

SELLER DISCLOSURE OF PROPERTY CONDITION
 (To be delivered prior to Buyer make offer to buy real estate)

Property Owner (s) Address:

30112 Hwy 12 Sioux City, Iowa 51109

Purpose of Disclosure: Completion of Section 1 of this form is required under Chapter 558A of the Iowa code which mandates the Seller(s) disclose condition and information about the property, unless exempt:

Exempt Properties: Properties exempted from the Seller's disclosure requirements include (IA Code 558 A): Bare ground; property containing 5 or more dwelling units; court ordered transfers; transfers by a power of attorney; foreclosures; lenders selling foreclosed properties; fiduciaries in the course of an administration of an 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 dwelling. Seller(s) certifies that the property is exempt from the requirement(s) of 558A because one of the above exemptions applies. If so, you may stop here.

Seller	Date	Seller	Date
Buyer	Date	Buyer	Date

Instructions to the Seller. (1) Complete this form yourself. (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, write "NA" (not applicable). (6) All approximations must be identified "AP". If you do not know the facts, write or check UNKNOWN. (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 purchases 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 relevant to Buyer.

Sellers initials DRH JM

Buyer initials _____

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

1. **Basement/Foundation:** Has there been any known water or other problems? Yes [] No [] Unknown [] If yes, please explain: _____
2. **Roof:** Any known problems? Yes [] No [] Unknown [] Type _____
 Unknown [] Date of repairs/replacement _____ Unknown []
 Describe: _____
3. **Well and pump:** Any known problems Yes [] No [] Unknown [] Type of well (depth/diameter), age and date of repair: drilled 320'
1998 Has the water been tested? Yes [] No [] Unknown [] If yes, date of last report/results: _____
4. **Septic tanks/drain fields:** Any known problems? Yes [] No [] Unknown [] Location of tank 300' NE house
 Unknown [] Age 12 years Unknown [] Has the system been inspected within 2 years or pumped/cleaned within 3 years? Yes [] No [] Unknown

5. **Sewer:** Any known problems? Yes [] No Any known repairs/replacement? Yes [] No []
Date of repairs _____.
6. **Heating system (s):** Any known problems? Yes [] No Any known repairs/replacement? Yes [] No []
Date of repairs _____.
7. **Central Cooling system (s):** Any known problems? Yes [] No Any known repairs/replacement? Yes [] No []
Date of repairs _____.
8. **Plumbing system (s)** Any known problems? Yes [] No Any known repairs/replacement? Yes [] No []
Date of repairs _____.
9. **Electrical systems (s)** Any known problems? Yes [] No Any known repairs/replacement? Yes [] No []
Date of repairs _____.
10. **Pest Infestation:** (wood-destroying insects, bats, snakes, rodents, destructive/troublesome animals, etc.) Any known problems? Yes [] No Any known repairs/replacement? Yes [] No [] Date of treatment _____ Previous Infestation/Structural damages? Yes [] No [] Date of repairs _____.
11. **Asbestos:** Is asbestos present in any form in the property? Yes [] No Unknown [] If yes, please explain: _____.
12. **Radon:** Any known tests for the presence of radon gas? Yes [] No Unknown [] If yes, test results? _____ Date of last report _____.
If Buyer tests for radon, Buyer agrees to release testing results to Seller [] Yes
13. **Lead Base Paint:** Known to be present or has the property been tested for the presence of lead base paint? Yes [] No Unknown [] If yes, what were the test results? _____
Has the lead disclosure form and pamphlet been provided? Yes [] No []
14. **Any known encroachments, easements, "common area"** (facilities like pools, tennis courts, walkways or other areas co-owned with others), zoning matters, nonconforming uses, or a Homeowners Association which has any authority over the property?
~~Yes~~ No Unknown [] DRIVEWAY
15. **Features** of the property known to be shared in common with adjoining landowners, such as walls, fences, roads and driveways whose use or maintenance responsibility may have an effect on the property Yes No [] Unknown []
16. **Structural Damage:** Any known structural damage? Yes [] No Unknown []
17. **Physical Problems:** Any known settling, flooding, drainage or grading problems Yes [] No Unknown []
18. **Is the property located in a flood plain?** Yes [] No Unknown [] If yes, flood plain designation _____
19. **Do you know the zoning classification of this property?** Yes [] No [] Unknown []
What is the zoning? _____
20. **Covenants:** Is the property subject to restrictive covenants? Yes [] No Unknown [] If yes attach a copy OR state where a true, current copy of the covenants can be obtained:
[] On file at Country Recorder's office or: _____

You **MUST** explain any "YES" responses above (Attach additional sheets if necessary):

PART OF DRIVEWAY IS SHARED.

Seller initials DEH AM Buyers initials _____

II. Appliances/Systems/Services (note: Section II is for the convenience of Buyer/Seller and is not mandatory):

Notice: Items marked "included" are intended 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.

	Included	Working?			Rented?		Included	Working?			
		Yes	No	OR	Unknown	Yes		No	Yes	No	OR
Range/Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Lawn Sprinkler System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Solar Heating System	()		()	()
Refrigerator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Pool Heater, Wall				
Hood/fan	()	()	()	()			liner & equipment	()		()	()
Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Well & pump	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
TV Receiving Equipment	()	()	()	()			Smoke alarm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Alarm System	()	()	()	()			Septic Tank & Sump Pump	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Central AC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Drain Field	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Window AC	()	()	()	()			City Water System	()		()	()
Central Vacuum	()	()	()	()			City Sewer System	()		()	()
Gas Grill	()	()	()	()			Plumbing System	()		()	()
Attic Fan	()	()	()	()	# of fans	___	Central Heating System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Intercom	()	()	()	()		() ()	Water Heater	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()		() ()	Windows	()		()	()
Trash Compactor	()	()	()	()			Fireplace/Chimney	()		()	()
Ceiling Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Wood Burning System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Water softener/Conditioner	()	<input checked="" type="checkbox"/>	()	()		YES	Furnace Humidifier	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
LP Tanks	()	()	()	()			Sauna/Hot Tub	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Keys and Locks	()	()	()	()			Keys and Locks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()
Swing Set	()	()	()	()			Dryer	()		()	()
Basketball Hoop	()	()	()	()			Washer	()		()	()
Underground "pet fence"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()			Storage Shed	()		()	()
Garage door opener	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()	# of remotes	<u>2</u>	Boat Dock	()		()	()
Pet Collars	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	()	()	# of collars	<u>2</u>	Boat Hoist	()		()	()

Exceptions/Explanations for "NO" responses above:

ALL HOUSEHOLD APPLIANCES ARE NOT UNDER WARRANTY BEYOND DATE OF CLOSING.

Warranties may be available for purchase from independent warranty companies.

Seller initials DEH JM

Buyers initials _____

III. Additional Non-Mandatory Requested Items: Are you as Seller aware of any of the following:

1. Any significant structural modification, alteration, or repairs to property? Yes [] No [] Unknown [] Please explain:

2. Has there been a property/casualty loss or insurance claim over \$5,000, or major damage to the property from fire, wind, hail, flood (s) or other conditions? Yes [] No Unknown [] If yes, has the damage been repaired/replaced? Yes [] No []

3. Are there any known current, preliminary, proposed or future assessments by any governing body or owner's association of which you have knowledge? Yes [] No Unknown []
4. Mold: Does property contain toxic mold that adversely affects the property or occupants? Yes [] No Unknown []
5. Private burial grounds: Does property contain any private burial grounds? Yes [] No Unknown []
6. Neighborhood or Stigmatizing conditions or problems affecting this property? Yes [] No Unknown []
7. Energy Efficiency Testing: Has the property been tested for energy efficiency? Yes [] No [] Unknown [] If yes, what were the tests results? _____
8. Attic Insulation: Type Blown in 10" Unknown [] Amount _____ Unknown []
9. Are you aware of any environmental concerns? Yes [] No Unknown [] If yes, please explain: _____
10. Are you related to the listing agent? Yes [] No If yes, how? _____
11. Where survey of property may be found: PINS CAN BE LOCATED
If the answer to any item is yes, please explain. Attach additional sheets, if necessary:

12. **Repairs:** Any repair(s) to property not so noted: (Date of repairs, Name of repair company if utilized.) (Note: Repairs are not normal maintenance items)

NO

Seller has owned the property since 1998 (date). Seller has indicated above the history and condition of all the items based solely on the information known or reasonably available to the Seller (s). 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 to Buyer. In no event shall the parties hold Broker liable for any representations not directly made by Broker or Broker's affiliated licensees (brokers and salesperson).

Seller hereby acknowledges Seller has retained a copy of this statement.

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

Seller Dale Doyle Seller Rosa M. DeMatteis Date 6-19-10 Date 6-5-10

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

Buyer acknowledges receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

Buyer _____ Buyer _____ Date _____