

SELLER DISCLOSURE OF PROPERTY CONDITION

PROPERTY ADDRESS:

3569 Central City / 12 Center Point, Ia 52213

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 any agent acting on behalf of the seller(s).

INSTRUCTIONS TO THE SELLER:

1. Seller(s) must complete this statement. Respond to all questions, or attach reports allowed by Iowa Code section 558A.4(2);
2. Disclose all known conditions materially affecting this property;
3. If an item does not apply to this property, indicate it is not applicable (N/A);
4. 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)**.
5. Additional pages may be attached as needed;
6. Keep a copy of this statement with your other important papers.

| APPLIANCES/SYSTEMS/SERVICES | STAYS WITH RESIDENCE | | | GOOD WORKING ORDER | | |
|-------------------------------------|----------------------|----|-----|--------------------|----|---------------------------------|
| | YES | NO | N/A | YES | NO | UNKNOWN |
| Range/Oven | ✓ | | | ✓ | | |
| Dishwasher | | | ✓ | | | |
| Refrigerator | ✓ | | | ✓ | | |
| Hood, fan | ✓ | | | ✓ | | |
| Garbage Disposal | | | ✓ | | | |
| Microwave | | ✓ | | | | |
| Trash Compactor | | | ✓ | | | |
| Alarm System | | | ✓ | | | |
| Washer | ✓ | | | | | |
| Dryer | ✓ | | | ✓ | | <i>works on permanent piece</i> |
| Gas grill | | | ✓ | | | |
| Attached antenna | ✓ | | | ✓ | | |
| Satellite Dish | | | ? | | | |
| Garage door opener & remote control | ✓ | | | ✓ | | |
| Ceiling fan(s) | | | ✓ | | | |
| Sauna/hot tub | | | ✓ | | | |
| Pool & equipment | | | ✓ | | | |
| Water softener/conditioner | ✓ | | | ✓ | | <i>works on manual</i> |
| Lawn sprinkler system | | | ✓ | | | |
| Plumbing system | ✓ | | | ✓ | | |
| Well & pump | ✓ | | | ✓ | | |
| Smoke alarm | ✓ | | | ✓ | | |
| Sump Pump | | | ✓ | | | |
| City water system | | | ✓ | | | |
| City sewer system | | | ✓ | | | |
| Window air conditioner | | | ✓ | | | |
| Central heating system | ✓ | | | ✓ | | |
| Furnace humidifier | | | ✓ | | | |
| Septic tank & drain field | ✓ | | | ✓ | | |
| Electronic air filter | | | ✓ | | | |
| Solar heating system | | | ✓ | | | |
| Fireplace equipment | | | ✓ | | | |
| Wood burning system | | | ✓ | | | |
| Water heater | ✓ | | | ✓ | | |
| L.P. supply tank | ✓ | | | ✓ | | <i>it is owned by FS</i> |

Listing

DS
Seller(s) initials

Date

2/14/09
Date

Sale

Buyer(s) initials

Date

PROPERTY ADDRESS: 3869 Central City Rd. Center Point, Ia

ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED
AND ARE NOT UNDER WARRANTY BEYOND DATE OF CLOSING

Which of the following will be INCLUDED as part of the property to be conveyed? Identify by room, location or color.

| ACCESSORIES & FURNISHINGS | YES | NO | |
|---------------------------|-------------------------------------|--------------------------|------------|
| Drapes, Curtains, Rods | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>all</u> |
| Shades, Blinds | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |

Exceptions/Explanations of the "NO" responses above, if any: _____

PROPERTY CONDITIONS IMPROVEMENTS & ADDITIONAL INFORMATION:

| | YES | NO | UNKNOWN |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Basement/Foundation: Any known water or other problems? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Roof: Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? <u>New OSB + Shingles 2004</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repair/replacement Date: _____ | | | |
| 3. Well and Pump: Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement? Date: <u>2009</u> | | | |
| Any known water tests? <u>Yes</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of last report & results <u>Satisfactory</u> Date: <u>6/27/09</u> | | | |
| 4. Septic Tanks/Drain Fields: Any known problems? <u>New in Summer</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Does the system tank have a drain field/leach lines: <u>2009</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Does it drain into a field tile or open ditch? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Location of Tank: <u>Back of house Northwest of house</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date tank last cleaned <u>New</u> Date: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Sewer System: Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: _____ | | | |
| 6. Heating System(s): Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: <u>2001</u> | | | |
| Approximate age of heating system _____ | | | |
| 7. Central Cooling System(s): Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? <u>New Condenser - Syringe</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: <u>2001</u> | | | |
| Approximate age of cooling system <u>28 yrs</u> | | | |
| 8. Plumbing System(s): Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: _____ | | | |
| 9. Electrical System(s): Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any known repairs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: _____ | | | |
| 10. Pest Infestation: (e.g. termites, carpenter ants) Any known problems? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date(s) of treatment Date: _____ | | | |
| Any known structural damage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, date of repairs/replacement Date: _____ | | | |

Comments on well: Had to shock treat the well a couple of times

Listing
09
Seller(s) initials

2/14/09
Date

Sale
Buyer(s) initials

Date

PROPERTY ADDRESS: 3809 Central City Rd. Canton, MS, 39046

| | YES | NO | UNKNOWN |
|---|-------------------------------------|-------------------------------------|---------------|
| 11. Asbestos: Any known to be present in the structure? | | <input checked="" type="checkbox"/> | |
| If Yes, explain: | | | |
| 12. Radon: Any known tests for the presence of radon gas? | | <input checked="" type="checkbox"/> | |
| If Yes, date of last report and results | | | |
| Date: | | | |
| 13. Lead Based Paint: Any known to be present in the structure? | | <input checked="" type="checkbox"/> | |
| 14. Flood Plain: Do you know if the property is located in a flood plain? | | <input checked="" type="checkbox"/> | |
| If Yes, what is the flood plain designation? | | | |
| Are you aware of any environmental concerns on this property or in the area? | | <input checked="" type="checkbox"/> | |
| 15. Zoning: Do you know the zoning classification of the property? | <input checked="" type="checkbox"/> | | |
| If Yes, what is the zoning classification? | | | <u>ag 100</u> |
| 16. 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? | | <input checked="" type="checkbox"/> | |
| 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? | | | |
| 17. Physical Problems: Any known settling, flooding, drainage or grading problems? | | <input checked="" type="checkbox"/> | |
| 18. Structural Damage: Any known structural damage? | <input checked="" type="checkbox"/> | | |
| 19. Is the property located in a real estate improvement district? | | <input checked="" type="checkbox"/> | |
| If Yes, indicate the amount of any special assessment against the property \$ | | | |
| 20. Other Items: | | | |
| Mold: Is mold present in any form on the property? | | <input checked="" type="checkbox"/> | |
| Private Burial Grounds: Does property contain any burial ground? | | <input checked="" type="checkbox"/> | |
| Has there been a property/casualty loss, insurance claim or major damage to the property from fire, wind, hail, flood(s) or landslide(s)? | <input checked="" type="checkbox"/> | | |
| Are you aware of easements or any other rights affecting the property? | | <input checked="" type="checkbox"/> | |

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

① Have had some minor water seepage in the past & during heavy rains from the west

SELLER(S) DISCLOSURE:

Seller(s) discloses the information regarding this property based on information known or reasonably available to the Seller(s). The Seller(s) has owned the property since 1973. The Seller(s) certifies that as of the date signed, this information is true and accurate to the best of my/our knowledge.

Connie Noel
Seller's Signature:

2/14/09
Date

Barrett Noel
Seller's Signature:

Date

BUYER(S) ACKNOWLEDGMENT:

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's Signature:

Date

Buyer's Signature:

Date

Home Purchase -- Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

3869 Central City Rd Center Pt, IA 52213
Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) ☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) _____ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

Name of Document(s)

Inspector/Author Date of Document

(ii) ☒ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

(c) _____ Purchaser has received copies of all information listed above.

(d) _____ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) _____ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) _____ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

(f) TRC Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Connecticut 2/19/09
Signature of Seller Date

Printed Name of Seller

Signature of Purchaser Date

Printed name of Purchaser

Troy R Louwagis 2/19/09
Signature of Agent Date

Printed name of Agent

Signature of Seller Date

Printed Name of Seller

Signature of Purchaser Date

Printed Name of Purchaser

Signature of Agent Date

Printed Name of Agent