



# RESIDENTIAL PROPERTY SELLER DISCLOSURE STATEMENT

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



**Address of Property:** 1825 Deforest Avenue, Iowa City, IA 52240

**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 type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/> |
|       | If yes, explain:                                        |                              |                                        |                                         |                              |
|       | Dates of repairs and/or replacement:                    |                              |                                        |                                         |                              |
| <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:                              |                              |                                        |                                         |                              |
|       | Dates of repairs::                                      |                              |                                        |                                         |                              |
|       | Age of Roof? 9 years - replaced November 2017           |                              |                                        |                                         |                              |
| <hr/> |                                                         |                              |                                        |                                         |                              |
| 3.    | Well and Pump:                                          | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" 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:                                        |                              |                                        |                                         |                              |
|       | Dates of repairs and/or replacement:                    |                              |                                        |                                         |                              |
|       | Any known water tests?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/> |
|       | If yes, date of last report:                            |                              |                                        |                                         |                              |
|       | Results of last report:                                 |                              |                                        |                                         |                              |
| <hr/> |                                                         |                              |                                        |                                         |                              |
| 4.    | Septic Tanks / Drainage Fields:                         | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" 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:                                        |                              |                                        |                                         |                              |
|       | Date of repairs and/or replacement:                     |                              |                                        |                                         |                              |
|       | Location of septic tank:                                |                              |                                        |                                         |                              |
|       | Date tank was last cleaned/pumped:                      |                              |                                        |                                         |                              |
|       | Septic Tank Size (gallons):                             |                              |                                        |                                         |                              |
| <hr/> |                                                         |                              |                                        |                                         |                              |
| 5.    | Sewer System:                                           | 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"/> |
|       | 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:                              |                              |                                        |                                         |                              |
|       | Date of repairs and/or replacement:                     |                              |                                        |                                         |                              |
| <hr/> |                                                         |                              |                                        |                                         |                              |
| 6.    | Heating System(s):                                      | 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"/> |
|       | 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:                              |                              |                                        |                                         |                              |
|       | Dates of repairs:                                       |                              |                                        |                                         |                              |
|       | Age of Heating System? 15 years                         |                              |                                        |                                         |                              |



|     |                                                                                                  |                              |                                        |                                         |                                         |
|-----|--------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| 7.  | Cooling System(s):<br>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: _____                                                                 |                              |                                        |                                         |                                         |
|     | Dates of repair: _____                                                                           |                              |                                        |                                         |                                         |
|     | Age of Cooling System? 15 years                                                                  |                              |                                        |                                         |                                         |
| 8.  | Plumbing System(s):<br>Any known problems?                                                       | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, explain: _____                                                                           |                              |                                        |                                         |                                         |
|     | Dates of repairs and/or replacement: _____                                                       |                              |                                        |                                         |                                         |
|     | Are there currently or have there ever been any lead services lines present?                     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, explain: _____                                                                           |                              |                                        |                                         |                                         |
| 9.  | Electrical System(s):<br>Any known problems?                                                     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, explain: _____                                                                           |                              |                                        |                                         |                                         |
|     | Dates of repairs and/or replacement: _____                                                       |                              |                                        |                                         |                                         |
| 10. | Pest Infestation (e.g., termites, carpenter ants): Any known problems?                           | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, date(s) of treatment(s): _____                                                           |                              |                                        |                                         |                                         |
|     | Any known structural damage?                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> | UNK <input type="checkbox"/>            |
|     | If yes, explain: _____                                                                           |                              |                                        |                                         |                                         |
|     | Dates of repairs and/or replacements: _____                                                      |                              |                                        |                                         |                                         |
| 11. | Asbestos: Any known to be present in the structure?                                              | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, explain: _____                                                                           |                              |                                        |                                         |                                         |
| 12. | Radon: Any known tests for the presence of radon gas?                                            | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, date of last report: _____                                                               |                              |                                        |                                         |                                         |
|     | Results of last report: _____                                                                    |                              |                                        |                                         |                                         |
| 13. | Lead-Based Paint: Any known to be present in the structure?                                      | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | Was the dwelling constructed prior to January 1, 1978?                                           | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, complete the "Lead Based Paint Disclosure"                                               |                              |                                        |                                         |                                         |
| 14. | Flood Plain: Is the property located in a flood plain?                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input checked="" type="checkbox"/> |
|     | If yes, what is the flood plain designation? _____                                               |                              |                                        |                                         |                                         |
| 15. | Zoning: Do you know the zoning classification of the property?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            | UNK <input checked="" type="checkbox"/> |
|     | If yes, what is the zoning classification? _____                                                 |                              |                                        |                                         |                                         |
|     | _____                                                                                            |                              |                                        |                                         |                                         |
| 16. | Covenants: Is the property subject to restrictive covenants?                                     | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            | UNK <input type="checkbox"/>            |
|     | If yes, attach a copy or state where a true current copy of the covenants can be obtained: _____ |                              |                                        |                                         |                                         |
|     | _____                                                                                            |                              |                                        |                                         |                                         |



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? Yes ☐ No ☒ N/A ☐ UNK ☐  
If yes, explain: \_\_\_\_\_  
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? Yes ☐ No ☒ N/A ☐ UNK ☐  
If yes, explain: \_\_\_\_\_
18. Physical Problems: Any known settling, flooding, drainage or grading problems? Yes ☐ No ☒ N/A ☐ UNK ☐  
If yes, explain: \_\_\_\_\_
19. Structural Damage: Any known structural damage? Yes ☐ No ☒ N/A ☐ UNK ☐  
If yes, explain: \_\_\_\_\_
20. Emerald Ash Borer: Any known Ash trees located on the property? Yes ☐ No ☒ N/A ☐ UNK ☐  
Date(s) of Treatment? If Any. \_\_\_\_\_
21. Insurance Claims: Any known insurance claims? Yes ☐ No ☐ N/A ☐ UNK ☒  
If yes, explain: \_\_\_\_\_
22. LP Tank: Yes ☐ No ☒ N/A ☐ UNK ☐  
Rented or Owned Rented ☐ Owned ☐  
If rented, please list company \_\_\_\_\_  
If owned, does it stay with the property? Yes ☐ No ☐ N/A ☒ UNK ☐  
Any known problems? Yes ☐ No ☐ N/A ☒ UNK ☐  
If yes, explain: \_\_\_\_\_  
Dates of repairs and/or replacement: \_\_\_\_\_
23. Water Softener: Yes ☐ No ☒ N/A ☐ UNK ☐  
Rented or Owned Rented ☐ Owned ☐  
If rented, please list company \_\_\_\_\_  
If owned, does it stay with the property? Yes ☐ No ☐  
Any known problems? Yes ☐ No ☐ N/A ☒ UNK ☐  
If yes, explain: \_\_\_\_\_  
Dates of repairs and/or replacement: \_\_\_\_\_
24. Rented/Leased Equipment? Yes ☐ No ☒ N/A ☐ UNK ☐  
If yes, please list the equipment staying with the property \_\_\_\_\_

Any Additional Information:

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 \_\_\_\_\_. 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.

*Cory Ravick as POA for Norma J Ravick*

dotloop verified  
09/22/26 12:35 PM PDT  
BQNW-KD84-RILT-NCEW

Seller

date

*Cory Ravick as POA for Norma J Ravick*

dotloop verified  
09/22/26 12:35 PM PDT  
3R8T-7VZE-EJDO-WSP7

Seller

date

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

Buyer

date

Buyer

date