



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

1248 Black Forest Dr West

Hermann

MO 65041

Gasconade

Street Address

City

Zip Code

County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

- (1) Age 3 years (2) Shape rectangle (3) Size (length x width) 25' x 12'
(4) Depth 4.5' (5) Volume (gallons) unknown
(6) Type ☐ Above ground (please check type) ☐ Vinyl liner ☐ Other
☒ In ground (please check type) ☐ Concrete ☐ Stainless ☐ Gunite ☒ Fiberglass ☐ Vinyl liner
(7) Pool Builder Pool Land's Latham Trilogy, Model's Delray. Installed/serviced by
(8) Type of chemical sanitizer ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☒ Saltwater Washington Pools and Spa
☐ Other
(9) Cover ☒ Yes ☐ No If "Yes", is it ☒ Automatic ☐ Manual
(10) Pool service provider Washington Pools and Spa Last serviced Fall/2023 (date)
(11) Last opened by Washington Pools and Spa - Fall/2023
Last closed by Washington Pools and Spa - Fall/2023
(12) Age of heater 3 years Heating source propane
(13) Age of pump 3 years
(14) Age of filter 3 years Type of filter ☒ Sand ☐ DE ☐ Other
(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed) Pool heater is known to be non-operative

Are you aware of any leak, defect or other problem or repair needed for any item above? NO
Please explain if "Yes" and attach additional pages if needed:

HOT TUB: (Indicate if any information is approximate)

- (1) Age _____ (2) Volume (gallons) _____ (3) Manufacturer _____
(4) Construction (e.g., fiberglass, plastic, cement) _____
(5) Type of chemical sanitizer? ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater
☐ Other _____
(6) Spa service provider _____ Last serviced _____ (date)
(7) Age of heater _____ Heat source _____
(8) Age of pump _____ (9) Age of filter _____ (10) Number of jets _____
(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above? ☐ Yes ☐ No
Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS _____ (date) _____

SELLER'S INITIALS KS 18 July 2024
18 July 2024 (date)

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