

39. Smoke detector Information:

Smoke detectors(s) Y
Properly located Y
*Hard-Wired * C
*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: 869 Geranium Ave E. St Paul, MN

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

Owner's Name: Fannie Mae 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:

Duplex

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: 3/15/2010

Property Address: 869 Geranium Ave E. St Paul, MN

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
Specify location(s), where necessary

BASEMENT/CELLAR

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

ELECTRICAL SERVICE(S) # of Services 2

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

BASMENT 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) C
11. Waste and vent piping (all floors) B
12. Water piping (all floors) B
13. Gas piping (all floors) B
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 H
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

- 1. Low headroom. Width less than 36". Risers more than 8" high. Decayed, damaged stringer.
2. Minimal access for viewing crawl space components.
3. Spalling, loose surface materials. 3C; Limited view of crawl space.
4. Efflorescence, Stains on foundation walls and floors. Damp areas
5. Limited viewing of crawl space components. 5B; Joists in contact with soils on east
6. Decay at bottom of posts
10. Unable to remove floor drain cover.
11. No visible purple primer on pvc piping glue joints. Laundry tubs lacks sewer connections. Drains to floor drain
12. Lacks backflow valves on exterior faucets. 12H; water off, not viewed for leaks.
13. Flexible brass connector on gas line to dryer. Gas pipe lacks a drip tee at dryer. Lacks a gas shut off valve for dryer. 13H; Uncapped gas pipe, 1st/2nd floor kitchens
14. T&P discharge pipe not within 6 to 18 inches of floor [B]
15. Does not join furnace vent at a 45 degree. [B]
16. Water supply disconnected/off
17 a. Boiler lacks a backflow preventer. [H]

19. ADDITIONAL COMMENTS (1 through 18)

EVALUATOR: Jon Haven

DATE: 3/15/2010

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

- 20. kitchen wall damaged, 1st floor.
- 22. Kitchen ceiling moisture damaged in pantry, 1st floor
- 23. Ungrounded 3-prong outlets, 1st floor.
- 24. Fixture removed, 1st floor.
- 24H; Open waste pipe, 1st floor
- 25. Water is off. [H]
- 34. Hallway paint peeling.rear stairs
- 36. Handrail fails to return to wall at ends.
- 39 Hard-Wired. Duplex, hardwired not required.
- 40. Peeling paint on 2nd floor bath ceiling
- 41. Bathroom floor not impervious to moisture, 2nd floor
- 42. Bathroom ceiling stained, moisture damaged, 2nd floor
- 43. Exposed wires, 2nd floor
- 44. Shower rusted, damaged, 2nd floor
- 45. Water shut off, plumbing not tested
- 48. damaged ceiling in 1st floor closet.
- 54. Front porch settled
- 57. Damaged, missing window components.
- 59. Random stains on visible rafters and boards.
- 62. 62H; CO detectors not installed to state guidelines.

LIVING AND DINING ROOM(S)

| | | |
|--|-----------------|---|
| 28. Walls and ceiling | <u> </u> | M |
| 29. Floor condition and ceiling height | <u> </u> | M |
| 30. Evidence of dampness or staining | <u> </u> | N |
| 31. Electrical outlets and fixtures | <u> </u> | M |
| 32. Window size and openable area | <u> </u> | M |
| 33. Window and door condition | <u> </u> | M |

HALLWAYS, STAIRS AND ENTRIES

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

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

BATHROOM(S)

| | | |
|--|-----------------|---|
| 40. Walls and ceilings | <u> </u> | B |
| 41. Floor condition and ceiling height | <u> </u> | B |
| 42. Evidence of dampness or staining | <u> </u> | Y |
| 43. Electrical outlets and fixtures | <u> </u> | H |
| 44. Plumbing | <u> </u> | B |
| 45. Water flow | <u> </u> | H |
| 46. Window size/openable area/mechanical exhaust | <u> </u> | M |
| 47. Condition of windows/doors/mech. exhaust | <u> </u> | M |

SLEEPING ROOM(S)

| | | |
|--|-----------------|---|
| 48. Walls and ceilings | <u> </u> | B |
| 49. Floor condition and ceiling height | <u> </u> | M |
| 50. Evidence of dampness or staining | <u> </u> | N |
| 51. Electrical outlets and fixtures | <u> </u> | M |
| 52. Window size and openable area | <u> </u> | M |
| 53. Window and door condition | <u> </u> | M |

ENCLOSED PORCHES AND OTHER ROOMS

| | | |
|---|-----------------|---|
| 54. Walls, ceiling, and floor condition | <u> </u> | C |
| 55. Evidence of dampness or staining | <u> </u> | N |
| 56. Electrical outlets and fixtures | <u> </u> | M |
| 57. Window and door condition | <u> </u> | B |

ATTIC SPACE (Visible Areas)

| | | |
|--|-----------------|---|
| 58. Roof boards and rafters | <u> </u> | M |
| 59. Evidence of dampness or staining | <u> </u> | Y |
| 60. Electrical wiring/outlets/fixtures | <u> </u> | M |
| 61. Ventilation | <u> </u> | M |

62. ADDITIONAL COMMENTS (20 through 61)

CO Detector information reported here

Property Address: 869 Geranium Ave E. St Paul, MN

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

EXTERIOR (Visible Areas)

Table with 2 columns: Item #, Rating. Rows include Foundation (B), Basement/cellar windows (M), Drainage (grade) (B), Exterior walls (M), Doors (frames/storms/screens) (B), Windows (frames/storms/screens) (B), Open porches, stairways and decks (B), Cornice and trim (M), Roof structure and covering (M), Gutters and downspouts (NA), Chimneys (C), Outlets, fixtures and service entrance (M).

63. Foundation surface material cracked and loose. Mortar loose or missing Trees growing too close to foundation.
65. Grading lacks slope away from building.
67. Deteriorated thresholds. Delaminated door on rear. Damaged/missing storm door components.
68. Glass cracked, Window paint peeling on random windows.
69. Settled stoop, damaged step on rear. Uneven riser heights on front.
73. No visible metal liner.
75. Garage roofing deteriorated, decayed fascias.
76. Decayed, missing wall components.
78. Decayed service door.
80. Damaged outlet at service door

GARAGE(S)/ACCESSORY STRUCTURE(S)

Table with 2 columns: Item #, Rating. Rows include Roof structure and covering (B), Wall structure and covering (B), Slab condition (M), Garage door(s) (B), Garage opener(s) - (see important notice #6) (NA), Electrical wiring, outlets and fixtures (H).

81. ADDITIONAL COMMENTS (63 through 80)

FIREPLACE/WOODSTOVES

Table with 2 columns: Item #, Rating. Rows include Dampers installed in fireplaces (NA), Installation (NA), Condition (NA).

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 include Attic Insulation (Y, Fiberglass, 6-9), Foundation Insulation (N), Knee Wall Insulation (NA), Rim Joist Insulation (N).

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.

Signature: Jon Haven, Evaluator Signature
(651) 641-0641, Phone Number
3/15/2010, Date
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IMPORTANT NOTICES

- 1. All single family residences in Saint 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. (Saint Paul Legislative Code, Chapter 58.)
2. Rainleaders connected to the sanitary sewer system must be disconnected. For more information call Public Works, Sewer Utility, (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 Ramsey 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.