

Subject Property Address:

1416 Towne Centre Dr - Urbana

F. Are dues payable to the HOA? If No, skip to number 6. If Yes, what is the amount? \$

☐ Yes ☒ NoG. What is the frequency? ☐ Monthly ☐ Quarterly ☐ Semiannual ☐ 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:

☐ Yes ☐ No ☐ Unknown

J. Is there a new owner start-up fee? If so, how much is the start-up fee? \$

☐ Yes ☐ No ☐ Unknown

Comments:

6. ACCESS: Is the property on a public street/road? ☒ Yes ☐ No If Yes, skip to number 7.A. Is there a ☐ road or ☐ easement for access to the property?☐ Yes ☒ No ☐ Unknown

B. If Yes, is the road agreement or easement recorded?

☐ Yes ☐ No ☐ Unknown ☐ 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.

☐ Yes ☐ No ☐ Unknown ☐ N/A

D. Has there been any standing or running water, flooding or mud that affects use of the access road or easement?

☐ Yes ☒ No ☐ 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.

☐ Yes ☒ 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.

☒ Yes ☐ No ☐ Unknown

B. Are there any county, city or private restrictions on the use of the property? If Yes, explain below or on page 6.

☐ Yes ☒ No ☐ Unknown

C. Do you know the present zoning classification? If so, indicate here: R3

☒ Yes ☐ No ☐ 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.

☐ Yes ☒ No ☐ Unknown

Comments:

8. HAZARDOUS MATERIALS:

A. Has there been the presence of, or has there been any known test for the presence of:

☒ Yes ☐ No ☐ Unknown☒ Radon Gas ☐ Asbestos ☐ Lead Based Paint ☐ Toxic Mold ☐ Methamphetamine

If you selected any of the above in 8A, explain below or on page 6.

Provide or attach test results if available. Result 0.3

B. Are there any underground storage tanks of any kind? If Yes, explain below or on page 6.

☐ Yes ☒ No ☐ Unknown

Comments:

9. FLOODING/SEEPAGE/SETTLING:

A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab?

☐ Yes ☒ No ☐ Unknown

B. Have there been any settling, flooding, drainage or grading problems?

☐ Yes ☒ No ☐ Unknown

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.

C. Is the property located in a government designated flood zone or flood plain?

☐ Yes ☒ No ☐ Unknown

If Yes, what is the current flood plain designation?

D. Has any part of the property been built up with fill dirt, waste, or other materials?

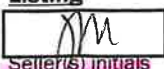
☐ Yes ☒ No ☐ Unknown

Comments:

10. ROOF:

Structure	Roof Type	Age	# of Layers
House	Asphalt	3 1/2 yrs	1
Garage	Asphalt	3 1/2 yrs	1

Listing

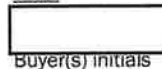


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A. Has the roof(s) on the house, garage, outbuildings or shed leaked at anytime? If Yes, explain details/location of the leak(s) below or on page 6.	☐ Yes ☒ No ☐ Unknown ☐ N/A
B. If Yes, has the roof(s) and all resulting damage been repaired? If Yes, explain below or on page 6.	☐ Yes ☐ No ☐ Unknown ☐ N/A
C. Is there attic insulation? Type <u>Cellulose</u> Amount <u>16-20 inches</u>	☒ Yes ☐ No ☐ Unknown

Comments: _____

11. STRUCTURAL CHANGES:

A. Are there any structural, foundation, or other repairs that need to be made to the property? If Yes, explain below or on page 6.	☐ Yes ☒ No ☐ Unknown
B. Have you made any structural changes to the home? If Yes, explain below or on page 6. If Yes, was a building permit and final inspection issued for the work?	☐ Yes ☒ No ☐ Yes ☐ No ☐ Unknown ☐ 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.) If Yes, explain below or on page 6.	☐ Yes ☒ No ☐ Unknown

Comments: _____

12. WOOD DESTROYING INSECTS/ROT:

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

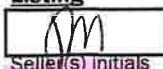
Comments: _____

13. SEWAGE:

A. The property is served by: ☒ Public sewer main ☐ Septic tank system ☐ Community septic system ☐ Other disposal system (describe) _____ If the property is served by something other than a septic system, skip to 13I.	
B. Was a permit issued for the septic system construction?	☐ Yes ☐ No ☐ Unknown
C. Was it approved by the city or county following its construction? When was it last pumped? _____ What is the age of the septic system? _____ What is the age of the drain field? _____	☐ Yes ☐ No ☐ Unknown
D. Do you know the septic tank location and the drain field? If Yes, explain below or on page 6.	☐ Yes ☐ 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.	☐ Yes ☐ No
F. Sellers warrant, to the best of their knowledge, that the septic system is entirely located on the above property. If No, please explain below or on page 6.	☐ Yes ☐ No ☐ Unknown
G. Sellers warrant, to the best of their knowledge, that the septic system is in good working order.	☐ Yes ☐ No ☐ Unknown
H. Are there any plans to bring city sewer to your area or requirements to connect to city sewer?	☐ Yes ☐ No ☐ Unknown
I. Is any part of the sewer or septic line Orangeburg pipe? Explain answers below or on page 6 and/or provide documentation.	☐ Yes ☒ No ☐ Unknown
J. Have there been any sewer back ups? If Yes, explain below or on page 6.	☐ Yes ☒ No ☐ Unknown

Comments: _____

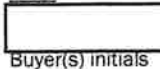
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14. WATER:

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

Comments: _____

15. HEATING/COOLING/WATER HEATER :

A. Age(s) of Heating Unit(s)? <u>3 1/2 yrs</u> Cooling Unit(s)? <u>3 1/2 yrs</u> Water Heater(s)? <u>3 1/2 yrs</u>	☐ Yes ☒ No ☐ Unknown ☐ N/A
B. Are there any problems with the heating system(s), cooling system(s) or water heater(s)? If your answer to 15B is Yes or N/A, explain below or on page 6.	☐ Yes ☒ No ☐ Unknown ☐ N/A
C. Is the property served by Liquid Propane (LP) gas? If No, skip to number 16. If yes, the tank is ☐ leased ☐ owned and stays ☐ owned and will be removed If leased, the lease is with _____ (company)	☐ Yes ☒ No
D. Will the LP gas in the tank be left for the Buyer(s) at closing? If No, skip to number 16.	☐ Yes ☐ No
E. If Yes, will there be a dollar adjustment at closing? If Yes, explain below or on page 6.	☐ Yes ☐ 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? If No, explain below or on page 6.	☒ Yes ☐ No ☐ 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? If No, explain below or on page 6.	☒ Yes ☐ No ☐ 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.)? If No, skip to number 16G. If Yes, is it in proper working order? If no, please explain: _____	☒ Yes ☐ No
D. Was there a building permit issued and a final inspection completed?	☒ Yes ☐ No ☐ Unknown
E. If there is a chimney for the secondary heat source, is it in good repair?	☒ Yes ☐ No ☐ Unknown ☐ N/A
F. When was it last cleaned? <u>N/A Don't use it much</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.	☐ Yes ☒ No
H. If Yes, is it functional?	☐ Yes ☐ 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? If Yes, explain below or on page 6.	☐ Yes ☒ No ☐ 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. If Yes, what is the amount, if any, of any special assessment against this property? \$ _____	☐ Yes ☒ No ☐ Unknown

Comments: _____

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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)?	☐ Yes ☒ No ☐ Unknown
B. Is there anything else which would adversely affect the value or desirability of the property?	☐ Yes ☒ No ☐ Unknown
C. Has any damage been caused to this property by fire?	☐ Yes ☒ No ☐ Unknown
D. Are there any damaged, diseased, or dying trees on the property?	☐ Yes ☒ No ☐ Unknown
E. Is there a forest/fruit tree reserve? Acres: _____ Location: _____	☐ Yes ☒ No ☐ Unknown
F. Are there any cracked or broken window panes, seals or mechanisms?	☐ Yes ☒ No ☐ Unknown
G. Are there storms and/or screens for all windows designed to have storms and/or screens?	☒ Yes ☐ No ☐ Unknown
H. Will there be debris left on the property after closing? (paint, tires, batteries, oil, furniture, junk, etc.)	☐ Yes ☒ No ☐ Unknown
I. Is the property located in a registered historic or improvement district?	☐ Yes ☒ No ☐ Unknown
J. Are there any locks on the property for which you do not have keys and/or codes?	☐ Yes ☒ No ☐ Unknown
K. Current Utility Providers: Gas <u>N/A</u> Electric <u>EI REC</u> Water <u>City of Urbana</u> Cable <u>N/A</u> Internet <u>USA Communications</u> Garbage <u>Thru City of Urbana contract</u>	

Comments: _____

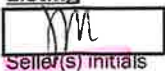
ACCESSORIES & FURNISHINGS: Which of the following **WILL BE INCLUDED** as part of the property to be conveyed?

ITEM	INCLUDED	IF NOT INCLUDED, IDENTIFY RESERVED ITEMS BY ROOMS, LOCATION, COLOR, ETC.
Draperies, Curtains, Rods	☒ Yes ☐ No ☐ N/A	
Light Fixtures	☒ Yes ☐ No ☐ N/A	
Mirrors	☒ Yes ☐ No ☐ N/A	
Shades, Blinds	☒ Yes ☐ No ☐ N/A	
Shelving	☒ Yes ☐ No ☐ 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	☐ Yes ☒ No ☐ N/A	
Attached Antenna	☐ Yes ☐ No ☒ N/A	
Basketball Board & Hoop	☐ Yes ☐ No ☒ N/A	
Carbon Monoxide Detector(s)	☒ Yes ☐ No ☐ N/A	How many? <u>3</u> Location(s)? <u>2 bedrooms / Great Room</u>
Ceiling Fan(s)	☐ Yes ☐ No ☒ N/A	
Central Vacuum System & Attachments	☐ Yes ☐ No ☒ N/A	
Clothes Dryer	☒ Yes ☐ No ☐ N/A	How many? <u>1</u> Connection is ☒ Electric ☐ Gas ☐ Both
Clothes Washer	☒ Yes ☐ No ☐ N/A	How many? <u>1</u>
Dishwasher	☒ Yes ☐ No ☐ N/A	
Disposal	☒ Yes ☐ No ☐ N/A	
Electric Car Charging Station	☐ Yes ☐ No ☒ N/A	
Fencing	☒ Yes ☐ No ☐ N/A	Who owns the fencing? <u>Homeowner</u>
Fireplace Insert/Equipment	☒ Yes ☐ No ☐ N/A	
Furnace Humidifier	☐ Yes ☐ No ☒ N/A	
Garage Door Opener	☒ Yes ☐ No ☐ N/A	How many remote controls? <u>3</u> Functioning Keypad? ☒ Yes ☐ No Will the code be provided at closing? ☒ Yes ☐ No
Garage Heater/Furnace <u>In floor</u>	☒ Yes ☐ No ☐ N/A	
Gas Grill/Gas Light	☐ Yes ☐ No ☒ N/A	
Generator	☐ Yes ☐ No ☒ N/A	☐ Attached ☐ Portable Powered by: ☐ Natural Gas ☐ Liquid Propane ☐ Diesel ☐ Other:
Intercom System	☐ Yes ☐ No ☒ N/A	
Irrigation System	☐ Yes ☐ No ☒ N/A	Location?
Microwave	☒ Yes ☐ No ☐ N/A	
Oven/Range/Cooktop	☒ Yes ☐ No ☐ N/A	Connection is ☒ Electric ☐ Gas ☐ Both
Pool & Equipment	☐ Yes ☐ No ☒ N/A	
Radon Mitigation System	☐ Yes ☐ No ☒ N/A	☐ Active ☐ Pre-Plumbed Only

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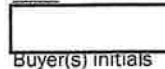


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Refrigerator	☒ Yes ☐ No ☐ N/A	How many? 1	Location(s)? Kitchen	Waterline Operational? ☒ Yes ☐ No
Safe	☐ Yes ☐ No ☒ N/A	Location:		
Satellite Dish	☐ Yes ☐ No ☒ N/A			
Sauna/Hot Tub	☒ Yes ☐ No ☐ N/A			
Smart Thermostat	☐ Yes ☒ No ☐ N/A	Brand:		
Smoke Alarms/Detectors	☒ Yes ☐ No ☐ N/A	How many? 3	Location(s)? 2 bedrooms / Great Room	
Solar Collector Equipment	☐ Yes ☐ No ☒ N/A	☐ Leased ☐ Owned	If leased, company?	Monthly Cost?
Stand-alone Freezer	☐ Yes ☒ No ☐ N/A	Location?		
Storage Shed	☒ Yes ☐ No ☐ N/A			
Sump Pump	☐ Yes ☒ No ☒ N/A			
Swing Set	☐ Yes ☒ No ☒ N/A			
Trash Compactor	☐ Yes ☒ No ☒ N/A			
TV Wall Mounts	☒ Yes ☐ No ☐ N/A	How many? 3	Location(s)? Bedroom, lounge area, garage	
Underground Pet Fence	☐ Yes ☐ No ☒ N/A	How many collars?		
Video Capable Doorbells	☐ Yes ☒ No ☐ N/A	How many?	Location(s)?	
Water Filtration System	☐ Yes ☐ No ☒ N/A	☐ Leased ☐ Owned	If leased, company?	Type of system?
Water Softener	☒ Yes ☐ No ☐ N/A	☐ Leased ☒ Owned	If leased, company?	Type of system?
Window/Wall Air Conditioner	☐ Yes ☐ No ☒ N/A	How many?	Location(s)?	
Wood Burning Stove	☒ Yes ☐ No ☐ 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.

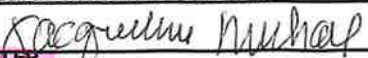
ITEM NUMBER

REMARKS

☐ 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.

	10/21/2026		10/21/2026
SELLER	DATE	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