

Iowa - Residential Property Seller Disclosure Statement

(To be completed by Seller at time of listing; completed form to be provided to Buyer prior to Buyer making a written offer to purchase.)



Property Address: 16792 Clay Hill Road, Dubuque, IA 52002

(Sellers(s): please print property address including City, State and Zip Code)

Property Owner: Colleen Lindecker, member, Lakeside Investments, LLC and David Lindecker, Member, Lakeside Investments, LLC

(Sellers(s): please print property ownership)

Purpose:

Use this statement to disclose information as required by Iowa Code chapter 558A. This law requires certain Sellers of residential property that includes at least one and no more than four dwelling units to disclose information about the property to be sold. The following disclosures are made by the Seller(s) and not by an Agent acting on behalf of the Seller(s). **The Agent has no independent knowledge of the condition of the property; the Agent's knowledge is limited to the disclosure made by the Seller(s) on this form.** In no event shall any Agent involved in the sale or purchase of the property or any such Agent's broker be liable for any matters subject to this disclosure. Buyer(s) is advised to obtain such independent inspections of the property as Buyer(s) deems appropriate.

Exempt Properties:

Properties exempted from the Seller's disclosure requirement include (IA Code 558A): Bare ground; property containing 5 or more dwellings units; court ordered transfers; transfers by a power of attorney; foreclosures; lenders selling foreclosed properties; transfers by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust. 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; 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. Seller(s) certifies that the property is exempt from the requirement(s) of Iowa Code 558A because one of the above exemptions apply.

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

Seller Date

Buyer Date

Seller Date

Buyer Date

INSTRUCTIONS TO SELLER(S):

1. Provide information in good faith and make all reasonable effort to ascertain the required information;
2. Complete this form yourself and fill in all mandatory blanks;
3. Disclose all known conditions materially affecting this property. Additional pages or reports may be attached;
4. If an item does not apply to the property, indicate that it is not applicable (N/A);
5. Please provide information in good faith and make a reasonable effort to ascertain the required information. If the required information is **unknown** or is **unavailable** following a reasonable effort, use an approximation of the information, or indicate that the information is **unknown (UNK)**. All **approximations** must be identified as **approximations (AP)**;
6. Keep a copy of this statement with your other important papers.

SELLER(S) DISCLOSURE STATEMENT:

Seller discloses the following information regarding the property and certifies this information is true and accurate to the best of Seller's or Seller's Representative's 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 purchaser may wish to obtain. The following are representations made by the Seller and are not the representations of Agent.

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 relevant to Buyer

State of Iowa mandates ALL Questions in Section 1 Must be Answered

SECTION 1 DISCLOSURES:

Circle Only One Response:

1. The Seller(s) has owned the property since: 2016
2. **Basement/Foundation:** Any known water or other problems? Yes No N/A UNK
3. **Roof:** Any known problems? Yes No N/A UNK
Any known repairs? Yes No N/A UNK
If yes, date of repairs / replacement (circle one): 2017
4. **Sewer System:** Any known problems? Yes No N/A UNK
Any known repairs? Yes No N/A UNK
If yes, date of repairs / replacement (circle one): approx 2015

To be completed

By Client ONLY

Seller(s) Initials

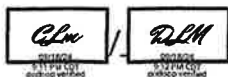
Buyer(s) Initials

ADDRESS

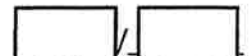
- 5. **Septic Tanks/Drain Fields:** Has the system been inspected by an Iowa DNR certified inspector within 2 years, or pumped/cleaned within the last 3 years? Yes No N/A UNK
 Date of inspection: NA N/A UNK
 Date tank last cleaned: _____ N/A UNK
- 6. **Well and Pump:** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
 Any known water tests? Yes No N/A UNK
 If yes, date of last report: _____ and results: _____
- 7. **Heating System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 8. **Central Cooling System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 9. **Plumbing System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 10. **Electrical System(s):** Any known problems? Yes No N/A UNK
 Any known repairs? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 11. **Pest Infestation (wood destroying insects):** Any known current or past problems? Yes No N/A UNK
 If yes, date(s) of treatment: _____
 Any known structural damage? Yes No N/A UNK
 If Yes, date of repairs / replacement (circle one): _____
- 12. **Asbestos:** Any known to be present in the structure? Yes No N/A UNK
- 13. **Radon:** Any known tests for the presence of radon gas? Yes No N/A UNK
 If yes, date of last report: _____ and results: _____
- 14. **Lead Based Paint:** Any known to be present in the structure? Yes No N/A UNK
- 15. **Flood Plain:** Is any of the property located in a flood plain? Yes No N/A UNK
 If yes, what is the flood plain designation? _____
- 16. **Zoning:** What is the zoning classification of the property? _____ N/A UNK
- 17. **Shared or Co-Owned Features:** 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? Yes No N/A UNK
 Any known "common areas" 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? Yes No N/A UNK
 Any easements or encroachments onto or from the neighboring properties? Yes No N/A UNK
- 18. **Physical Problems:** Any known settling, flooding, drainage or grading problems? Yes No N/A UNK
- 19. **Structural Damage:** Any known structural damage? Yes No N/A UNK
- 20. **Has there been a property/casualty loss resulting in an insurance claim in excess of \$5,000?....** Yes No N/A UNK
 If yes, indicate Type: _____ Date of repairs: _____

To be completed
By Client ONLY

Seller(s) Initials



Buyer(s) Initials



ADDRESS

21. Covenants: Is the property subject to restrictive covenants? Yes No N/A UNK

If yes, a true, current copy of the covenants can be obtained:

Attached to this property disclosure At the _____ county recorders office

Other: _____

You MUST explain any "YES" response(s) for above questions. Use additional sheets as necessary:

Roof replaced 2017. Septic system replaced approx. 2015 (per previous owner).

SECTION 2, OPTIONAL INFORMATION: This information is optional and not required by statute. Section II is for the convenience of Buyer/Seller and is not mandatory.

22. Appliances/Systems/Services (check all that apply):

	Included?	Working?				Included?	Working?		
		Yes	No	Unk			Yes	No	Unk
Refrigerator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawn Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range/Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Heater Wall liner & Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input type="checkbox"/>			
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Comp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gar. Door Opener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood/Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gar. Opener Remotes	<input type="checkbox"/>	# _____	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furn. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna/Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace/Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscap. Lites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Filter Sys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is sump pump properly discharged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is Cable TV available in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invisible Dog Fence Transmitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Household Appliances are sold in working order except as noted and are not under warranty beyond the date of closing. Warranties may be available for purchase from independent warranty companies.

Please Check Mark or Circle Where Appropriate

23. Roof: Type of Exterior Roofing: Asphalt shingle _____ or UNK Age: 2017 _____ or UNK

24. Attic Insulation: Type: _____ UNK

Amount: _____ UNK

R-Value: _____ UNK

25. Water Supply: Type: Public Community Private Well Shared Well

Any known problems? Yes No N/A UNK

To be completed

By Client ONLY

Seller(s) Initials

Handwritten initials: CLW, RLM

Buyer(s) Initials

Empty boxes for Buyer(s) Initials

ADDRESS

26. Sewer Type: Type: Public Community Private

27. Septic Tank: Location of Tank: Back yard N/A UNK

Tank Age: approx. 2015 N/A UNK

28. Ground Water Hazard Statement: Are there any known (Check all that apply): Wells Geo-Thermal

Solid Waste Disposal Hazardous Waste Underground Storage Tanks Private Burial Site

If yes, please explain: _____

29. Mold: Has property been tested for the presence of mold? Yes No N/A UNK

If yes, date of test: _____ (attach results)

30. Heating System(s): Type: Electric baseboard _____ or UNK Age: _____ or UNK

31. Cooling System(s): Type: NA _____ or UNK Age: _____ or UNK

32. Radon System: Is a radon system installed? Yes No N/A UNK

If yes, is the Radon System: Passive Active

33. Any improvements made by seller since purchase? Yes No N/A UNK

If yes, please explain: See attached improvements

34. Is seller or seller's representative related to the listing agent or broker? Yes No N/A UNK

35. Has the Seller received any notice of assessment, or have outstanding assessments with a government municipality? Yes No N/A UNK

If yes, please explain: _____

36. Received notice of code or zoning violations from any municipality? Yes No N/A UNK

If yes, please explain: _____

37. Association Fees; monthly \$ _____ N/A UNK

List items covered by fees: _____

38. In the last 12 months has the dwelling been or is it currently infested with bats, bed bugs, cock roaches, rodents, etc.? Yes No N/A UNK

39. Electric Service Provider Alliant _____ Gas/Propane Service Provider NA

40. Any Transferable Contracts? (e.g. Security System, Home Warranty, CRP, Pest Treatment, etc.) _____

No

Disclosures must be signed by all parties to the transaction

SELLER(S) DISCLOSURE: Seller(s) disclose the information regarding this property based on information known or reasonably available to the Seller(s). The Seller(s) certifies that as of the date signed, this information is true and accurate to the best of my/our knowledge. If any changes occur between the date Seller(s) completes this form and the date of closing which would result in any of the above disclosures being inaccurate, Seller(s) shall immediately disclose such changes to Buyer(s). Seller acknowledges requirement that Buyer be provided with the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

Colleen Lundecker, member Lakeside Investments, LLP
Seller
dotloop verified
09/18/24 9:11 PM CDT
TQXP-UJFX-AKCY-GETK
Date

David Lundecker, Member Lakeside Investments, LLP
Seller
dotloop verified
09/18/24 9:12 PM CDT
XHTG-ACF2-1HHU-EDUJZ
Date

BUYER(S) ACKNOWLEDGEMENT: Buyer(s) acknowledges receipt of a copy of this Real Estate Disclosure Statement. This statement is not intended to be a warranty or to substitute for any inspection the Buyer(s) may wish to obtain. Buyer hereby acknowledges receipt of a copy of this Real Estate Disclosure Statement. This statement is not intended to be a warranty or substitute for any inspection the buyer(s) may wish to obtain. 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