

SELLER DISCLOSURE OF PROPERTY CONDITION



PROPERTY ADDRESS: 113 Cedar Crest Drive, Cedar Falls, Iowa 50613

OWNERS NAME(S). PLEASE PRINT: Jennifer Johnson

PURPOSE OF STATEMENT: The State of Iowa requires the Seller(s) of certain property to disclose information about the property to be sold. Completion of this form shall satisfy the requirements of Chapter 558A of Iowa Code which mandates the Seller(s) disclose the condition of and information about the property the Seller(s) is about to sell.

THIS STATEMENT SHALL NOT BE A WARRANTY OF ANY KIND BY THE SELLER(S) OR SELLER(S) AGENT AND SHALL NOT BE INTENDED AS A SUBSTITUTE FOR ANY INSPECTION OR HOME WARRANTY INSURANCE THE PURCHASER MAY WISH TO OBTAIN.

SELLER(S) DISCLOSURE: As Seller(s), I/We disclose the following information regarding the property and certify that this information is true and accurate to the best of my/our knowledge as of the date signed. Seller(s) authorizes the agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. The following are representations made by Seller(s) and are not the representations of the Licensee, who has no knowledge of the condition of the property and Seller(s) agrees to identify and hold Licensee harmless. If attached to a Purchase Agreement, this Seller Disclosure of Property Condition shall be fully incorporated therein, and shall be made a part thereof, as if fully set forth at length therein. The following representations shall survive any closing and shall not merge into any deed for the property.

INSTRUCTIONS TO SELLER(S):

1. Respond to all questions or attach reports allowed by Iowa Code Section 558A.4(1).
2. Disclose all known conditions materially affecting this property.
3. If an item does not apply to this property, indicate it is not applicable (NA).
4. Additional pages or reports may be attached.
5. If the required information is unknown or is unavailable following a reasonable effort, use an approximation of the information, or indicate that the information is **unknown (UNK)**. All approximations must be **identified as (AP)**.

ALL APPLIANCES & SYSTEMS INCLUDED IN THE TRANSACTION ARE IN WORKING ORDER EXCEPT AS NOTED.

Item		Good Working Order	Comments
Alarm System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Attic Fan	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Carbon Monoxide Detector	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Central Vac System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Ceiling Fan	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	all new upstairs in all bedrooms one in kitch
Dishwasher (Built In)	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Furnace Humidifier	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Garage Door Opener	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Number Remote Controls: 2
Garbage Disposal	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Gas Grill (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Hood/Fan	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Hot Tub (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Intercom (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Lawn Sprinkler System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Microwave (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Pool System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Range/Oven (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	



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Items		Good Working Order	Comments
Refrigerator (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Satellite Dish System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sauna (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Smoke Alarm	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Solar Heating System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sound System (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sump Pump (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Trash Compactor (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Water Filtration System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Water Heater	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Water Softener	NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Jetted Tub	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Other:	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	

PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:

- 1. BASEMENT / CRAWL SPACE / SLAB: Any known water, seepage, or other problems?** Yes No Unk
 Describe: none, capets were left wet after last procleaning.caused damage to carpet and base boards
 Repairs/Replacement/Date: _____
- 2. FOUNDATION(S): Any known foundation damage or settlement?** Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____
- 3. ROOF: Any known problems?** Yes No Unk
 Describe: newer roof
 Repairs/Replacement/Date: _____
- 4. WELL WATER SYSTEM: Any know problems?** Yes No Unk
 Describe: _____
 Type of Well _____ Location: _____ Age: _____
 Has the water been tested? _____
 If yes, date of last report and results: _____
 Any known plans to bring city or rural water to your area and/or requirements to connect to city or rural water lines when available? _____
- 5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEMS: Any problems? Describe:** _____
 Has Septic System ever been pumped? Date last pumped. _____
- Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? Describe: _____
 Repairs/Replacement/Date: _____
- Is the property in compliance with local city ordinances requiring that perimeter tile lines do not drain into the city sanitary sewer? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____



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6. HEATING SYSTEM(S): Any known problems? Yes No Unk
 Describe: newer unit, humidity controlled
 Repairs/Replacement/Date: _____
 If you have an LP gas tank, is it Rented Owned
 Comments: _____

7. CENTRAL COOLING SYSTEM(S): Any known problems? Yes No Unk
 Describe: newer trane unit, no issues NA
 Repairs/Replacement/Date: _____

8. FIREPLACE(S)/WOOD BURNING STOVE(S): Any known problems? Yes No Unk
 Describe: wood burning in first floor family room Date last used: 5/2022 NA
 Repairs/Replacement/Date: _____

9. PLUMBING SYSTEM(S): Any known problems? Yes No Unk
 Describe: new toilets in all three bathrooms
 Repairs/Replacement/Date: _____

10. ELECTRICAL SYSTEMS(S): Any known problems? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____

11. WINDOWS: Any known problems? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____

12. PEST INFESTATION: Any known problems? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____

13. ASBESTOS/LEAD PAINT: Any known Asbestos OR Lead Based Paint Present? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____

14. RADON: Any known test(s) for the presence of radon gas? Yes No Unk
 Describe: has system in place new in 2021
 Repairs/Replacement/Date: _____

15. FUNGI/MOLD: Any known fungus or mold? Yes No Unk
 Describe: _____
 Repairs/Replacement/Date: _____

16. GROUNDWATER HAZARD STATEMENT: Will be filed by the Seller(s), if applicable, at closing regarding the following items: Are there any known: A. Wells B. Solid Waste Disposal C. Hazardous Waste D. Underground Storage Tanks E. Private Burial Site
 Describe/Location: _____

17. COVENANTS: Is the property subject to restrictive covenants? Yes No Unk
 If YES, attach a copy or state where a true, current copy can be obtained.
 Location of Covenant: _____

18. ENVIRONMENTAL CONCERNS: Any known environmental concerns? Yes No Unk
 Describe: _____

19. FLOOD PLAIN/FLOODWAY: Is the property located in a flood plain or floodway? Yes No Unk
 Flood plain/floodway designation: _____

20. ZONING: Zoning of this property is _____ Unknown
 Any proposed changes in zoning, including variances? Yes No Unk
 Describe: _____



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- 21. **REAL ESTATE DISTRICT:** Is the property located in a Historical Preservation District? Yes No Unk
- 22. **OTHER ITEMS:** Are you aware of any of the following:
 - A. Any known features of the property shared in common with adjoining landowners (Example: walks, fences, roads, driveways, well water system, etc.) whose use or responsibility for maintenance may have an effect on the property? Yes No Unk
Describe: _____
 - B. Any known encroachments, easements, common areas (Example: facilities like pools, tennis courts, walkways or other areas co-owned with others), zoning violations, non-conforming uses, or homeowners association which has any authority over the property? Yes No Unk
Describe: _____
 - C. Any known fees and/or dues? (Example: homeowner association fees, land lease fees, maintenance fees or other financial obligations to owner?) Describe fee and state amount Yes No Unk
Describe: _____
 - D. Any known modifications, remodeling, alterations, or repairs, etc. made without necessary permits or licensed contractors? Yes No Unk
Describe: _____
 - E. Any known physical problems? (Example: settling, flooding, drainage or grading problems, etc.) Yes No Unk
Describe: _____
 - F. Has there been a property/casualty loss, an insurance claim, OR major damage to the property OR other conditions? (e.g. fire, wind, hail, flood, landslides.) Yes No Unk
If Yes, has the damage been repaired/replaced?
Describe: _____

Additional Remarks: _____

In no event shall the parties hold the Licensee(s) liable for any representations not directly made by the Seller(s) Agent or Broker.

SELLER(S) DISCLOSURE: THE SELLER(S) HAVE OWNED THE PROPERTY SINCE 10/14/2021 (DATE).

The Seller(s) have stated above the history and condition of all of the items based solely on the information known to the Seller(s).

IN THE EVENT ANY CHANGES OCCUR IN THE REPRESENTATIONS HEREIN, FROM THE DATE OF THIS FORM TO THE TIME OF CLOSING, SELLER(S) SHALL IMMEDIATELY DISCLOSE SUCH CHANGES IN WRITING TO BUYER(S).

Seller(s) acknowledges requirement that Buyer(s) be provided with the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

You must **explain** any "YES" response(s) to the above. Use the back of this form or additional sheets as necessary.

Jennifer Johnson
 Seller
 Date

dotloop verified
 12/12/22 3:32 PM CST
 FZYQ-PVDD-WDJL-ADVX

 Seller
 Date

BUYER(S) ACKNOWLEDGEMENT:

Buyer(s) Acknowledge receipt of a copy of this Seller Disclosure of Property Condition. This statement is not intended to be a warranty or to substitute for any inspection Buyer(s) may wish to obtain. Buyer(s) acknowledge receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

 Buyer
 Date

 Buyer
 Date

DISCLOSURE OF INFORMATION AND ACKNOWLEDGMENT: LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Address: 113 Cedar Crest Drive, Cedar Falls, Iowa 50613

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

SELLER'S DISCLOSURE (initial)



(a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

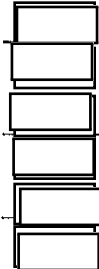


(b) Records and Reports available to the Seller (check one below):

Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

PURCHASER'S ACKNOWLEDGEMENT (initial)



(c) Purchaser has received copies of all information listed above.
or, No Records or Reports were available (see (b) above).

(d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home, Lead Poisoning: How to Protect Iowa Families.*

(e) Purchaser has (check one below):

- Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
- Waived the opportunity to conduct a risk assessment or inspection for the presence of lead based paint and/or lead-based paint hazards.

AGENT'S ACKNOWLEDGEMENT (initial)



(f) Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

CERTIFICATE OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate:

	dotloop verified 12/12/22 3:33 PM CST 0FX0-AXU5-MQAU-TMET		
Seller	Date	Purchaser	Date
Seller	Date	Purchaser	Date
	dotloop verified 12/06/22 3:04 PM CST SV2J-952L-EP0L-R1AF		
Seller's Agent	Date	Purchaser's Agent	Date