



# RESIDENTIAL PROPERTY SELLER DISCLOSURE STATEMENT

This form is approved by the Iowa City Area Association of REALTORS®



**Address of Property:** 2875 Spring Rose Circle #305, Coralville, Iowa 52241

**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 (1) but no more than four (4) 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 on behalf of the seller(s).

**INSTRUCTIONS TO SELLER(S):** (1) Seller(s) must complete this statement. Complete all questions, or attach reports allowed by Iowa Code Section 558.A.4; (2) Disclose all known conditions materially affecting this property; (3) If an item does not apply to this property, check the "N/A" box as not applicable; (4) You must 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 and indicate by using "AP", or if the information is unknown indicate by checking the "UNK" box; (5) Additional pages may be attached to this form as needed; (6) Keep a copy of this statement with your other important papers.

**N/A only to be used if component is not a part of the property.**

|       |                                                         |                                         |                                        |                                         |                                         |
|-------|---------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| 1.    | Basement/Foundation: Any known water or other problems? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | If yes, explain: N/A                                    |                                         |                                        |                                         |                                         |
|       | Dates of repairs and/or replacement: N/A                |                                         |                                        |                                         |                                         |
| <hr/> |                                                         |                                         |                                        |                                         |                                         |
| 2.    | Roof: Any known problems?                               | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known repairs?                                      | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | If yes to either, explain: N/A                          |                                         |                                        |                                         |                                         |
|       | Dates of repairs and/or replacement: N/A                |                                         |                                        |                                         |                                         |
|       | Age of Roof? 2024                                       |                                         |                                        |                                         |                                         |
| <hr/> |                                                         |                                         |                                        |                                         |                                         |
| 3.    | Well and Pump:                                          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known problems?                                     | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | If yes, explain: N/A                                    |                                         |                                        |                                         |                                         |
|       | Dates of repairs and/or replacement: N/A                |                                         |                                        |                                         |                                         |
|       | Any known water tests?                                  | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input checked="" type="checkbox"/> |
|       | If yes, date of last report: N/A                        |                                         |                                        |                                         |                                         |
|       | Results of last report: N/A                             |                                         |                                        |                                         |                                         |
| <hr/> |                                                         |                                         |                                        |                                         |                                         |
| 4.    | Septic Tanks / Drainage Fields:                         | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known problems?                                     | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/>            |
|       | If yes, explain: N/A                                    |                                         |                                        |                                         |                                         |
|       | Date of repairs and/or replacement: N/A                 |                                         |                                        |                                         |                                         |
|       | Location of septic tank: N/A                            |                                         |                                        |                                         |                                         |
|       | Date tank was last cleaned/pumped: N/A                  |                                         |                                        |                                         |                                         |
|       | Septic Tank Size (gallons): N/A                         |                                         |                                        |                                         |                                         |
| <hr/> |                                                         |                                         |                                        |                                         |                                         |
| 5.    | Sewer System:                                           | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known problems?                                     | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known repairs?                                      | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | If yes to either, explain: N/A                          |                                         |                                        |                                         |                                         |
|       | Date of repairs and/or replacement: N/A                 |                                         |                                        |                                         |                                         |
| <hr/> |                                                         |                                         |                                        |                                         |                                         |
| 6.    | Heating System(s):                                      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known problems?                                     | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | Any known repairs?                                      | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|       | If yes to either, explain: N/A                          |                                         |                                        |                                         |                                         |
|       | Dates of repairs and/or replacement: N/A                |                                         |                                        |                                         |                                         |
|       | Age of Heating System? 2024                             |                                         |                                        |                                         |                                         |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Central Cooling System(s):<br>Any known problems?<br>Any known repairs?<br>If yes to either, explain: N/A<br>Dates of repair and/or replacement: N/A<br>Age of Central Cooling System? N/A                                                                                                                                                                                                                                                                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8. Plumbing System(s):<br>Any known problems?<br>If yes, explain: N/A<br>Dates of repairs and/or replacement: N/A<br>Are there currently or have there ever been any lead services lines present?<br>If yes, explain: N/A                                                                                                                                                                                                                                                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 9. Electrical System(s):<br>Any known problems?<br>If yes, explain: N/A<br>Dates of repairs and/or replacement: N/A                                                                                                                                                                                                                                                                                                                                                                                                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10. Pest Infestation (e.g., termites, carpenter ants): Any known problems?<br>If yes, date(s) of treatment(s): N/A<br>Any known structural damage?<br>If yes, explain: N/A<br>Dates of repairs and/or replacements: N/A                                                                                                                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11. Asbestos: Any known to be present in the structure?<br>If yes, explain: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 12. Radon: Any known tests for the presence of radon gas?<br>If yes, date of last report: N/A<br>Results of last report: N/A                                                                                                                                                                                                                                                                                                                                                                                              | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 13. Lead-Based Paint: Any known to be present in the structure?<br>Was the dwelling constructed prior to January 1, 1978?<br>If yes, complete the "Disclosure of Information and Acknowledgement re: Lead-Based Paint and/or Lead-Based Paint Hazards"                                                                                                                                                                                                                                                                    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 14. Flood Plain: Is the property located in a flood plain?<br>If yes, what is the flood plain designation? N/A                                                                                                                                                                                                                                                                                                                                                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 15. Zoning: Do you know the zoning classification of the property?<br>If yes, what is the zoning classification? N/A                                                                                                                                                                                                                                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 16. Covenants: Is the property subject to restrictive covenants?<br>If yes, attach a copy or state where a true current copy of the covenants can be obtained: On File                                                                                                                                                                                                                                                                                                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 17. Shared or Co-Owned Features: Are features of the property known to be shared in common with adjoining landowners, such as walls, fences, roads, and driveways whose use and/or maintenance responsibility may have an effect on the property?<br>If yes, explain: Condo common shared property<br><br>Any known "common areas" such as pools, tennis courts, walkways or other areas co-owned with others, or a Homeowners' Association which has any authority over the property?<br>If yes, explain: Condo. Yes HOA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/><br><br><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 18. Physical Problems: Any known settling, flooding, drainage or grading problems?<br>If yes, explain: N/A                                                                                                                                                                                                                                                                                                                                                                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK <input type="checkbox"/>                                                                                                                                                                                                                                                                   |

|     |                                                                                                                                                                                                                                         |                                                                           |                                        |                                         |                                         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| 19. | Structural Damage: Any known structural damage?<br>If yes, explain: <u>N/A</u>                                                                                                                                                          | Yes <input type="checkbox"/>                                              | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
| 20. | Emerald Ash Borer: Any known Ash trees located on the property?<br>Date(s) of Treatment? If Any, <u>N/A</u>                                                                                                                             | Yes <input type="checkbox"/>                                              | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input checked="" type="checkbox"/> |
| 21. | Insurance Claims:<br>Any known insurance claims?<br>If yes, explain: <u>N/A</u>                                                                                                                                                         | Yes <input type="checkbox"/>                                              | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
| 22. | LP Tank:<br>Rented or Owned<br>If rented, please list company <u>Clicked rental as a click is required although no LP Tank</u><br>Any known problems?<br>If yes, explain: <u>N/A</u><br>Dates of repairs and/or replacement: <u>N/A</u> | Yes <input type="checkbox"/>                                              | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     |                                                                                                                                                                                                                                         | Rented <input checked="" type="checkbox"/> Owned <input type="checkbox"/> |                                        |                                         |                                         |
|     |                                                                                                                                                                                                                                         | Yes <input type="checkbox"/>                                              | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/>            |
| 23. | Water Softener:<br>Rented or Owned<br>If rented, please list company <u>Not rented or owned. A click was required</u><br>Any known problems?<br>If yes, explain: <u>N/A</u><br>Dates of repairs and/or replacement: <u>N/A</u>          | Yes <input type="checkbox"/>                                              | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     |                                                                                                                                                                                                                                         | Rented <input checked="" type="checkbox"/> Owned <input type="checkbox"/> |                                        |                                         |                                         |
|     |                                                                                                                                                                                                                                         | Yes <input type="checkbox"/>                                              | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/>            |
| 24. | Rented/Leased Equipment?<br>If yes, please list the equipment staying with the property <u>N/A</u>                                                                                                                                      | Yes <input type="checkbox"/>                                              | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |

Any Additional Information:

N/A

Please use additional sheets as necessary.



**SELLER(S) DISCLOSURE STATEMENT IS NOT REQUIRED IN THE FOLLOWING INSTANCES:** (1) Property contains no dwelling units or more than four dwelling units; (2) The transfer is made pursuant to court order; (3) The transfer is by mortgagor or mortgagee incident to a foreclosure or deed in lieu of foreclosure, or is incident to contract forfeiture; (4) 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; (5) A transfer between joint tenants or tenants in common; (6) A transfer to a spouse or a lineal descendent of the transferor; (7) A transfer between spouses as a result of dissolution of marriage or legal separation; (8) A transfer to or from a governmental body; (9) A transfer by quit claim deed; (10) A transfer by a power of attorney.

**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 7-15-2025. The Seller(s) certifies that as of the date signed, this information is true and accurate to the best of my/our knowledge. Seller(s) acknowledge(s) the requirement that Buyer(s) be provided with the "Iowa Radon Home-Buyers and Seller Fact Sheet" prepared by the Iowa Department of Public Health.

*David C. Krupp*

dotloop verified  
09/18/26 5:46 AM EDT  
AWS9-U3CU-HYPI-NZFR

Sellerdate

*Michelle M. Krupp*

dotloop verified  
09/18/26 6:03 AM EDT  
ZVE0-2PN4-Q7KL-0Q4C

Sellerdate

**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) wish to obtain. Buyer(s) acknowledge receipt of the "Iowa Radon Home-Buyers and Seller Fact Sheet" prepared by the Iowa Department of Public Health.

Buyerdate

Buyerdate

*DK*

09/18/26  
5:50 AM EDT  
dotloop verified

*MMK*

09/18/26  
5:57 AM EDT  
dotloop verified