

SELLER'S PROPERTY DISCLOSURE

Subject Property Address: 927 Linn Ridge Road, Mount Vernon, Iowa 52314

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: David V. Stoner Trust & Jo Ann Stoner Trust

1. How long have you owned the property? 25 years 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 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 type="checkbox"/> Yes <input checked="" 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 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: elec. utility for REC to install; construct pipes & elec. lines

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 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 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 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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input 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 AS **Sale** _____
 Seller(s) initials DVS Date 1/28/16 Buyer(s) initials _____ 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 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? <u>installed sump pump</u>	<input checked="" 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: _____

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

Structure	Roof Type	Age	# of Layers
House	Shingle	7 yr.	1
Garage	Shingle	7 yr	1

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>yes</u> Amount <u>house 12"/garage</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 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

Comments: _____

Listing

QJR
Seller(s) initials

DVS

1/28/16
Date

Sale

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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? _____ What is the age of the septic system? <u>25 yr.</u> What is the age of the drain field? <u>25 yr.</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? <u>Summer 2015</u>	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input 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? <u>yes - tile replaced</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: Septic - north of deck, drain field - north in grassy area, distributing box is north west of shed.

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Are there any abandoned cisterns?	<input type="checkbox"/> Yes <input checked="" 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 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 - 2005

13. HEATING/COOLING/WATER HEATER

A. Age(s) of Heating Unit(s)? <u>5 yr.</u> Cooling Unit(s)? <u>5 yr.</u> Water Heater(s)? <u>5 yr.</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 type="checkbox"/> owned or <input checked="" type="checkbox"/> rented? Rental Fee? \$ <u>1</u> per <u>year</u> From whom? <u>Advantage FS</u>	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: # based on 90 in tank

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. If there is a chimney, is it in good repair? When was it last cleaned? <u>10/15</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

Listing AS Seller(s) initials DVS Date 1/28/16 Sale Buyer(s) initials _____ Date _____

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15. NEIGHBORHOOD:

Table with 2 columns: Question (A, B) and Answer options (Yes, No, Unknown, N/A). A: Are there any waste dumps... B: Are you aware of any street, sidewalk, utility improvements...

Comments:

16. OTHER:

Table with 2 columns: Question (A-L) and Answer options (Yes, No, Unknown, N/A). A: Are there any disputes... B: Are you aware of anything else... C: Are you aware of any damage... D: Are you aware of any diseased trees... E: Do you have keys... F: Are there storms and screens... G: Are there any cracked windows... H: Will there be debris... I: Is the property in a historic district... J: If answer to 16I is 'Yes', what is the amount... K: Are you aware of any human burial grounds... L: Utilities provided by: Gas Advantage Electric REC Water well

Comments:

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.

Table with 2 columns: ITEM NUMBER, REMARKS. Multiple empty rows for handwritten entries.

Listing

Seller(s) initials

Handwritten initials: JVS

Date: 1/28/14

Sale

Buyer(s) initials

Date

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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 type="checkbox"/> No <input checked="" type="checkbox"/>	mirror in entryway, mirror in bedroom
Shades, Blinds	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Shelving	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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 checked="" type="checkbox"/>	
Attached Antenna	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	in attic / working
Basketball board & hoop	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Ceiling Fan(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CentralVac System & Attachments	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Dishwasher	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Disposal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Dryer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	- optional \$
Fireplace Insert/Equipment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Furnace Humidifier	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Garage Door Opener	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	How many controls? 1
Gas grill/Gas light	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Intercom System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Irrigation System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Microwave	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Oven and Range	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Pool & Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	optional \$
Refrigerator	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many? Location? negotiable
Satellite Dish	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Sauna/Hot Tub	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Smoke Alarms	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Solar Collector Equipment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Standalone Freezer	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Location?
Storage Shed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sump Pump	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Swing Set	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	playhouse may stay if buyer wants it
Trash Compactor	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Underground "Pet Fence"	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	How many collars?
Vent Fans	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	working
Washer	Yes <input type="checkbox"/> No <input type="checkbox"/>	optional \$
Water Softener	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Rented <input checked="" type="checkbox"/> Own <input type="checkbox"/> Type of system: Iron curtain & salt softener
Who owns the fencing around your property?		We do -
Window/Wall Air Conditioner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Wood Burning Stove	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
TV Wall Mounts	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	How many? 1 Location? guest 3 season's porch

part table stays
 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.

David V. Stone 1/20/16 JoAnn Stone 1/28/16
 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