



# SELLER'S DISCLOSURE OF PROPERTY CONDITION

## Southwest Iowa Association of REALTORS®

(To be delivered prior to BUYER making offer to purchase real estate)



**Property Address:** 2876 230th St., Sidney IA 51652

**Property Owner (print name per title):** Lucas Buttry and Katherine Buttry

**Purpose of Disclosure:** Iowa law Chapter 558A of the Iowa Code mandates SELLER discloses condition and information about the property, unless exempt.

**Instructions to the SELLER:** (1) Complete this form yourself and fill in all blanks. (2) Report known conditions materially affecting the property and utilize ordinary care in obtaining the information. (3) Provide information in good faith and make a reasonable effort to ascertain the required information. (4) Additional pages or reports may be attached. (5) If some items do not apply to your property, check "NA" (not applicable). (6) All approximations must be identified "AP". If you do not know the facts, check UNKNOWN (Unk.) (7) Keep a copy of this statement.

**SELLER's Disclosure Statement:** SELLER discloses the following information regarding the property and certifies this information is true and accurate to the best of my/our knowledge as of the date signed. SELLER authorizes Agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property or as otherwise provided by law. This statement shall not be a warranty of any kind by SELLER or SELLER's Agent and shall not be intended as a substitute for any inspection or warranty the BUYER may wish to obtain. The following are representations made by SELLER and are not by any Agent acting on behalf of the SELLER. **The Agent has no independent knowledge of the condition of the property except that which is written on this form. SELLER advises BUYER to obtain independent inspections.**

### SECTION I

#### Property Conditions, Improvements and Additional Information:

			Date of Repairs/Description
<b>1. Basement/Foundation:</b> Has there been known water or other problems?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
<b>2. Roof:</b> Any known problems? Age? _____ Roof type? _____	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
<b>3. Well and Pump:</b> Any known problems? Has the water been tested? If so, results? Type of well _____ Depth _____	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Reverse Osmosis?
<b>4. Public Water:</b> Any known problems?	N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
<b>5. Septic Tanks/Drain Fields:</b> Any known problems? Size & Location of tank? _____ Date tank last cleaned _____ Date last inspected _____	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>		
<b>6. Public Sewer:</b> Any known problems? Any known repairs?	N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		
<b>7. Heating System(s):</b> Any known problems? Approx. Age _____ Any known repairs? Furnace Humidifier present? In working order?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		4 work, 1 unknown
<b>8. Central Cooling System(s):</b> Any known problems? Any known repairs? Approx. Age _____	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		2 work, 3 unknown
<b>9. Plumbing System(s):</b> Any known problems? Any known repairs?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		

**PROPERTY ADDRESS:**

**BUYERS** \_\_\_\_\_, \_\_\_\_\_ **SELLERS** \_\_\_\_\_, \_\_\_\_\_ **have read this page**

Southwest Iowa Association of REALTORS® Seller's Disclosure of Property Condition DATE \_\_\_\_\_

<b>10. Electrical System(s):</b> Any known problems? Any known repairs?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/> Unk <input type="checkbox"/>	
<b>11. Pest Infestation:</b> (wood destroying insects, bats, snakes, rodents, destructive/troublesome animals, etc.) Any known problems? Previous infestation/structural damage?	N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/>	Unk <input type="checkbox"/> Unk <input type="checkbox"/>	
<b>12. Asbestos:</b> Is asbestos present in any form in the property?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
<b>13. Radon:</b> Any known tests for the presence of radon gas? If yes, test results? Is a mitigation system present? Is that system in working order?	N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>	Unk <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Unk <input type="checkbox"/> Unk <input type="checkbox"/>	
<b>14. Lead Based Paint:</b> Known to be present? Has property been tested for presence of lead-based paint? If yes, what were the test results?	N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>	Unk <input type="checkbox"/> Unk <input type="checkbox"/> Unk <input type="checkbox"/>	
<b>15. Zoning:</b> What is the zoning of this property?		Unknown <input type="checkbox"/>			residential
<b>16. Structural Damage:</b> Any known structural damage?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
<b>17. Physical Problems:</b> Any known settling, cracking, flooding, drainage or grading problems?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
<b>18. Shared or Co-Owned Features:</b> Any features of the property known to be shared in common with adjoining landowners, such as walls, fences, roads, and driveways whose use or maintenance responsibility may have an effect on the property?	N/A <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	driveway easement
<b>19. Any Known "common areas":</b> such as pools, tennis courts, walkways, or other areas co-owned with others, or a Homeowner's Association which has any authority over the property?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
<b>20. Flood Plain:</b> Is the property located in a flood plain? If Yes, flood plain designation? _____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	
<b>21. Covenants:</b> Is the property subject to restrictive covenants? If yes attach a copy OR state where a true copy of the covenants can be obtained:	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	

Additional descriptions: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

BUYERS \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ SELLERS \_\_\_\_\_, \_\_\_\_\_ have read this page

## SECTION II

		If yes, please explain
1. Any Structural modification, alterations, or additional repairs?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	main entry remodel
2. Has there been a property/casualty loss, insurance claim over \$5,000 or major damage to the property from fire, wind, hail, flood(s) or landslides? If yes, has the damage been repaired/replaced?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
3. Siding: Any known problems? Age: _____ Type: _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
4. Are there any known current, preliminary, proposed or future assessments by any governing body or homeowner's association of which you have knowledge?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
5. Does property contain mold?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
6. Energy Efficiency Testing: Has the property been tested for energy efficiency? If yes, what were the test results?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
7. Neighborhood or stigmatizing conditions or problems affecting this property?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
8. Are there any known burial sites on this property?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	
9. Is abstract available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	If yes, will abstract be provided?
10. Attach copy of survey (if available)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
11. Attic Insulation: Type:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	Amount: no attic
12. Environmental: Are you aware of any area environmental concerns?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
13. Any known encroachments? (ie. outbuildings, fences, laterals & etc.)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
14. Are you related to the listing agent?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	

**For additional explanations please indicate here with item number or attach additional sheets if necessary:**

**PROPERTY ADDRESS:**

**BUYERS** \_\_\_\_\_, \_\_\_\_\_ **SELLERS** \_\_\_\_\_, \_\_\_\_\_ **have read this page**

### SECTION III

#### ALL APPLIANCES & SYSTEMS INCLUDED IN THE TRANSACTION ARE IN WORKING ORDER EXCEPT AS NOTED.

Notice: Items marked "included" are intended to remain with the property after sale. However, included items may be negotiable between BUYER and SELLER, and requested items should be in writing as either included or excluded in any Offer to Buy/Purchase Agreement. The Offer to Buy/Purchase Agreement shall be the final terms of any agreement.

ITEM	INCLUDED	GOOD WORKING ORDER	COMMENTS
Attic Fan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Boat Dock/Hoist	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Carbon Monoxide Detector	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/>	# of Detectors:
Ceiling Fan	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	# of Fans:
Central Vacuum	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Attachments:
Dishwasher	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Disposal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Dryer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Fireplace/Chimney	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Freezer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	<input type="checkbox"/> Chest or <input type="checkbox"/> Upright
Garage Door Opener & Remotes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	# of remote controls:
Gas Grill	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Hood/Fan	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Hot Tub	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Lawn Sprinkler System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Microwave	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Outdoor Play/Sports Equipment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Pool and Equipment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Propane Tank size <u>500</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Propane Tank Rented <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Propane included <input type="checkbox"/> or prorated <input type="checkbox"/> \$ /per gal.
Range/Oven	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Refrigerator	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Satellite Dish	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sauna	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Security System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Owned <input type="checkbox"/> Leased <input type="checkbox"/> Type:
Smoke Detectors	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	# of smoke detectors _____
Solar Energy System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sound & Entertainment System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Sump Pump	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Trash Compactor	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
TV Wall Mount(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	# of mounts

PROPERTY ADDRESS:

BUYERS \_\_\_\_\_, \_\_\_\_\_ SELLERS \_\_\_\_\_, \_\_\_\_\_ have read this page

SECTION III CONTINUED			
ITEM	INCLUDED	GOOD WORKING ORDER	COMMENTS
Underground Pet Fence	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	# of collars: _____ # of remotes: _____
Washer	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Water Filtration System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Water Heater	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Electric <input type="checkbox"/> Gas <input type="checkbox"/> Size (gallon) _____
Water Softener/Conditioner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Wind Turbines	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Private <input type="checkbox"/> Public <input type="checkbox"/>
Window A/C	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Windows		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Window Coverings	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
Wood Burning System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	

**ALL HOUSEHOLD APPLIANCES ARE NOT UNDER WARRANTY BEYOND THE DATE OF CLOSING.**

Warranties may be available for purchase from independent warranty companies.

**Exceptions/Explanations for responses above:** \_\_\_\_\_

**SELLER has owned the property since** 03/23/2016 **(date).** SELLER has indicated above the history and condition of all the items based solely on the information known to the SELLER or reasonably available to the SELLER. 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 will immediately disclose the changes in writing to BUYER. In no event shall the parties hold Broker liable for any representations not directly made by Broker or Broker's salespersons. **SELLER will be provided a copy of this signed disclosure.**

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

*Katherine Buttry*  
SELLER Signature

dotloop verified  
07/02/25 8:17 PM  
CDT  
A3UM-17Nj-L1Yj-DD0j

*Lucas Buttry*  
SELLER Signature

dotloop verified  
07/02/25 9:50 PM EDT  
BIPW-UUZV-BTOE-WF09

Date

**BUYER hereby acknowledges receipt of a copy of this disclosure. This statement is not intended to be a warranty or to substitute for any inspection the BUYER may wish to obtain.**

**BUYER acknowledges receipt of the "Iowa Radon Home-Buyers and Seller(s) Fact Sheet" prepared by the Iowa Department of Public Health.**

\_\_\_\_\_  
BUYER Signature

\_\_\_\_\_  
BUYER Signature

Date

**PROPERTY ADDRESS:**

**BUYERS** \_\_\_\_\_, \_\_\_\_\_ **SELLERS** \_\_\_\_\_, \_\_\_\_\_ **have read this page**