

39. Smoke detector Information:

Smoke detectors(s) Y
 Properly located Y
 *Hard-Wired * H
 *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, ONLY

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.

Address of Evaluated Dwelling: 1607 West 7th St St Paul, MN 55102

Addresses without the correct street type and/or direction may be returned and may incur a late fee.

Owner's Name: Showcase REO c/o Marty Czech

Owner's Address: 1926 W. Division St St Cloud, MN 56301

Current USAGE of this dwelling: **Single Family** **Townhouse** **Condo***
 Duplex **Other:** _____
Usage may not be legal. See below.

*For condominium units, this evaluation includes only those items located within the residential units and does not include the common use area, or other residential areas of the structure.

Comments:

Single Family

PROPERTY LOCATION AND POSSIBLE USE RESTRICTION INFORMATION

If a box is not checked then the information does not apply to this dwelling. This information is not guaranteed by the evaluator nor by the City of Saint Paul.

According to information provided to Truth-In-Sale of Housing Evaluators by the City of Saint Paul this property:

IS A REGISTERED VACANT BUILDING. The conditions applicable to a sale are different by Category:
 Even if this box is not marked this dwelling may BECOME a vacant building before the 1 year expiration date of this report.

Cat. 1 _____: New owners must re-register the building and pay all outstanding fees and obtain permission for occupancy.

Written permission from the City of Saint Paul is required before a Cat 2 or Cat 3 VB can be sold.

Cat. 2 _____: Requirements include: 1. Register/re-register the building, 2. Pay outstanding fees, 3. Obtain a code compliance report, 4. Submit for approval a rehab cost estimate from a licensed contractor and a schedule for completion of all code compliance work, 5. Submit proof of financial responsibility acceptable to the City.

Cat. 3 _____: All above requirements AND obtain a CERTIFICATE OF OCCUPANCY or CERTIFICATE OF CODE COMPLIANCE before sale.

***NOTICE:** A VB status and/or category can change at any time. You must contact the City's Vacant Buildings division at 651-266-1900 to be sure you are fully informed of all conditions and requirements that may affect the sale of this property.

IS located within a Saint Paul HERITAGE PRESERVATION DISTRICT or is individually designated as a Saint Paul Heritage Preservation site. Review and approval of exterior work (excluding painting), modifications, additions and demolition is required by the Heritage Preservation Commission and city staff. For questions regarding Heritage Preservation call the City's Information line at 651-266-8989

HAS OPEN PERMITS. Go to the DSI website (see below), click on 'Look Up Property Information' to view information. Completion and/or occupancy restrictions or requirements may apply. Call 651-266-9090 for permit information.

IS a VERIFIED LEGAL DUPLEX. If this dwelling is in use as a duplex and this box is NOT checked, contact DSI ZONING at 651-266-9008 for the most recent information. Research into a property's history may incur a fee.

You may obtain a printout of all this information by visiting the DSI website, then enter the property address as directed:

www.stpaul.gov>Government>Department of Safety & Inspections, then click on 'Look Up Property Information'

This Report:

1. 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 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 detectors.
2. is based on the current Truth-in-Sale of Housing Evaluator Guidelines and is based upon different standards than the lender, Federal Housing Administration (FHA) or Veterans Administration (VA).
3. is not warranted, by the City of Saint Paul nor by the evaluator for the condition of the building component, nor of the accuracy of this report.
4. covers only the items listed on the form and only those items **visible at the time of the evaluation**. The Evaluator is not required to operate the heating plant (except during the heating season), use a ladder to observe the condition of the roofing, disassemble items or evaluate inaccessible areas.
5. 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: Jon Haven

PHONE: (651) 641-0641

DATE: 3/29/2010

Rev 3/2009

Property Address: 1607 West 7th St St Paul, MN 55102

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

EXTERIOR (Visible Areas)

Table with 2 columns: Item #, Comment. Rows 63-74 listing exterior items like Foundation, Basement/cellar windows, Drainage, etc.

Item # Comment

64. Basement window glass broken. [H]
64B; No basement storm or screen windows In place.
decayed windows
65. Grading lacks slope away from building.
68. Window glass broken.
68B; Window paint peeling, putty loose & missing.
Window paint peeling on trims
77. Garage locked, not viewed

GARAGE(S)/ACCESSORY STRUCTURE(S)

Table with 2 columns: Item #, Comment. Rows 75-80 listing garage items like Roof structure, Wall structure, Slab condition, etc.

81. ADDITIONAL COMMENTS (63 through 80)

FIREPLACE/WOODSTOVES

Table with 2 columns: Item #, Comment. Rows 82-84 listing fireplace items like Dampers installed, Installation, Condition.

SUPPLEMENTAL INFORMATION - No determination is made whether items meet minimum standards (Y/N, NA, NV, only)

Table with 4 columns: Item #, Y/N, Type, Inches/Depth. Rows 85-88 listing insulation items like Attic, Foundation, Knee Wall, Rim Joist.

89. ADDITIONAL COMMENTS (82 through 88)

I hereby certify 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 I have noted all conditions found that do not conform to the minimum standards of maintenance.

Jon Haven (Signature)
Evaluator Signature

(651) 641-0641
Phone Number

3/29/2010
Date

Printed Name: Jon Haven

IMPORTANT NOTICES

- 1. All single family residences in Saint Paul must have at least one smoke detector connected to the electrical system (hard-wired).
2. Rainleaders connected to the sanitary sewer system must be disconnected.
3. A house built before 1978 may have lead paint on/in it.
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.
6. An automatic garage door should reverse upon striking an object.

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Item # Comment

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

KITCHEN

- 20. Walls and ceiling M
- 21. Floor condition and ceiling height M
- 22. Evidence of dampness or staining N
- 23. Electrical outlets and fixtures M
- 24. Plumbing fixtures B
- 25. Water flow H
- 26. Window size/openable area/mechanical exhaust M
- 27. Condition of windows/doors/mech. exhaust H

LIVING AND DINING ROOM(S)

- 28. Walls and ceiling B
- 29. Floor condition and ceiling height M
- 30. Evidence of dampness or staining Y
- 31. Electrical outlets and fixtures M
- 32. Window size and openable area M
- 33. Window and door condition H

HALLWAYS, STAIRS AND ENTRIES

- 34. Walls, ceilings, floors M
- 35. Evidence of dampness or staining N
- 36. Stairs and handrails to upper floors B
- 37. Electrical outlets and fixtures M
- 38. Window and door condition B
- 39. Smoke detector(s) Y
 - Properly located Y
 - * Hard-Wired (HWSD) H

* If N or H in SINGLE FAMILY HOME the SPFire Dept requires HWSD Installation

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 M
- 44. Plumbing H
- 45. Water flow H
- 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 C
- 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 H

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 C
- 59. Evidence of dampness or staining
- 60. Electrical wiring/outlets/fixtures
- 61. Ventilation

62. ADDITIONAL COMMENTS (20 through 61)

CO Detector information reported here

- 24. S-trap under sink. Kitchen sink drain not vented.[B]
- 25. Water is off. [H]
- 27. Broken window. [H]
- 28. Moisture damaged in diningroom
- 30. Dining room ceiling stained. moisture damaged
- 33. Broken window glass. on west
- 36. Handrail fails to return to wall at ends.
- 38. Glass missing at landing
- 39 Hard-Wired. Hardwired detector removed, unable to test
- 44. Flexible shower adaptor lacks an anti siphon valve.2nd floor and basement shower
- 45. Water shut off, plumbing not tested
- 49. All floors slope
- 53. Broken glass in basement bedroom
- 57. Broken window. front entry porch
- 58. -61. Access to attic sealed, not evaluated.
- 62. 62B; CO detectors installed but not to state guidelines.

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Item # **Comment**
Specify location(s), where necessary

BASEMENT/CELLAR

- 1. Stairs and Handrails B
- 2. Basement/cellar floor C
- 3. Foundation C
- 4. Evidence of dampness or staining Y
- 5. First floor, floor system C
- 6. Beams and columns NV

- 1. Low headroom. Handrails fail to return to walls at ends. Treads less than 9" deep. Width less than 36" Loose handrail Riser heights uneven
- 2. Covered portions not visible.
- 3. Finished portions not visible. Limited view of crawl space.
- 4. Efflorescence, Stains on foundation walls. Moisture damage on finished ceilings
- 5. Finished portions not visible
- 11. Plastic waste pipe supported with metal straps. Unapproved rubber couplers used on waste pipes.
- 12. Water supply disconnected, not observed for leaks. Corroded piping at water heater. Lacks backflow valves on exterior faucets.
- 14. Plastic is unapproved for T&P discharge pipe. [B] Copper and galvanized connectors in use.
- 15. Lacks proper slope [B]
- 16. Water supply disconnected.

ELECTRICAL SERVICE(S) # of Services 1

- 7. Service size:
- Amps: 30 60 100 X 150 Other
- Volts: 115 115/220

BASEMENT or METER LOCATION(S) ONLY:

- 8. Electrical service installation/grounding M
- 9. Electrical wiring, outlets, and fixtures M

PLUMBING SYSTEM

- 10. Floor drain(s) (basement) NV
- 11. Waste and vent piping (all floors) B
- 12. Water piping (all floors) B
- 13. Gas piping (all floors) M
- 14. Water heater(s), installation B
- 15. Water heater(s), venting B
- 16. Plumbing fixtures (basement) H

HEATING SYSTEM(S) # of 1

- 17. Heating plant(s): Type: Hot water Fuel: Gas
- a. Installation and visible condition M
- b. Viewed in operation (required in heating season) N
- c. Combustion venting M

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

- 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)

EVALUATOR: Jon Haven

DATE: 3/29/2010