



SELLER'S PROPERTY DISCLOSURE

Subject Property Address: 9458 Co Rd X40, Anamosa, IA 52205

Purpose of Statement: Completion of this form shall satisfy the requirements of the Iowa Code which mandates the Seller's disclosure of the condition of and information about the property the Seller(s) is/are 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 warranty the Buyer(s) may wish to obtain.

Seller's Disclosure: As the 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) authorize(s) the agent to provide a copy of this statement to any person or entity in connection with the actual or anticipated sale of the property. The following are representations made by Seller(s) and are not the representations of the agent, who has no independent knowledge of the condition of the property except that which is set out on this form and the Seller(s) agree(s) to indemnify and hold the brokers and members of the Multiple Listing Service harmless in the event that it is incorrect. Please be aware that the Purchase/Sales Contract supersedes this Seller's Property Disclosure and the MLS listing. **Items Included or excluded in the Purchase/Sales Contract will take precedence.**

Instructions to the Seller(s): (1) Complete this form yourself and fill in all blanks regarding the time you have owned the property. (2) Report known adverse conditions affecting the property. These conditions or occurrences may be but are not limited to matters that may significantly and adversely affect the value of the property, significantly reduce the structural integrity of improvements to the real estate and/or present a significant health risk to the occupants of the property. (3) Additional pages or reports may be attached. (4) If some items do not apply to your property, answer N/A. (5) All approximations must be identified as approximations with AP. If you do not know the facts, answer with Unknown or UNK.

Owner's name(s). Please print: _____

Exempt Properties: Properties exempted from the Seller's disclosure requirement include (IA Code 558A): Bare ground; property containing 5 or more dwelling units; court ordered transfers; transfers by 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. This exemption shall not apply to a transfer of real estate in which the fiduciary is a living natural person and was an occupant in possession of the real estate at any time within the twelve consecutive months immediately preceding the date of transfer. Property is exempt because one or more of the above exemptions apply. **(If exempt - STOP HERE AND SIGN)**

X Date: _____ X Date: _____

- How long have you owned the property?** 71 years months
- This is my:** Residence Investment property Other _____
- OCCUPANCY TYPE IS ONE OF THE FOLLOWING:** SINGLE FAMILY CONDOMINIUM ZERO LOT LINE/BI-ATTACHED MULTI-FAMILY (2-4 UNITS)

4. ENCROACHMENTS/EASEMENTS/SHARED OR CO-OWNERSHIP:

A. Does anything on your property extend onto (encroach on) your neighbor's property, or does anything on your neighbor's property extend onto (encroach on) your property? If Yes, explain below or on page 5 or 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
B. Are there any easements or other's rights affecting the property? If Yes, explain below or on page 5 or 6.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Any features of the property known to be shared in common with adjoining landowners, such as fences, roads, driveways, wells, septic systems, etc. whose use or maintenance responsibility may have an effect on the property? If Yes, explain below or on page 5 or 6.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
D. Is the property subject to restrictive covenants, bylaws, or declarations? If Yes, attach a copy with this disclosure.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
E. Are there any special assessments proposed, levied, or pending against the property? If Yes, explain below or on page 5 or 6 how much and the purpose for the assessment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

Comments: B 20' strip along S line & E line of the SW 1/4 NW 1/4 Co. Fences shared

5. IS THIS PROPERTY SUBJECT TO A HOMEOWNERS ASSOCIATION (HOA)? Yes No **If No, skip this section.**

A. Is the property subject to by-laws, rules and regulations, or declarations? If Yes, provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Are there any common areas, such as pools, tennis courts, walkways, streets, driveways, etc. that are co-owned with others, or a homeowners association (HOA) which has authority over the property? If Yes, explain below or on page 5 or 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Is this HOA set up as an age 55 and older community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
D. Are there any special assessments proposed or levied by the HOA against the property? If Yes, explain below or on page 5 or 6 how much and the purpose for the assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Has the HOA filed an insurance claim in the most recent five (5) years for a property/casualty loss or major damage? (i.e., hail, fire, wind, flood, landslide, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
F. Are dues payable to the HOA? If No, skip to number 6. If Yes, what is the amount? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. What is the frequency? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annually	
H. What do they cover? _____	
I. Is the HOA planning to raise dues? If so, what is the new amount and start date: \$ _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
J. Is there a new owner start-up fee? If so, how much is the start-up fee? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Comments: _____

Listing

Sale

X Seller(s) initials

PP

8-29-2022 Date

Buyer(s) initials

_____ Date

15. HEATING/COOLING/WATER HEATER :

A. Age(s) of Heating Unit(s)? <u>2</u> Cooling Unit(s)? <u>Window</u> Water Heater(s)? <u>7 yr</u>	
B. Are there any problems with the heating system(s), cooling system(s) or water heater(s)? If your answer to 15B is Yes or N/A, explain below or on page 5 or 6.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is the property served by Liquid Propane (LP) gas? If No, skip to number 16. If yes, the tank is <input type="checkbox"/> owned <input checked="" type="checkbox"/> leased. If owned, skip to number 15E. If the tank is leased, the lease is with _____ (company) and the amount is \$ <u>36</u> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input checked="" type="checkbox"/> Annually.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Will the LP gas in the tank be left for the Buyer(s) at closing? If No, skip to number 16.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E. If Yes, will there be a dollar adjustment at closing? If Yes, explain below or on page 5 or 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments: B. Not all base board r/r, heaters working. LP heater in living room works good

16. SYSTEMS AND EQUIPMENT:

A. Is the electrical system, including wiring, switches, outlets, and service in proper working order to the best of your knowledge? If No, explain below or on page 5 or 6.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Is the plumbing system, including pipes, faucets, fixtures, toilets, drains, and sewer lines in proper working order to the best of your knowledge? If No, explain below or on page 5 or 6.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Is there a fireplace or other secondary heat source (e.g., Free standing stove, wood burning fireplace, gas fireplace, garage heater/furnace, etc.)? If No, skip to number 17. If Yes, is it in proper working order? If no, please explain: <u>proper working order</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D. Was there a building permit issued and a final inspection completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
E. If there is a chimney for the secondary heat source, is it in good repair?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. When was it last cleaned?	

Comments: Fire place in basement non functional. Chimney covered

17. NEIGHBORHOOD:

A. Are there any waste dumps, disposal sites or landfills in the vicinity of the property, or any uses or conditions nearby creating smoke, smell, dust, noise, or other environmental influences? If Yes, explain below or on page 5 or 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
B. Are there any street, sidewalk, utility improvements, or zoning changes planned that will affect and/or be assessed against the property? Explain below. If Yes, what is the amount, if any, of any special assessment against this property? \$	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

Comments:

18. OTHER: If Yes to any question from A - J, explain below or on page 5 or 6.

A. Are there any legal disputes or actions concerning the property (with neighbors or anyone else)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
B. Is there anything else which would adversely affect the value or desirability of the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
C. Has any damage been caused to this property by fire?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
D. Are there any damaged, diseased, or dying trees on the property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Are there any cracked or broken window panes, seals or mechanisms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
F. Will there be debris left on the property after closing? (e.g., tires, batteries, oil, furniture, junk, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
G. Is the property located in a registered historic or improvement district?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
H. Are there any human burial grounds on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
I. Are there storms and/or screens for all windows designed to have storms and/or screens?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
J. Are there any locks on the property for which you do not have keys and/or codes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
K. Utilities provided by: Gas <u>River Valley</u> Electric <u>Alliant</u> Water <u>Well</u> Cable _____ Internet _____ Garbage _____	

Comments: D Some dead trees in Timber E. Some mechanisms not working

Listing

Sale

JP Seller(s) initials
 BP Buyer(s) initials
 8-29-2022 Date
 _____ Date

Subject Property Address: 9458 Co Rd X40, Anamosa, IA 52205

ACCESSORIES & FURNISHINGS: Which of the following **WILL BE INCLUDED** as part of the property to be conveyed?

ITEM	INCLUDED	IF NOT INCLUDED, IDENTIFY RESERVED ITEMS BY ROOMS, LOCATION, COLOR, ETC.
Draperies, Curtains, Rods	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>Seller will not</i>
Light Fixtures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Mirrors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Shades, Blinds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Shelving	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

APPLIANCES & EQUIPMENT: Which of the following **WILL BE INCLUDED** as part of the property to be conveyed?

ITEM	INCLUDED	IF YES, STATE THE PRESENT WORKING CONDITION AND/OR USE NEXT PAGE IF MORE SPACE IS NEEDED	
Alarm/Security System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<i>Appliances</i>	
Attached Antenna	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Basketball Board & Hoop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Carbon Monoxide Detector(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		How many? Location(s)?
Ceiling Fan(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Central Vac System & Attachments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Dishwasher	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Disposal	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Dryer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Connection is <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Both
Electric Car Charging Station	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Fencing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Who owns the fencing? <i>We do not neighbors</i>
Fireplace Insert/Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Furnace Humidifier	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Garage Door Opener	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		How many remote controls? <i>2</i> Functioning Keypad? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will the code be provided at closing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Heater/Furnace	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Gas Grill/Gas Light	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Generator	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Attached <input type="checkbox"/> Portable Powered by: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Liquid Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other:
Intercom System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Irrigation System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Location?
Microwave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Oven/Range/Cooktop	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Connection is <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Both	
Pool & Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Radon Mitigation System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Active <input type="checkbox"/> Passive	
Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	How many? <i>1</i> Location(s)?	
Satellite Dish	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Sauna/Hot Tub	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Smoke Alarms/Detectors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	How many? Location(s)?	
Solar Collector Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Stand-alone Freezer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Location?	
Storage Shed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Sump Pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Swing Set	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
TV Wall Mounts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	How many? Location(s)?	
Underground Pet Fence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	How many collars?	
Video Capable Doorbells	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	How many? Location(s)?	
Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Water Softener	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Leased <input type="checkbox"/> Owned If leased, company? Monthly Cost? Type of system?	
Window/Wall Air Conditioner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	How many? Location(s)?	
Wood Burning Stove	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

ALL ITEMS on pages 1 - 4 and/or any items listed above that warrant further explanation should be explained in this section or on a separate sheet of paper. Please attach explanations to this document. In your explanations, please indicate the item number from pages 1-4 and/or the item from above that you are explaining. If there is anything else you are reserving or including, please include in this section.

ITEM NUMBER	REMARKS
<i>1</i>	<i>Outside pane on sliding glass door broke</i>
<i>1</i>	<i>house sells "as is" where is?</i>
<i>1</i>	<i>light light on pole heated from sunlight</i>

Listing **Sale**

Seller(s) initials
 Date
 Buyer(s) initials
 Date

