



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: \_\_\_\_\_  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:

17. Shared wall with 117 S. 2nd Street  
 115 S. 2nd has easement (to use stairs) owned by 117 S. 2nd St.

**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"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Disposal          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Smoke Alarms                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/>            |
| Washer            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intercom                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Dryer             | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input 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 type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Is Cable TV available in the area? | <input type="checkbox"/>            | <input checked="" 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: membrane or UNK  Age: abt. 15 yrs 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 [Signature] / [Signature]

Buyer(s) Initials [ ] / [ ]

ADDRESS

26. Sewer Type: Type:  Public  Community  Private
27. Septic Tank: Location of Tank: \_\_\_\_\_  N/A  UNK  
 Tank Age: \_\_\_\_\_  N/A  UNK
28. Ground Water Hazard Statement: Are there any known (Check all that apply):  Wells  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: gas or UNK  Age: \_\_\_\_\_ or  UNK
31. Cooling System(s): Type: window 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: new appliances, new water heaters, tub resurfaced, carpet, paint
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 MMEU Gas/Propane Service Provider Black Hills
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.

[Signature] 11/9/22  
Seller Date

[Signature] 11/9/22  
Seller 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