



SELLER'S DISCLOSURE OF PROPERTY CONDITION

(To be delivered prior to buyer making offer to buy real estate)

Property Address: 4014 Ave B

Property Owner (print name per title): Jennifer A Neill

Purpose of Disclosure: Completion of Section I of this form is required under Iowa law Chapter 558A of the Iowa Code which mandates Seller discloses condition and information about the property, unless exempt.

ONLY SIGN IF EXEMPT PROPERTIES

Exempt Properties: Properties exempted from the Seller's disclosure requirement include (IA Code 558A): Bare ground; property containing 5 or more dwellings units; court ordered transfers; transfers by a power of attorney; foreclosures; lenders selling foreclosed properties; fiduciaries in the course of an administration of a decedent's estate, guardianship, conservatorship, or trust; between joint tenants, or tenants in common; to or from any governmental division; quit claim deeds; intra family transfers; between divorcing spouses; commercial or agricultural property which has no dwellings. Seller certifies that the property is exempt from the requirement(s) of 558A because one of the above exemptions apply. If so sign below and you may stop here.

Seller Signature Date Buyer Signature Date
Seller Signature Date Buyer Signature Date

Instructions to the Seller: (1) Complete this form yourself and fill in all blanks. (2) Report known conditions materially affecting the property and utilize ordinary care in obtaining the information. (3) Provide information in good faith and make a reasonable effort to ascertain the required information. (4) Additional pages or reports may be attached. (5) If some items do not apply to your property, check "NA" (not applicable). (6) All approximations must be identified "AP". If you do not know the facts, check UNKNOWN (Unk.) (7) Keep a copy of this statement.

Seller's Disclosure Statement: Seller discloses the following information regarding the property and certifies this information is true and accurate to the best of my/our knowledge as of the date signed. Seller authorizes 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. This statement shall not be a warranty of any kind by Seller or Seller's Agent and shall not be intended as a substitute for any inspection or warranty the purchaser may wish to obtain. The following are representations made by Seller and are not by any Agent acting on behalf of the Seller. The Agent has no independent knowledge of the condition of the property except that which is written on this form. Seller advises Buyer to obtain independent inspections.

Seller [Signature] and Buyer [Signature] (initials) acknowledge they have read this page.


Revised: 6/1/16

SECTION I

Property Conditions, Improvements and Additional Information: (Section I is Mandatory)

			Date of Repairs/Description
1. Basement/Foundation: Has there been known water or other problems?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
2. Roof: Any known problems? Age? Roof type?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	New 2018
3. Well and Pump: Any known problems? Has the water been tested? If so, results? Type of well _____ Depth _____	N/A <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Reverse Osmosis?
4. Septic Tanks/ Drain Fields: Any known problems? Size & Location of tank? _____ Date tank last cleaned? _____ Date last inspected? _____	N/A <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
5. Public Sewer: Any known problems? Any known repairs?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
6. Heating System(s): Any known problems? Approx. Age _____ Any known repairs?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
7. Central Cooling System(s): Any known problems? Any known repairs? Approx. Age _____	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
8. Plumbing System(s): Any known problems? Any known repairs?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
9. Electrical System(s): Any known problems? Any known repairs?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
10. Pest Infestation: (wood destroying insects, bats, snakes, rodents, destructive/troublesome animals, etc.) Any known problems? Previous infestation/structural damage?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
11. Asbestos: Is asbestos present in any form in the property?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
12. Radon: Any known tests for the presence of radon gas? If yes, test results? Seller agrees to release any testing results. If not, check box	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/>	
13. Lead Based Paint: Known to be present or has the property been tested for the presence of lead based paint? If yes, what were the test results?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
14. Zoning: What is the zoning of this property?		Unknown <input type="checkbox"/>	Residential
15. Structural Damage: Any known structural damage?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
16. Physical Problems: Any known settling, cracking, flooding, drainage or grading problems?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
17. Shared or Co-Owned Features: Any features of the property known to be shared in common with adjoining land owners, such as walls, fences, roads, and driveways whose use or maintenance responsibility may have an effect on the property?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
18. Any Known "common areas": such as pools, tennis courts, walkways, or other areas co-owned with others, or a Homeowner's Association which has any authority over the Property?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
19. Flood Plain: Is the property located in a flood plain? If Yes, flood plain designation?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Unknown <input type="checkbox"/>	
20. Covenants: Is the property subject to restrictive covenants? If yes attach a copy OR state where a true copy of the covenants can be obtained:	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	

Additional descriptions: _____

Seller  and Buyer _____ (initials) acknowledge they have read this page.

Property Address: _____

SECTION II (Note: Section II is for the convenience of the buyer/seller and is not mandatory)

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

Notice: Items marked "included" are intended to remain with the property after sale. However, included items may be negotiable between Buyer and Seller, and requested items should be in writing as either included or excluded in any Offer to Buy/Purchase Agreement. The Offer to Buy/Purchase Agreement shall be the final terms of any agreement.

ITEM	Non-applicable	Included	GOOD WORKING ORDER			COMMENTS
			Yes	No	Unk	
Alarm System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Attic Fan	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Basketball Hoop	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Boat Dock/Hoist	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Ceiling Fan	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	# of Fans: <u>4</u>
Central Vacuum	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	Attachments:
City Water System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Dishwasher	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Disposal	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Dryer	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Fire Alarm System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Fireplace/Chimney	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Freezer	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	<input type="checkbox"/> Chest or <input type="checkbox"/> Upright
Furnace Humidifier	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Garage Door Opener & Remotes	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	# of remote controls:
Gas Grill	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
High Speed Internet Dish	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	Receivers:
Hood/Fan	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Hot Tub	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Intercom	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Lawn Sprinkler System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Microwave	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Pool Heater, Wall liner & equip.	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Propane Tank size	N/A <input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Propane Tank Rented <input type="checkbox"/> Owned <input type="checkbox"/> Propane included <input type="checkbox"/> or prorated <input type="checkbox"/> \$ /per gal.
Radon Mitigation System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Range/Oven	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Refrigerator	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Regional Water	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Sauna	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Security Alarm System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Smoke Alarm	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	# of smoke alarms
Solar Heating System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Sound System (Built in)	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Sump Pump	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Swing Set/Playground	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Trash Compactor	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
TV Satellite Dish	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	Receivers:
TV Wall Mount(s)	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	# of mounts
Underground "Pet Fence"	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	# of collars: # of remotes:
Washer	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Water Filtration System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Water Heater	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Electric <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Size (gallon)
Water Softener/Conditioner	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Window A/C	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
Windows (operable)	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Window Coverings	N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Wood Burning System	N/A <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	

ALL HOUSEHOLD APPLIANCES ARE NOT UNDER WARRANTY BEYOND DATE OF CLOSING. Warranties may be available for purchase from independent warranty companies.

Exceptions/Explanations for "NO" responses above:

Seller  and Buyer _____ (initials) acknowledge they have read this page.

Property Address:

SECTION III Additional Non-Mandatory Requested Items:

		If yes, please explain
1. Any Structural modification, alterations, or additional repairs?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
2. Has there been a property/casualty loss, insurance claim over \$3,000 or major damage to the property from fire, wind, hail, flood(s) or landslides? If yes, has the damage been repaired/replaced?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
3. Are there any known current, preliminary, proposed or future assessments by any governing body or homeowner's association of which you have knowledge?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
4. Does property contain mold?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
5. Energy Efficiency Testing: Has the property been tested for energy efficiency? If yes, what were the test results?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
6. Neighborhood or stigmatizing conditions or problems affecting this property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
7. Are there any known burial sites on this property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
8. Is abstract available?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
9. Attach copy of survey (if available)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
10. Attic Insulation: Type:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Amount:
11. Environmental: Are you aware of any area environmental concerns?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
12. Is the property in a Real Estate Improvement District (REIDs)? If yes, are the REIDs assessments paid?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Balance \$
13. Any known encroachments (ie. outbuildings, fences, laterals & etc.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
14. Are you related to the listing agent?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	

For additional explanations please indicate here with item number or attach additional sheets if necessary:

Seller licensed real estate agent in the State of Iowa

Seller has owned the property since 2018 (date). Seller has indicated above the history and condition of all the items based solely on the information known to the Seller or reasonably available to the Seller. If any changes occur in the structural, mechanical, appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes in writing to Buyer. In no event shall the parties hold Broker liable for any representations not directly made by Broker or Broker's salespersons. Seller will be provided a copy of this signed disclosure.

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

Jennifer Neill
Seller's Signature

Seller's Signature

Date

7/4/20

Buyer hereby acknowledges receipt of a copy of this disclosure. This statement is not intended to be a warranty or to substitute for any inspection the buyer may wish to obtain.

Buyer acknowledge receipt of the "Iowa Radon Home-Buyers and Seller(s) Fact Sheet" prepared by the Iowa Department of Public Health.

Buyer's Signature

Buyer's Signature

Date

Property Address:

Serial#: 019979-500159-3894783

Prepared by: Jennifer Neill | United Country Menke Auction & | Jen_Neill@yahoo.com | 4029604316

Revised: 6/1/16

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