures                                     | Н         |              |                 |  |
| 38. | Window and door condition   | Н         |              |                 |  |
| 39. | Smoke detector(s)   | Ν         | 39           | No detector     | installed                                  |
|     | Properly located  | Y         |              |                 |  |
|     |   | *Y        |              |                 |  |
| п   | *if N or H in a <u>single family home</u> then SPFire Dept req      | uired HWS | SD installat | ion             |  |
|     | ATHROOMS(S)   | D         |              |                 |  |
|     | Walls and ceiling   | В         |              |                 |  |
|     | Floor condition   | В         |              |                 |  |
|     | Evidence of dampness or staining                                    | N         |              |                 |  |
|     | Electrical outlets and fixtures                                     | Н         |              |                 |  |
|     | Plumbing fixtures   | Н         |              |                 |  |
|     | Water Flow  | C         |              |                 |  |
|     | Window size /openable area or mechanical exhaust                    |           |              |                 |  |
|     | Condition of windows/mechanical exhaust/doors                       | Н         |              |                 |  |
|     | LEEPING ROOM(S)   | D         |              |                 |  |
|     | Walls and ceiling   | В         |              |                 |  |
|     | Floor condition, area, and ceiling height                           | B         |              |                 |  |
|     | Evidence of dampness or staining                                    | N         |              |                 |  |
|     | Electrical outlets and fixtures                                     | H         | 50           | W7: 4 4         | 1-   |
|     | Window size and openable area                                       | В         | 52           | windows de      | o not meet current egress code             |
|     | Window and door condition   | Н         |              |                 |  |
|     | NCLOSED PORCHES AND OTHER ROOM                                      |           |              |                 |  |
|     | Walls and floor condition   | B         |              |                 |  |
|     | Evidence of dampness or staining<br>Electrical outlets and fixtures | N         |              |                 |  |
|     | Window and door condition   | H<br>H    |              |                 |  |
|     |   | п         |              |                 |  |
|     | TTIC SPACE (Visible Areas)  | 1         | ot mogaile   | a/ amall a autt | le could not fully avaluate                |
|     | Roof boards and rafters   | Access n  | iot possibl  | e/ sman scutt   | le could not fully evaluate                |
|     | Evidence of dampness or staining                                    |           |              |                 |  |
|     | Electrical wiring/outlets/fixtures<br>Ventilation                   |           |              |                 |  |
|     | ADDITIONAL COMMENTS (20 through 61)                                 | М         |              |                 |  |
| 02. | CO Detector information reported here                               | 141       |              |                 |  |
|     |   |           |              |                 |  |

EVALUATOR: American Central Inspections, Brice Staeheli DATE: 05-18-12

Page 3 of 4 Rev 3/2009 Property Address: 312 King St. West

Rating Key: M Meets minimum B Below minimum C See comment H Hazardous Y Yes N No NV Not Visible NA Not applicable

|  |   |    | Item #                  | <b>Comments</b>                 |
|--|---|----|-------------------------|---------------------------------|
| EXTERIOR (Visible Areas)                   |   |    |                         |                                 |
| 63. Foundation                             | В | 63 | Cracks                  |                                 |
| 64. Basement/cellar windows                | В | 64 | Missing screens and sto | orms, deteriorated              |
| 65. Drainage (grade)                       | В | 65 | Areas lack pitch away f | from house                      |
| 66. Exterior walls                         | М |    |                         |                                 |
| 67. Doors (frames/storms/screens)          | В | 67 | Storm door missing cor  | nponents, damaged, deteriorated |
| 68. Windows (frames/storms/screens)        | М |    |                         |                                 |
| 69. Open porches, stairways and decks      | М |    |                         |                                 |
| 70. Cornice and trim                       | М |    |                         |                                 |
| 71. Roof covering and flashing             | В | 71 | Worn/some curling shin  | ngles                           |
| 72. Gutters and downspouts                 | М |    |                         |                                 |
| 73. Chimneys                               | М |    |                         |                                 |
| 74. Outlets, fixtures and service entrance | М |    |                         |                                 |

#### GARAGE (S) / ACCESSORY STRUCTURE (S)

| 75.  | Roof structure and covering                        | В    | 75,76    | Dilapidated                  |
|------|--|------|----------|------------------------------|
| 76.  | Wall structure and covering                        | В    |          |                              |
| 77.  | Slab condition                                     | С    | 77-80    | Locked at time of inspection |
| 78.  | Garage doors                                       | С    |          |                              |
| 79.  | Garage opener- (see important notice #6) .         | С    |          |                              |
| 80.  | Electric wiring, outlets and fixtures              | С    |          |                              |
| 81.  | Additional Comments(63 through 80)                 |      |          |                              |
|      | FIREPLACE/WOODSTOVES # OF                          |      | 0        |                              |
| 82.  | Dampers installed in fireplaces                    |      |          |                              |
| 83.  | Installation                                       |      |          |                              |
| 84.  | Condition  |      |          |                              |
| •••• |  |      |          |                              |
|      | PPLEMENTAL INFORMATION – No do                     |      | ons made | whether                      |
| iten | n meet minimum standards $(Y/N, N/A, NV, N/A, NV)$ |      | T        | 1                            |
|      | Y/N<br>INSULATION                                  | Туре | Inches/  | depth                        |
|      |  |      |          |                              |

|     | INSULATION            |    |  |
|-----|-----------------------|----|--|
| 82. | Attic insulation      | NV |  |
| 83. | Foundation insulation | Ν  |  |
| 84. | Kneewall Insulation   | NV |  |
| 85. | Rim Joist Insulation  | Ν  |  |

I hereby certify that I prepared this report in compliance with the Saint Paul Evaluator Guidelines and all other applicable policies and procedures of the Truth --in-sale of Housing Board. I have utilized reasonable and ordinary care and diligence and that I have noted all conditions found that do not conform to the minimum standards of maintenance.

| A D CARRY - T STELLAR ALCON | 651-293-0100 | 05-18-12 | Page 4 of 4 |
|-----------------------------|--------------|----------|-------------|
| Evaluator Signature         | Phone Number | Date     | Rev 3/2009  |
| Printed name Brice Staeheli |              |          |             |

### **IMPORTANT NOTICES**

- 1. All single family residence in St. Paul must have at least one smoke detector connected to the electrical system (hard-wired). The detector must be located near sleeping rooms. For more information call Fire Prevention, 651-266-9090. (St. Paul Legislative Code Chapter 58.) 2
  - Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Division, (651) 266-6234.
- 3. A house built before 1978 may have lead paint on/in it. If children ingest lead paint, they can be poisoned. For more information call Saint Paul Ramsey County Public Health, (651) 266-1199.

4. Neither the City of St. Paul nor the Evaluator are not 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 that 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 repaired or replaced immediately.