

SELLER DISCLOSURE OF PROPERTY



PROPERTY ADDRESS: 3724 Eastpark Rd. / Cedar Falls

NAME OF OWNER(S). PLEASE PRINT: Maureen V. Goetz

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)**.

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 9-21-2001 **(DATE).**
The Seller(s) will state the history and condition of all 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).

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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"/>	
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 / one for each door
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"/>	
Generator (Hardwired)	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 type="checkbox"/>	Yes <input checked="" 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 type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Free Standing
Refrigerator (Built In)	NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Free Standing
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"/>	
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 type="checkbox"/>	Yes <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input checked="" type="checkbox"/>
Jetted Tub	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Other:	NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	

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PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:

1. BASEMENT / CRAWL SPACE / SLAB: Any known water, seepage, or other problems?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			
Repairs/Replacement/Date: _____			
2. FOUNDATION(S): Any known foundation damage or settlement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			
Repairs/Replacement/Date: _____			
3. ROOF:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Describe: <u>Hail Damage</u>			
Repairs/Replacement/Date: <u>2017 repaired replaced (MDG)</u>			
4. WELL WATER SYSTEM: Any known problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			
Type of Well _____ Location: _____ Age: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Has the water been tested?			NA <input checked="" type="checkbox"/>
If yes, date of last report and results: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
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?			NA <input checked="" type="checkbox"/>
5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEMS: Any problems? Describe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input checked="" type="checkbox"/>
Has the Septic System ever been pumped? Date last pumped. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
			NA <input checked="" type="checkbox"/>
Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? Describe: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Repairs/Replacement/Date: _____			NA <input checked="" type="checkbox"/>
Is the property in compliance with local city ordinances requiring that perimeter tile lines do not drain into the city sanitary sewer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			NA <input checked="" type="checkbox"/>
Repairs/Replacement/Date: _____			
6. HEATING SYSTEM(S): Any known problems? Describe: _____	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>
Repairs/Replacement/Date: _____			
If you have an LP gas tank, is it Rented <input type="checkbox"/> Owned <input type="checkbox"/>			
Comments: <u>natural gas</u>			
7. SOLAR SYSTEM(S): Any known problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			NA <input checked="" type="checkbox"/>
Repairs/Replacement/Date: _____			
8. CENTRAL COOLING SYSTEM(S): Any known problems?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			NA <input type="checkbox"/>
Repairs/Replacement/Date: _____			
9. FIREPLACE(S)/WOOD BURNING STOVE(S): Any known problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____ Date last used: _____			NA <input checked="" type="checkbox"/>
Repairs/Replacement/Date: _____			
10. PLUMBING SYSTEM(S): Any known problems?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>
Describe: _____			
Repairs/Replacement/Date: _____			

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11. ELECTRICAL SYSTEMS(S): Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/Replacement/Date: _____

12. WINDOWS: Any known problems? 2 cranks don't work properly

Yes ☒ No ☐ Unk ☐

Describe: manufacturer warranty - condensation between glass

Repairs/Replacement/Date: 2002

13. PEST INFESTATION: Any known problems?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/Replacement/Date: _____

14. ASBESTOS/LEAD PAINT: Any known Asbestos OR Lead Based Paint Present?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/Replacement/Date: _____

15. RADON: Any known test(s) for the presence of radon gas?

Yes ☐ No ☒ Unk ☐

Describe: _____

Repairs/Replacement/Date: _____

16. FUNGI/MOLD: Any known fungus or mold?

Yes ☒ No ☐ Unk ☐

Describe: small patch on basement cement NE corner

Repairs/Replacement/Date: treated 2018 (in closet area)

17. GROUNDWATER HAZARD STATEMENT: Will be filed by the Seller(s), if applicable, at

Yes ☐ No ☒ Unk ☐

closing regarding the following items: Are there any known: A. Wells, Geothermal System(s) B. Solid Waste Disposal C. Hazardous Waste D. Underground Storage Tanks E. Private Burial Site

Describe/Location: _____

18. 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: _____

19. ENVIRONMENTAL CONCERNS: Any known environmental concerns?

Yes ☐ No ☒ Unk ☐

Describe: _____

20. FLOOD PLAIN/FLOODWAY: Is the property located in a flood plain or floodway?

Yes ☐ No ☐ Unk ☒

Flood plain/floodway designation: _____

21. ZONING: Zoning of this property is _____ Unknown ☐

Yes ☐ No ☐ Unk ☒

Any proposed changes in zoning, including variances?

Describe: _____

22. REAL ESTATE DISTRICT: Is the property located in a Historical Preservation District?

Yes ☐ No ☒ Unk ☐

23. OTHER ITEMS: Are you aware of any of the following:

A. Any known features of the property shared in common with adjoining landowners

Yes ☐ No ☒ Unk ☐

(Example: walks, fences, roads, driveways, well water system, etc.) whose use or responsibility for maintenance may have an effect on the property?

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 ☐

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: _____

Seller(s) acknowledges the 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.

[Handwritten signature]

Seller

Date

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