



SELLER'S PROPERTY DISCLOSURE

Subject Property Address: 12623 STONE CITY RD 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 purchaser 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 list 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, mark NA (not applicable). (5) All approximations must be identified as approximations. (AP). If you do not know the facts, mark unknown (UNK).

Owner's name(s). Please print: CHARLES PORTER

1. How long have you owned the property? 18 years ☐ Addendum Attached

2. This is my: ☒ Residence ☐ Investment property ☐ Other

3. ENCROACHMENTS/EASEMENTS/SHARED OR CO-OWNERSHIP: (fences, buildings, driveways, garden):

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?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any easements or other's rights affecting the property? Please explain below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. 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 <input type="checkbox"/> N/A
F. If there is a Homeowners Association, are the fees Payable: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually These fees pay for:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. Is this Association set up as a designated adult community?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
H. Are there any special assessments proposed, levied, or pending against the property? If yes, please explain how much and for what purpose is this assessment. Attach documentation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: POWER LINES OVER LOWER FRONT YARD ROAD ON WEST

4. ACCESS: If the property is NOT on a public street:

A. Is there a <input type="checkbox"/> road or <input type="checkbox"/> easement for access to the property? If yes, please explain below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. If your answer to 4A is "Yes", is the road agreement or easement recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
C. If the road or easement is shared with any other property, is there a written and recorded agreement for sharing the maintenance and repair costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. Has there been any standing or running water, flooding or mud that affects use of the access road or easement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
E. Do you know of any plans or have you received notice to improve the roadway/easement or know of any future plans to dedicate the roadway to the city or county?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments:

5. ZONING AND RESTRICTIONS:

A. To the best of your knowledge, do the house and all structures (e.g. carport or garage) meet applicable zoning setback & height requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
B. Are you aware of any county, city or private restrictions on use of property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If you know the present zoning classification, indicate here:	
D. Are you aware of any zoning or land use changes that could affect the use of your property or adjacent properties?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments:

Listing

CP
Seller(s) initials

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Date

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6. HAZARDOUS MATERIALS:

A. Are you aware of the presence of, or has there been any known tests for the presence of Radon Gas <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Based Paint <input type="checkbox"/> Toxic Mold <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. If you selected any of the above in 6A, please explain below. Provide or attach test results.	
C. Are you aware of any underground storage tanks of any kind? Explain below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

7. FLOODING/SEEPAGE/SETTLING:

A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Has there been any settling, flooding, drainage or grading problems?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If you have checked "Yes", at 7A or 7B, above, have you done anything to correct the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Is the property located in a government designated flood zone or flood plain?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. If your answer to 7D is "Yes", what is the current flood plain designation?	
F. Has any part of the property been built up with fill dirt, waste or other materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: OCCASIONAL WITH HEAVY RAINS - MINOR SEEPAGE, RUNS TO DRAIN

8. ROOF: Please use comments section for any explanation.

Structure	Roof Type	Age	# of Layers
House	ASPHALT SHINGLES	8	1
Garage	" "	8	2

A. Has the roof(s) on the house, garage, outbuildings or shed leaked at anytime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. If your answer to 8A is "Yes", has the roof and all resulting damage been repaired? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is there attic insulation? Type <u>BLOWN IN</u> Amount <u>8-10"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

9. STRUCTURE/REMODELING/REPAIRS:

A. Are there any structural, foundation, or other repairs that need to be made to the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Have you made any structural changes or repairs to the home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If your answer to 9B is "Yes", was a building permit and final inspection issued for the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. Has there been a property/casualty loss, insurance claim, warranty settlement or major damage to the property? (i.e. fire, wind, flood(s), landslide(s), etc)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

10. TERMITES/ROT:

A. Are you aware of any active or inactive structural pest infestations? Date of treatment: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any wood destroying insect damage, water damage or dry rot to the house or other structures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is there a "Wood Destroying Insect Warranty" presently in place for this property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. If "Yes", will the warranty be transferred at closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

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11. SEWAGE:

A. The property is served by: <input type="checkbox"/> Public sewer main <input checked="" type="checkbox"/> Septic tank system <input type="checkbox"/> Community Septic <input type="checkbox"/> Other disposal system (describe) _____	
B. If the property is connected to a septic system rather than a public sewer main: Was a permit issued for its construction and was it approved by the city or county following its construction? When was it last pumped? <u>2016</u> What is the age of the septic system? <u>15</u> What is the age of the drain field? <u>15</u> Has the septic system and leach field been inspected and approved for real estate transfer by a certified DNR Inspector, per Iowa Code 455B.172?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C. Do you know the septic tank location and the drain field? Explain below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. Are there any plans to bring city sewer to your area or requirements to connect to city sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
E. Is the sewer line "Orangeburg"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Have there been any sewer back ups?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: NORTH + EAST OF HOUSE / FIELD IN LOWER YARD

12. WATER: The following questions pertain to property currently served by (OR property that was previously served by) a private or community water well:

A. Is the well system operating properly (e.g. pipes, tank, pump, pressure, etc)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Has the well water been tested and passed by the Health Department within the past year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Are you aware of whether the well water has ever failed to meet government contamination standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. If the well serves anyone other than your property, is there a written and recorded agreement for sharing the costs of repairs and/or replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
E. Are there any abandoned wells on the property?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Are there any abandoned cisterns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. If your answer to 12E or 12F is "Yes", have they been capped or filled? Explain below.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
H. Are you aware of any plans to bring city water to your area or aware of any requirements to connect to city water lines when available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: New well drilled in 2010
Cistern north of house - filled with sand, well under round barn capped

13. HEATING/COOLING/WATER HEATER

A. Age(s) of Heating Unit(s)? <u>5</u> Cooling Unit(s)? <u>5</u> Water Heater(s)? <u>2</u>	
B. Are there any problems with the heating system(s), cooling system(s) or water heater(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If your answer to 13B is "Yes", were there repairs made to correct the problem? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. LP gas tank: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> owned or <input type="checkbox"/> rented? Rental Fee? \$ _____ per _____ From whom? _____	
E. Will the gas/oil in the tank be left for the Buyer(s) at closing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Will there be a dollar adjustment? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

14. SYSTEMS AND EQUIPMENT:

A. Is the electrical system, including wiring, switches, outlets and service in proper working order to the best of your knowledge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Is the plumbing system, including pipes, faucets, fixtures, toilets, drains, and sewer lines in proper working order to the best of your knowledge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is there a fireplace or other secondary heat source (e.g. Free standing stove, wood burning fireplace, gas fireplace, etc)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. If "Yes" to 14C, was there a building permit issued and a final inspection completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. If there is a chimney, is it in good repair? When was it last cleaned? _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: CHIMNEY SEALED FROM TOP

Listing

Seller(s) initials

Sale

Buyer(s) initials

Date

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Serial#: 032926-000145-4449912

Provided by: Troy Louwagie | Hertz Real Estate Services | tlouwagie@mtv.hlmgt.com |

formsimplicity

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15. 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any street, sidewalk, utility improvements, zoning changes planned that will affect and/or be assessed against the property? Explain below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

16. OTHER:

A. Are there any disputes or legal actions concerning the property (with neighbors or anyone else)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of 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 <input type="checkbox"/> N/A
C. Are you aware of any damage caused to this property by fire?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Are you aware of any diseased or dying trees on the property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Do you have keys for all locks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Are there storms and screens for all windows?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. Are there any cracked or broken window panes, seals or mechanisms?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
H. 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 <input type="checkbox"/> N/A
I. Is the property located in a registered historic or improvement district? (Explanation: This question is required by Iowa law, although presently there are two Real Estate Improvement District located in Cedar Rapids, Iowa).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
J. If answer to 16I is "Yes", what is the amount, if any, of any special assessment against this property? \$ _____	
K. Are you aware of any human burial grounds on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
L. Utilities provided by: Gas <u>TRI-COUNTY</u> Electric <u>ALLIANT</u> Water <u>PRIVATE</u>	

Comments: 1. ASH TREE on EAST- DEAD LIMB

ALL ITEMS (1 THROUGH 16) that warrant further explanation (beyond the comment line) should be explained below or on a separate sheet of paper. Please attach explanations to this document. Also, in your explanations, please indicate the above item number being explained.

ITEM NUMBER

REMARKS

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

ITEM	INCLUDED	IF No, IDENTIFY RESERVED ITEMS BY ROOMS, LOCATION, COLOR, ECT.
Draperies, Curtains, Rods	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Light Fixtures	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Mirrors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Shades, Blinds	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Shelving	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>SOME</u>

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
Security System	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Attached Antenna	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Basketball board & hoop	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Ceiling Fan(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>EXCELLANT</u>
CentralVac System & Attachments	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Dishwasher	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>EXCELLANT</u>
Disposal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	—
Dryer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>GOOD</u>
Fireplace Insert/Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Furnace Humidifier	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Garage Door Opener	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	How many controls? <u>1 EACH</u>
Gas grill/Gas light	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Intercom System	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Irrigation System	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Microwave	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>GOOD</u>
Oven and Range	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>GOOD</u>
Pool & Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Refrigerator	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	How many? <u>—</u> Location? <u>KITCHEN</u>
Satellite Dish	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Sauna/Hot Tub	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Smoke Alarms	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	—
Solar Collector Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Standalone Freezer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Location? <u>—</u>
Storage Shed	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Sump Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Swing Set	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Trash Compactor	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Underground "Pet Fence"	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many collars? <u>—</u>
Vent Fans	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Washer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>TO BE SWAPPED</u>
Water Softener	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Rented <input type="checkbox"/> Own <input checked="" type="checkbox"/> Type of system: <u>—</u>
Who owns the fencing around your property?		<u>YOU WILL</u>
Window/Wall Air Conditioner	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
Wood Burning Stove	Yes <input type="checkbox"/> No <input type="checkbox"/>	—
TV Wall Mounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many? <u>—</u> Location? <u>—</u>

Seller(s) 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(s) will immediately disclose the changes to Buyer(s). In no event shall the parties hold the Broker liable for any representation not directly made by Broker or Broker's affiliated licensees (brokers and salespersons). **Seller(s) hereby acknowledges Seller(s) has retained a copy of this statement.**

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

Charles Pater 9/6/16
SELLER DATE SELLER DATE

Buyer(s) Acknowledgement: (To be signed at time of purchase agreement): I/We, the Buyer(s) of this subject property do acknowledge receipt of this the Seller's Disclosure of Property Condition and agree that no representations regarding the condition of the subject property have been made, other than those made above. **THE LISTING BROKER AND AGENTS MAKE NO REPRESENTATIONS AND ARE NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**

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