



## SELLER'S PROPERTY DISCLOSURE

**Subject Property Address:** 3045 Oxford Street, Marion, IA 52302

**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: Sharon Rowe and Bruce Rowe

### 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:

1. How long have you owned the property? 12 ☒ years ☐ months
2. This is my: ☒ Residence ☐ Investment property ☐ Other
3. OCCUPANCY TYPE IS ONE OF THE FOLLOWING: ☒ SINGLE FAMILY ☐ CONDOMINIUM ☐ ZERO LOT LINE/BI-ATTACHED ☐ MULTI-FAMILY (2-4 UNITS)
4. 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 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 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 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 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 type="checkbox"/> No <input type="checkbox"/> Unknown |

Listing

BR  
Seller(s) initials

SR

Date

10-13-26

Sale

Buyer(s) initials

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 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 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 checked="" type="checkbox"/> road or <input type="checkbox"/> easement for access to the property?                                                                                | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: _____                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 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. | <input type="checkbox"/> Yes <input checked="" 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: \_\_\_\_\_

**9. FLOODING/SEEPAGE/SETTLING:**

|                                                                                                                                                                                                                     |                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab?                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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: \_\_\_\_\_

*Sump Pump broke during the night; all new sump pump June 2025*

**10. ROOF:**

| Structure | Roof Type | Age     | # of Layers |
|-----------|-----------|---------|-------------|
| House     | shingles  | 6 years | 1           |
| Garage    |           |         |             |
|           |           |         |             |
|           |           |         |             |

Listing

BR  
Seller(s) initials

SP4

10-13-26  
Date

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| C. Is there attic insulation? Type <u>Blown in</u> Amount _____                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                              |

Comments:

Happened during the derecho, but everything was replaced + new

**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 checked="" type="checkbox"/> Unknown <u>BR</u>                                                                     |
| 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<br><input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                          |

Comments: Wind August 2020. Roof & Part of fence replaced

**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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unknown |
| J. Have there been any sewer back ups? <b>If Yes, explain below or on page 6.</b>                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Comments: Basement floor drain backup. Roto Rooter cleared

Listing

BR  
Seller(s) initials

SC

10-13-26  
Date

Sale

            
Buyer(s) initials

          

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 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 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 checked="" 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) _____ Cooling Unit(s)? <u>2025</u> Water Heater(s)? <u>12/16/21</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<br><input type="checkbox"/> Yes <input 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:</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A |
| F. When was it last cleaned? <u>Direct Vent</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 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

Comments:

Listing

BR

  
 Seller(s) initials

JR

Date

10-13-26

Sale

  
 Buyer(s) initials

Date

Subject Property Address: 3045 Oxford Street, Marion, IA 52302

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 checked="" type="checkbox"/> Yes <input 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>Mid-American</u> Electric <u>Corridor energy Coop</u><br>Water <u>Marion</u> Cable <u>Dish Network</u><br>Internet <u>T-Mobile</u> Garbage <u>Marion</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Living room drapes, Dining room curtains, master BR curtains             |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A | Basement & garage stay                                                   |

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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | How many? 1 Connection is <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Both                                                                                             |
| Clothes Washer                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A            | How many? 1                                                                                                                                                                                                                   |
| 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 checked="" 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? Home owner                                                                                                                                                                                              |
| 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? 2 Functioning Keypad? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will the code be provided at closing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Garage Heater/Furnace               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> N/A | Connection is <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A            | <input type="checkbox"/> Active <input type="checkbox"/> Pre-Plumbed Only                                                                                                                                                     |

Listing

BR  
Seller(s) initials

SK

10-13-26  
Date

Sale

Buyer(s) initials

Date

**Subject Property Address:** 3045 Oxford Street, Marion, IA 52302

|                             |                                                                                                  |                                                                           |                                     |                                                                                            |
|-----------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| Refrigerator                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How many?                                                                 | Location(s)?                        | Waterline Operational? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Safe                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Location:                                                                 |                                     |                                                                                            |
| Satellite Dish              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| Sauna/Hot Tub               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| Smart Thermostat            | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Brand:                                                                    |                                     |                                                                                            |
| Smoke Alarms/Detectors      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | How many?                                                                 | Location(s)?                        |                                                                                            |
| Solar Collector Equipment   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Leased <input type="checkbox"/> Owned            | If leased, company?                 | Monthly Cost?                                                                              |
| Stand-alone Freezer         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Location?                                                                 |                                     |                                                                                            |
| Storage Shed                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| Sump Pump                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| Swing Set                   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| Trash Compactor             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |
| TV Wall Mounts              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | How many?                                                                 | Location(s)?                        |                                                                                            |
| Underground Pet Fence       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | How many collars?                                                         |                                     |                                                                                            |
| Video Capable Doorbells     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | How many?                                                                 | Location(s)?                        |                                                                                            |
| Water Filtration System     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Leased <input type="checkbox"/> Owned            | If leased, company?                 | Type of system?                                                                            |
| Water Softener              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Owned | If leased, company? <i>W. H. H.</i> | Type of system?                                                                            |
| Window/Wall Air Conditioner | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | How many?                                                                 | Location(s)?                        |                                                                                            |
| Wood Burning Stove          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                           |                                     |                                                                                            |

Please use the section below, and/or a separate sheet of paper, to discuss any items that warrant further explanation. In your explanations, please indicate the item number from pages 1-6 that you are explaining. If there is anything else you are reserving or including, please include in this section as well. Please attach any additional sheets of paper or documentation to this document.

ITEM NUMBER

REMARKS

9A

*Basement clean up done by Service master. New Carpet August 2026.*

☐ Addendum(s) and/or other documentation attached

Seller(s) has indicated above the history and condition of all the items based solely on the information known or reasonably available to the Seller(s). If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller(s) will immediately disclose the changes to Buyer(s). In no event shall the parties hold the Broker liable for any representation not directly made by Broker or Broker's affiliated licensees (brokers and salespersons). **Seller(s) hereby acknowledges Seller(s) has retained a copy of this statement.**

**Seller acknowledges requirement that Buyer(s) be provided with the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.**

*Dana A. Rowe* 10/13/26  
SELLER DATE

*Sharon Rowe* 10-13-26  
SELLER DATE

**Buyer(s) Acknowledgement:** (To be signed at time of purchase agreement): I/We, the Buyer(s) of this subject property do acknowledge receipt of this Seller's Property Disclosure and agree that no representations regarding the condition of the subject property have been made, other than those made above. **THE LISTING BROKER AND AGENTS MAKE NO REPRESENTATIONS AND ARE NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**

**Buyer acknowledges receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.**

\_\_\_\_\_  
BUYER DATE

\_\_\_\_\_  
BUYER DATE