

Iowa - Residential Property Seller Disclosure Statement

(To be completed by Seller at time of listing; completed form to be provided to Buyer prior to Buyer making a written offer to purchase.)



Property Address: 12890 150th Street, Maquoketa, IA 52060
(Sellers(s): please print property address including City, State and Zip Code)

Property Owner: Daniel C. Waite
(Sellers(s): please print property ownership)

Purpose:

Use this statement to disclose information as required by Iowa Code chapter 558A. This law requires certain Sellers of residential property that includes at least one and no more than four dwelling units to disclose information about the property to be sold. The following disclosures are made by the Seller(s) and not by an Agent acting on behalf of the Seller(s). **The Agent has no independent knowledge of the condition of the property; the Agent's knowledge is limited to the disclosure made by the Seller(s) on this form.** In no event shall any Agent involved in the sale or purchase of the property or any such Agent's broker be liable for any matters subject to this disclosure. Buyer(s) is advised to obtain such independent inspections of the property as Buyer(s) deems appropriate.

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; transfers by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust. 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; 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(s) certifies that the property is exempt from the requirement(s) of Iowa Code 558A because one of the above exemptions apply.

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 Date

Buyer Date

Seller Date

Buyer Date

INSTRUCTIONS TO SELLER(S):

1. Provide information in good faith and make all reasonable effort to ascertain the required information;
2. Complete this form yourself and fill in all mandatory blanks;
3. Disclose all known conditions materially affecting this property. Additional pages or reports may be attached;
4. If an item does not apply to the property, indicate that it is not applicable (N/A);
5. Please provide information in good faith and make a reasonable effort to ascertain the required information. 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 **approximations (AP)**;
6. Keep a copy of this statement with your other important papers.

SELLER(S) DISCLOSURE STATEMENT:

Seller discloses the following information regarding the property and certifies this information is true and accurate to the best of Seller's or Seller's Representative's 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 the Seller and are not the representations of Agent.

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

State of Iowa mandates ALL Questions in Section 1 Must be Answered

SECTION 1 DISCLOSURES:

Circle Only One Response:

1. The Seller(s) has owned the property since: 8-1-20
2. **Basement/Foundation:** Any known water or other problems? Yes No N/A UNK
3. **Roof:** Any known problems? Yes No N/A UNK
Any known repairs? Yes No N/A UNK
If yes, date of repairs / replacement (circle one): 2015
4. **Sewer System:** Any known problems? Yes No N/A UNK
Any known repairs? Yes No N/A UNK
If yes, date of repairs / replacement (circle one): _____

To be completed

By Client ONLY

Seller(s) Initials

[Signature] _____

Buyer(s) Initials

_____/_____

- 5. **Septic Tanks/Drain Fields:** Has the system been inspected by an Iowa DNR certified inspector within 2 years, or pumped/cleaned within the last 3 years? Yes No N/A UNK
 Date of inspection: _____ N/A UNK
 Date tank last cleaned: _____ N/A UNK
- 6. **Well and Pump:** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
 Any known water tests? Yes No N/A UNK
 If yes, date of last report: _____ and results: _____
- 7. **Heating System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 8. **Central Cooling System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 9. **Plumbing System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Hydrant leak repair 5-15-23 Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 10. **Electrical System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 11. **Pest Infestation** (wood destroying insects): Any known current or past problems? Yes No N/A UNK
 If yes, date(s) of treatment: _____
 Any known structural damage? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 12. **Asbestos:** Any known to be present in the structure? Yes No N/A UNK
- 13. **Radon:** Any known tests for the presence of radon gas? Yes No N/A UNK
 If yes, date of last report: _____ and results: _____
- 14. **Lead Based Paint:** Any known to be present in the structure? Yes No N/A UNK
- 15. **Flood Plain:** Is any of the property located in a flood plain? Yes No N/A UNK
 If yes, what is the flood plain designation? _____
- 16. **Zoning:** What is the zoning classification of the property? A9 N/A UNK
- 17. **Shared or Co-Owned Features:** Any 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 N/A UNK
 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? Yes No N/A UNK
 Any easements or encroachments onto or from the neighboring properties? Yes No N/A UNK
- 18. **Physical Problems:** Any known settling, flooding, drainage or grading problems? Yes No N/A UNK
- 19. **Structural Damage:** Any known structural damage? Yes No N/A UNK
- 20. **Has there been a property/casualty loss resulting in an insurance claim in excess of \$5,000?** Yes No N/A UNK
 If yes, indicate Type: _____ Date of repairs: _____

To be completed
 By Client ONLY

Seller(s) Initials [Signature]

Buyer(s) Initials

ADDRESS

21. **Covenants:** Is the property subject to restrictive covenants? Yes No N/A UNK

If yes, a true, current copy of the covenants can be obtained:

Attached to this property disclosure At the _____ county recorders office

Other: _____

You **MUST** explain any "YES" response(s) for above questions. Use additional sheets as necessary:

SECTION 2, OPTIONAL INFORMATION: This information is optional and not required by statute. Section II is for the convenience of Buyer/Seller and is not mandatory.

22. **Appliances/Systems/Services** (check all that apply):

	Included?	Working?				Included?	Working?		
		Yes	No	Unk			Yes	No	Unk
Refrigerator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range/Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater Wall liner & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input checked="" type="checkbox"/>			
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trash Comp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gar. Door Opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood/Fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gar. Opener Remotes	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Furn. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sauna/Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fireplace/Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscap. Lites	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Filter Sys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is sump pump properly discharged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is Cable TV available in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invisible Dog Fence Transmitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Household Appliances are sold in working order except as noted and are not under warranty beyond the date of closing. Warranties may be available for purchase from independent warranty companies.

Please Check Mark or Circle Where Appropriate

23. **Roof:** Type of Exterior Roofing: Asphalt Shingle or UNK Age: 2015 or UNK

24. **Attic Insulation:** Type: _____ UNK

Amount: _____ UNK

R-Value: _____ UNK

25. **Water Supply:** Type: Public Community Private Well Shared Well

Any known problems? Yes No N/A UNK

To be completed
By Client ONLY

Seller(s) Initials [Signature]

Buyer(s) Initials _____

ECIAR 14 Pg 4/4 Iowa - Res. Prop. Seller Disclosure Statement for:

12890 150th Street
Maquoketa, IA 52060

ADDRESS

- 26. Sewer Type: Type: Public Community Private
- 27. Septic Tank: Location of Tank: Northeast of House N/A UNK
Tank Age: 2004 N/A UNK
- 28. Ground Water Hazard Statement: Are there any known (Check all that apply): Wells Solid Waste Disposal
 Hazardous Waste Underground Storage Tanks Private Burial Site
If yes, please explain: Private Well Water Source / septic Tank
- 29. Mold: Has property been tested for the presence of mold? Yes No N/A UNK
If yes, date of test: _____ (attach results)
- 30. Heating System(s): Type: Forval Air or UNK Age: 2004 or UNK
- 31. Cooling System(s): Type: Central Air or UNK Age: 2004 or UNK
- 32. Radon System: Is a radon system installed? Yes No N/A UNK
If yes, is the Radon System: Passive Active
- 33. Any improvements made by seller since purchase? Yes No N/A UNK
If yes, please explain: New Fence

- 34. Is seller or seller's representative related to the listing agent or broker? Yes No N/A UNK
- 35. Has the Seller received any notice of assessment, or have outstanding assessments with a government municipality? Yes No N/A UNK
If yes, please explain: _____
- 36. Received notice of code or zoning violations from any municipality? Yes No N/A UNK
If yes, please explain: _____
- 37. Association Fees; monthly \$ _____ N/A UNK
List items covered by fees: _____
- 38. In the last 12 months has the dwelling been or is it currently infested with bats, bed bugs, cock roaches, rodents, etc.? Yes No N/A UNK
- 39. Electric Service Provider Maquoketa Valley Gas/Propane Service Provider FS
- 40. Any Transferable Contracts? (e.g. Security System, Home Warranty, CRP, Pest Treatment, etc.) _____

Disclosures must be signed by all parties to the transaction

SELLER(S) DISCLOSURE: Seller(s) disclose the information regarding this property based on information known or reasonably available to the Seller(s). The Seller(s) certifies that as of the date signed, this information is true and accurate to the best of my/our knowledge. If any changes occur between the date Seller(s) completes this form and the date of closing which would result in any of the above disclosures being inaccurate, Seller(s) shall immediately disclose such changes to Buyer(s). 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.

[Signature] 5-15-25
Seller Date

Seller Date

BUYER(S) ACKNOWLEDGEMENT: Buyer(s) acknowledges receipt of a copy of this Real Estate Disclosure Statement. This statement is not intended to be a warranty or to substitute for any inspection the Buyer(s) may wish to obtain. Buyer hereby acknowledges receipt of a copy of this Real Estate Disclosure Statement. This statement is not intended to be a warranty or 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 Date

Buyer Date