

## SELLER'S PROPERTY DISCLOSURE

**Subject Property Address:** 811 Valley Court, Center Point, IA 52213

**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 Buyer(s) 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 Seller's Property Disclosure 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, answer N/A. (5) All approximations must be identified as approximations with AP. If you do not know the facts, answer with Unknown or UNK.

**Owner's name(s). Please print:** Michael Cole and Dana Cole

### Groundwater Hazard:

Is there a private burial site, well, geothermal system, solid waste disposal, underground storage tank, hazardous or private sewage disposal system on the property as described in Iowa Code section 558.69? If no, this transaction is exempt from the requirement to submit a Groundwater Hazard Statement.

☐ Yes ☒ No

**Exempt Properties:** Properties exempted from the Seller's disclosure requirement include (IA Code 558A): Bare ground; property containing 5 or more dwelling units; court ordered transfers; transfers by power of attorney; foreclosures; lenders selling foreclosed properties; fiduciaries in the course of an administration of a decedent's estate, guardianship, conservatorship, or trust; between joint tenants, or tenants in common; to or from any governmental division; quit claim deeds; intra-family transfers; between divorcing spouses; commercial or agricultural property which has no dwellings. 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. ☐ Property is exempt because one or more of the above exemptions apply. (If exempt – STOP HERE AND SIGN)

X  Date:  X  Date:

- How long have you owned the property?**  years ☐ months
- This is my:** ☒ Residence ☐ Investment property ☐ Other
- OCCUPANCY TYPE IS ONE OF THE FOLLOWING:** ☒ SINGLE FAMILY ☐ CONDOMINIUM ☐ ZERO LOT LINE/BI-ATTACHED ☐ MULTI-FAMILY (2-4 UNITS)
- ENCROACHMENTS/EASEMENTS/SHARED OR CO-OWNERSHIP:**

|                                                                                                                                                                                                                                                                       |                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 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? If Yes, explain below or on page 6.                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Are there any easements or other's rights affecting the property? If Yes, explain below or on page 6.                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Any features of the property known to be shared in common with adjoining landowners, such as fences, roads, driveways, wells, septic systems, etc. whose use or maintenance responsibility may have an effect on the property? If Yes, explain below or on page 6. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| D. 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 |
| E. Are there any special assessments proposed, levied, or pending against the property? If Yes, explain below or on page 6 how much and the purpose for the assessment.                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments:

### 5. IS THIS PROPERTY SUBJECT TO A HOMEOWNERS ASSOCIATION (HOA)? ☐ Yes ☒ No If No, skip this section.

|                                                                                                                                                                                                                                             |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Is the property subject to by-laws, rules and regulations, or declarations? If Yes, provide copies.                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Are there any common areas, such as pools, tennis courts, walkways, streets, driveways, etc. that are co-owned with others, or a homeowners association (HOA) which has authority over the property? If Yes, explain below or on page 6. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Is this HOA set up as an age 55 and older community?                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| D. Are there any special assessments proposed or levied by the HOA against the property? If Yes, explain below or on page 6 how much and the purpose for the assessment.                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| E. Has the HOA filed an insurance claim in the most recent five (5) years for a property/casualty loss or major damage? (i.e., hail, fire, wind, flood, landslide, etc.)                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

**Listing**

Seller(s) initials

**Sale**

Buyer(s) initials

Date

Date

|                                                                                                                                                                     |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| F. Are dues payable to the HOA? If No, skip to number 6. If Yes, what is the amount? \$ _____                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  |
| G. What is the frequency? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annually |                                                                                                      |
| H. What do they cover? _____                                                                                                                                        |                                                                                                      |
| I. Is the HOA planning to raise dues? If so, what is the new amount and start date: \$ _____ Date: _____                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| J. Is there a new owner start-up fee? If so, how much is the start-up fee? \$ _____                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments: \_\_\_\_\_

**6. ACCESS: Is the property on a public street/road?** ☒ Yes ☐ No If Yes, skip to number 7.

|                                                                                                                                                                                                        |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| A. Is there a <input type="checkbox"/> road or <input type="checkbox"/> easement for access to the property?                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                              |
| B. If 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? If Yes, provide copy of agreement.                                                            | <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                              |
| 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? If Yes, explain below or on page 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                               |

Comments: \_\_\_\_\_

**7. ZONING AND RESTRICTIONS:**

|                                                                                                                                                                                                                     |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. To the best of your knowledge, do all structures including house, carport(s), garage(s), shed(s), accessory building(s) meet applicable zoning setback & height requirements? If No, explain below or on page 6. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Are there any county, city or private restrictions on the use of the property? If Yes, explain below or on page 6.                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Do you know the present zoning classification? If so, indicate here: <u>Residential</u>                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown            |
| D. Are there any zoning or land use changes that could affect the use of your property or adjacent properties? If Yes, explain below or on page 6.                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments: \_\_\_\_\_

**8. HAZARDOUS MATERIALS:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Has there been the presence of, or has there been any known test for the presence of:<br><input checked="" type="checkbox"/> Radon Gas <input type="checkbox"/> Asbestos <input type="checkbox"/> Lead Based Paint <input type="checkbox"/> Toxic Mold <input type="checkbox"/> Methamphetamine<br>If you selected any of the above in 8A, explain below or on page 6.<br>Provide or attach test results if available. <u>Radon Mitigation System installed</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Are there any underground storage tanks of any kind? If Yes, explain below or on page 6.                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments: by previous owner**9. FLOODING/SEEPAGE/SETTLING:**

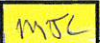
|                                                                                                                                                                                                                     |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab?                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Have there been any settling, flooding, drainage or grading problems?<br>If Yes at 9A or 9B, explain below or on page 6 and include what has been done regarding the situation including time frame and details. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Is the property located in a government designated flood zone or flood plain?<br>If Yes, what is the current flood plain designation?                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| D. 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 |

Comments: \_\_\_\_\_

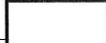
**10. ROOF:**

| Structure | Roof Type | Age | # of Layers |
|-----------|-----------|-----|-------------|
| House     | Shingles  | 1   | 1           |
| Garage    | Shingles  | 1   | 1           |
|           |           |     |             |
|           |           |     |             |

Listing

  
 Seller(s) initials

Sale

  
 Buyer(s) initials

Date

|                                                                                                                                                                |                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Has the roof(s) on the house, garage, outbuildings or shed leaked at anytime?<br><b>If Yes, explain details/location of the leak(s) below or on page 6.</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| B. If Yes, has the roof(s) and all resulting damage been repaired?<br><b>If Yes, explain below or on page 6.</b>                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| C. Is there attic insulation? Type _____ Amount _____                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                              |

Comments:

**11. STRUCTURAL CHANGES:**

|                                                                                                                                                                                                                     |                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Are there any structural, foundation, or other repairs that need to be made to the property? <b>If Yes, explain below or on page 6.</b>                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                              |
| B. Have you made any structural changes to the home? <b>If Yes, explain below or on page 6.</b><br>If Yes, was a building permit and final inspection issued for the work?                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| C. Has there been a property/casualty loss, insurance claim, warranty settlement or major damage to the property? (i.e., hail, fire, wind, flood(s), landslide(s), etc.) <b>If Yes, explain below or on page 6.</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                              |

Comments:

**12. WOOD DESTROYING INSECTS/ROT:**

|                                                                                                                                                                                              |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Are there any active or inactive structural pest infestations?<br>If Yes, provide date of most recent treatment: (date) _____                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                              |
| B. Is there any wood destroying insect damage, water damage or dry rot to the house or other structures?<br><b>If Yes, explain below or on page 6.</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown                                                                                              |
| C. Is there a "Wood Destroying Insect Warranty" presently in place for this property?<br><b>If No or Unknown, skip to number 13.</b><br>If Yes, will the warranty be transferred at closing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments:

**13. SEWAGE:**

|                                                                                                                                                                                                                                                                                                                                               |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| A. The property is served by: <input checked="" type="checkbox"/> Public sewer main <input type="checkbox"/> Septic tank system <input type="checkbox"/> Community septic system<br><input type="checkbox"/> Other disposal system (describe) _____<br><b>If the property is served by something other than a septic system, skip to 13I.</b> |                                                                                           |
| B. Was a permit issued for the septic system construction?                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Was it approved by the city or county following its construction?<br>When was it last pumped? _____ What is the age of the septic system? _____<br>What is the age of the drain field? _____                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| D. Do you know the septic tank location and the drain field? <b>If Yes, explain below or on page 6.</b>                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
| E. Has the septic system and leach field been inspected and approved for real estate transfer within the last 24 months by a certified DNR Inspector, per Iowa Code 455B.172? If exempt-seller to certify property is exempt from the requirement(s) of Iowa Code 455B. Exemption will need to be filled in on Groundwater Hazard Statement.  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |
| F. Sellers warrant, to the best of their knowledge, that the septic system is entirely located on the above property. <b>If No, please explain below or on page 6.</b>                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| G. Sellers warrant, to the best of their knowledge, that the septic system is in good working order.                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| H. Are there any plans to bring city sewer to your area or requirements to connect to city sewer?                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| I. Is any part of the sewer or septic line Orangeburg pipe? <b>Explain answers below or on page 6 and/or provide documentation.</b>                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| J. Have there been any sewer back ups? <b>If Yes, explain below or on page 6.</b>                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments:

Listing

  
 Seller(s) initials

Sale

  
 Buyer(s) initials

Date \_\_\_\_\_

Date \_\_\_\_\_

**14. WATER:**

|                                                                                                                                                                                                       |                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Is the well system operating properly (e.g., pipes, tank, pump, pressure, etc)?                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A                                                                                   |
| B. Has the well water been tested and passed by the Health Department within the past year?                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A                                                                                   |
| C. Has the well water ever failed to meet government contamination standards?                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" 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? <b>If Yes, provide or attach the agreement.</b> | <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                                                                                                                |
| F. Are there any cisterns? <input type="checkbox"/> Active <input type="checkbox"/> Abandoned                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                |
| G. If your answer to 14E or 14F is "Yes", have they been capped or filled? <b>Explain below or on page 6.</b>                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A                                                                                              |
| H. Are there any plans to bring public/city water service to your area?<br>If Yes, will there be any requirements to connect to city water lines when available?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| I. Are there currently, or have there ever been, any lead water service lines present? <b>If yes, explain below or on page 6</b>                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                           |

Comments:

**15. HEATING/COOLING/WATER HEATER :**

|                                                                                                                                                                                                                                                                                           |                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Age(s) of Heating Unit(s)? <u>5</u> Cooling Unit(s)? <u>4</u> Water Heater(s)? <u>3</u>                                                                                                                                                                                                |                                                                                                                                   |
| B. Are there any problems with the heating system(s), cooling system(s) or water heater(s)?<br><b>If your answer to 15B is Yes or N/A, explain below or on page 6.</b>                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| C. Is the property served by Liquid Propane (LP) gas? <b>If No, skip to number 16.</b><br>If yes, the tank is <input type="checkbox"/> leased <input type="checkbox"/> owned and stays <input type="checkbox"/> owned and will be removed<br>If leased, the lease is with _____ (company) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |
| D. Will the LP gas in the tank be left for the Buyer(s) at closing? <b>If No, skip to number 16.</b>                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                          |
| E. If Yes, will there be a dollar adjustment at closing? <b>If Yes, explain below or on page 6.</b>                                                                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                          |

Comments:

**16. SYSTEMS AND EQUIPMENT:**

|                                                                                                                                                                                                                                                                              |                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| A. Is the electrical system, including wiring, switches, outlets, and service in proper working order to the best of your knowledge? <b>If No, explain below or on page 6.</b>                                                                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                              |
| B. Is the plumbing system, including pipes, faucets, fixtures, toilets, drains, and sewer lines in proper working order to the best of your knowledge? <b>If No, explain below or on page 6.</b>                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                              |
| C. Is there a fireplace or other secondary heat source (e.g., Free standing stove, wood burning fireplace, gas fireplace, garage heater/furnace, etc.)? <b>If No, skip to number 16G. If Yes, is it in proper working order? If no, please explain: <u>gas fireplace</u></b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                               |
| D. Was there a building permit issued and a final inspection completed?                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown                              |
| E. If there is a chimney for the secondary heat source, is it in good repair?                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| F. When was it last cleaned? <u>No chimney</u>                                                                                                                                                                                                                               |                                                                                                                                   |
| G. Does this property have solar systems, equipment, or panels installed? If Yes, the seller must complete and attach the Solar Collection Equipment Addendum.                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                               |
| H. If Yes, is it functional?                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                          |

Comments:

**17. NEIGHBORHOOD:**

|                                                                                                                                                                                                                                                               |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| A. Are there any waste dumps, disposal sites or landfills in the vicinity of the property, or any uses or conditions nearby creating smoke, smell, dust, noise, or other environmental influences? <b>If Yes, explain below or on page 6.</b>                 | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Are there any street, sidewalk, utility improvements, or zoning changes planned that will affect and/or be assessed against the property? Explain below.<br><b>If Yes, what is the amount, if any, of any special assessment against this property? \$</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown            |

Comments:

**Listing**
  
Seller(s) initials
**Sale**
  
Buyer(s) initials

Date

Date

Subject Property Address: 811 Valley Court, Center Point, IA 52213

18. OTHER: If Yes to any question from A – J, explain below or on page 6.

|                                                                                                                                                                                                                                      |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Are there any legal disputes or actions concerning the property (with neighbors or anyone else)?                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| B. Is there anything else which would adversely affect the value or desirability of the property?                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| C. Has any damage been caused to this property by fire?                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| D. Are there any damaged, diseased, or dying trees on the property?                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| E. Is there a forest/fruit tree reserve? Acres: Location:                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| F. Are there any cracked or broken window panes, seals or mechanisms?                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| G. Are there storms and/or screens for all windows designed to have storms and/or screens?                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| H. Will there be debris left on the property after closing? (paint, tires, batteries, oil, furniture, junk, etc.)                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| I. Is the property located in a registered historic or improvement district?                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| J. Are there any locks on the property for which you do not have keys and/or codes?                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| K. Current Utility Providers: Gas <u>Alliant</u> Electric <u>Corridor Energy Coop</u><br>Water <u>City of Center Point</u> Cable <u>USA Communications</u><br>Internet <u>USA Communications</u> Garbage <u>City of Center Point</u> |                                                                                                      |

Comments:

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

| ITEM                      | INCLUDED                                                                                         | IF NOT INCLUDED, IDENTIFY RESERVED ITEMS BY ROOMS, LOCATION, COLOR, ETC. |
|---------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Draperies, Curtains, Rods | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                          |
| Light Fixtures            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                          |
| Mirrors                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                          |
| Shades, Blinds            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                          |
| Shelving                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                          |

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 AND/OR USE NEXT PAGE IF MORE SPACE IS NEEDED                                                                                                                                     |
|-------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alarm/Security System               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Attached Antenna                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Basketball Board & Hoop             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Carbon Monoxide Detector(s)         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | How many? Location(s)?                                                                                                                                                                                                       |
| Ceiling Fan(s)                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Central Vacuum System & Attachments | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Clothes Dryer                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | How many? Connection is <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Both                                                                                                         |
| Clothes Washer                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | How many?                                                                                                                                                                                                                    |
| Dishwasher                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Disposal                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Electric Car Charging Station       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Fencing                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Who owns the fencing?                                                                                                                                                                                                        |
| Fireplace Insert/Equipment          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Furnace Humidifier                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Garage Door Opener                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How many remote controls? Functioning Keypad? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the code be provided at closing? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| Garage Heater/Furnace               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Gas Grill/Gas Light                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Generator                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Attached <input type="checkbox"/> Portable Powered by: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Liquid Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Other: |
| Intercom System                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Irrigation System                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Location?                                                                                                                                                                                                                    |
| Microwave                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Oven/Range/Cooktop                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Connection is <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Both                                                                                                                   |
| Pool & Equipment                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                              |
| Radon Mitigation System             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Active <input type="checkbox"/> Pre-Plumbed Only                                                                                                                                                    |

Listing

WTC  
Seller(s) initials

Date

Sale

                      
Buyer(s) initials

Date

