CEDAR RAPIDS AREA ASSOCIATION OF REALTORS

SELLER'S PROPERTY DISCLOSURE

Subject Property Address: 3120 Autumn Dr., 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: David and Mellissa Brockes

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?** 3 ☒ 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.**	☐ Yes ☒ No ☐ Unknown
B.	Are there any easements or other's rights affecting the property? **If Yes, explain below or on page 6.**	☐ Yes ☒ No ☐ 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.**	☐ Yes ☒ No ☐ Unknown
D.	Is the property subject to restrictive covenants, bylaws, or declarations? **If Yes, attach a copy with this disclosure.**	☐ Yes ☒ No ☐ 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.**	☐ Yes ☐ No ☐ 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.**	☐ Yes ☐ No ☐ 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.**	☐ Yes ☐ No ☐ Unknown
C.	Is this HOA set up as an age 55 and older community?	☐ Yes ☐ No ☐ 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.**	☐ Yes ☐ No ☐ 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.)	☐ Yes ☐ No ☐ Unknown

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DMB / MM — 9/25/2026

Seller(s) Initials — Date

Sale

_____ _____ _____

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F.	Are dues payable to the HOA? **If No, skip to number 6. If Yes, what is the amount? $**_____	☐ Yes ☒ No
G.	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: _____	☐ 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: ☐ 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.**	☐ Yes ☒ No ☐ Unknown
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? **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.**	☐ Yes ☒ No ☐ Unknown
C.	Is the property located in a government designated flood zone or flood plain? **If Yes, what is the current flood plain designation?**	☐ Yes ☒ No ☐ Unknown
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	Shingle	6 yrs	1
Garage	Shingle	6 yrs	1

Listing

DM / KD — 9/25/2026

Seller(s) initials — Date

Sale

Buyer(s) initials — Date

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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 _____ Amount unknown	☒Yes ☐No ☐Unknown

Comments:

New roof after 2020 Derecho

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.	☐Yes ☒No
	If Yes, was a building permit and final inspection issued for the work?	☐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.	☐Yes ☒No ☐Unknown
	If Yes, will the warranty be transferred at closing?	☐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?	☐Yes ☐No ☐Unknown
	When was it last pumped? _____ What is the age of the septic system? _____	
	What is the age of the drain field? _____	
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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Sale

Buyer(s) Initials — Date

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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)? 2.5 yrs Cooling Unit(s)? 2.5 yrs Water Heater(s)? 9 yrs.	
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? _____	
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: _____

Listing **Sale**

DHG MA 9/25/2026 _____ _____

Seller(s) Initials Date Buyer(s) Initials Date

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Subject Property Address: 3120 Autumn Dr., 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)?	☐ 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 Mid American Electric Alliant Energy Water City of Marion Cable Media Com or InOn Internet various available Garbage City of Marion	

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? 2 Location(s)? 1 up + 1 down
Ceiling Fan(s)	☒ Yes ☐ No ☐ N/A	
Central Vacuum System & Attachments	☒ Yes ☐ No ☐ N/A	
Clothes Dryer	☒ Yes ☐ No ☐ N/A	How many? 1 Connection is ☒ Electric ☐ Gas ☐ Both
Clothes Washer	☒ Yes ☐ No ☐ N/A	How many? 1
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?
Fireplace Insert/Equipment	☒ Yes ☐ No ☐ N/A	
Furnace Humidifier	☒ Yes ☐ No ☐ N/A	New in 2024
Garage Door Opener	☒ Yes ☐ No ☐ N/A	How many remote controls? 2 Functioning Keypad? ☒ Yes ☐ No Will the code be provided at closing? ☒ Yes ☐ No
Garage Heater/Furnace	☐ 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

Listing Seller(s) Initials: DMS XXX Date: 9/25/2026

Sale Buyer(s) initials: ____ ____ Date: ____

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Subject Property Address: 3120 Autumn Dr., Marion, IA 52302

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: Carrier			
Smoke Alarms/Detectors	☒Yes ☐No ☐N/A	How many? 9	Location(s)? See below		
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? 2	Location(s)? Living Room + Kitchen		
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

18. Appliances - Smoke Detectors - one in each of the five bedrooms, one in main living area, one in kitchen, one in main basement area, one in basement mechanical/storage area.

☐ **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.

SELLER 9/25/2026 DATE SELLER Melissa A Brooks 9/25/26 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

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