



SELLER'S PROPERTY DISCLOSURE

Subject Property Address 3803 Cedar Grove Ct. NE, Cedar Rapids, IA

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 purchaser 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 list and the MLS listing. Items included or excluded in the Purchase/Sale 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, mark NA (not applicable). (5) All approximations must be identified as approximations. (AP). If you do not know the facts, mark unknown (UNK).

Owner's name(s). Please print: Michael Allebach

- How long have you owned the property? 13 years Addendum Attached
- This is my: Residence Investment property Other _____

3. ENCROACHMENTS / EASEMENTS / SHARED OR CO-OWNERSHIP: (fences, buildings, driveways, garden):

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are there any easements or other's rights affecting the property? Please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Is the property subject to restrictive covenants, bylaws or declarations? If yes, attach a copy with this disclosure.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. If there is a Homeowners Association, are the fees Payable: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually These fees pay for: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. Is this Association set up as a designated adult community?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
H. Are there any special assessments proposed, levied, or pending against the property? If yes, please explain how much and for what purpose is this assessment. Attach addendum.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

4. ACCESS: If the property is NOT on a public street:

A. Is there a <input type="checkbox"/> road or <input type="checkbox"/> easement for access to the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
B. If your answer to 4A is "Yes", is the road agreement or easement recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
C. If the road or easement is shared with any other property, is there a written and recorded agreement for sharing the maintenance and repair costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. Has there been any standing or running water, flooding or mud that affects use of the access road or easement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

5. ZONING AND RESTRICTIONS:

A. To the best of your knowledge, do the house and all structures (e.g. carport or garage) meet applicable zoning setback and height requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are there any county, city or private restrictions on use of property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If you know the present zoning classification, indicate here: _____	
D. Are you aware of any zoning or land use changes that could affect the use of your property or adjacent properties?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

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11. SEWAGE:

A. The property is served by: <input checked="" type="checkbox"/> Public sewer main <input type="checkbox"/> Septic tank system <input type="checkbox"/> Community Septic <input type="checkbox"/> Other disposal system (describe) _____	
If the property is connected to a septic system rather than a public sewer main: Was a permit issued for its construction and was it approved by the city or county following its construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
B. When was it last pumped? _____ What is the age of the septic system? _____ What is the age of the drain field? _____ Has the septic system and leach field been inspected and approved for real estate transfer by a certified DNR Inspector, per Iowa Code 455B.172	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Do you know the septic tank location and the drain field? Explain below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
D. Are there any plans to bring city sewer to your area or requirements to connect to city sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Is the sewer line "Orangeburg"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Have there been any sewer back ups?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

12. WATER: The following questions pertain to property served by a private or community water well:

A. Is the well system operating properly (e.g. pipes, tank, pump, pressure, etc)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Has the well water ever failed to meet government contamination standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Are you aware of whether the well water has ever failed to meet government contamination standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
E. Are there any abandoned wells on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
F. Are there any abandoned cisterns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
G. If your answer to 12E or 12F is "Yes", have they been capped or filled? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
H. Are there any plans to bring city water to your area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
Are there any requirements to connect to city water lines when available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

13. HEATING/COOLING/WATER HEATER

A. Age of Heating Unit(s)? <u>3 years</u> Age of Cooling Unit(s)? <u>3 years</u> Age of Water Heater(s)? <u>3 years</u>	
B. Are there any problems with the heating system(s), cooling system(s) or water heater(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If your answer to 13B is "Yes", were there repairs made to correct the problem? Explain below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
If you have a LP gas tank, is it <input type="checkbox"/> owned or <input type="checkbox"/> rented? Rental Fee? _____ per _____	
D. From whom? _____	
E. Will the gas/oil in the tank be left for the Buyer(s) at closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
F. Will there be a dollar adjustment? Explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

14. SYSTEMS AND EQUIPMENT:

A. Is the electrical system, including wiring, switches, outlets and service in proper working order to the best of your knowledge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Is the plumbing system, including pipes, faucets, fixtures, toilets, drains, and sewer lines in proper working order to the best of your knowledge?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is there a fireplace or other secondary heat source (e.g. Free standing stove, wood burning fireplace, gas fireplace, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. If "Yes" to 14C, was there a building permit issued and a final inspection completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. If there is a chimney, is it in good repair? When was it last cleaned? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

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6. HAZARDOUS MATERIALS:

A. Has there been the presence of, or has there been any known tests for the presence of
 Radon Gas Asbestos Lead Based Paint Toxic Mold Yes No Unknown N/A

B. If you selected any of the above in 6A, please explain below. Provide or attach test results.

C. Are you aware of any underground storage tanks of any kind? Explain below. Yes No Unknown N/A

Comments: _____

7. FLOODING/SEEPAGE/SETTLING:

A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab? Yes No Unknown N/A

B. Has there been any settling, flooding, drainage or grading problems? Yes No Unknown N/A

C. If you have checked "Yes", at 7A or 7B, above, have you done anything to correct the problem?
 professionally cleaned and repair services by Seevic Master Yes No Unknown N/A

D. Is the property located in a government designated flood zone or flood plain? Yes No Unknown N/A

E. If your answer to 7D is "Yes", what is the current flood plain designation? _____

F. Has any part of the property been built up with fill dirt, waste or other materials? Yes No Unknown N/A

Comments: power washer control center in basement leaked water. We put new carpet, painted, and dry walled.

8. ROOF: Please use comments section for any explanation.

Structure	Roof Type	Age	# of Layers
House	Shingles	6 years	one
Garage	Shingles	6 years	one

A. Has the roof(s) on the house, garage, outbuildings or shed leaked at anytime? Yes No Unknown N/A

B. If your answer to 8A is "Yes", has the roof and all resulting damage been repaired? Explain below. Yes No Unknown N/A

C. Is there attic insulation? Type _____ Amount _____ Yes No Unknown N/A

Comments: Ice dam in front of house repaired professionally

9. STRUCTURE/REMODELING/REPAIRS:

A. Are there any structural, foundation, or other repairs that need to be made to the property? Yes No Unknown N/A

B. Have you made any structural changes or repairs to the home? deck Yes No Unknown N/A

C. If your answer to 9B is "Yes", was a building permit and final inspection issued for the work? Yes No Unknown N/A

D. Has there been a property/casualty loss, insurance claim, warranty settlement or major damage to the property? (i.e. fire, wind, flood(s), landslide(s), etc) Yes No Unknown N/A

Comments: ice dam see above
shower floor repaired

10. TERMITES/ROT:

A. Are you aware of any active or inactive structural pest infestations?
 Date of treatment: Carpenter ant found 6 years prof. treated Yes No Unknown N/A

B. Is there any wood destroying insect damage, water damage or dry rot to the house or other structures? Yes No Unknown N/A

C. Is there a "Wood Destroying Insect Warranty" presently in place for this property? Yes No Unknown N/A

D. If "Yes", will the warranty be transferred at closing? Orkin comes bi monthly Yes No Unknown N/A

Comments: _____

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

ITEM	INCLUDED	IF No, IDENTIFY RESERVED ITEMS BY ROOMS, LOCATION, COLOR, ETC.
Draperies, Curtains, Rods	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Light Fixtures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mirrors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Shades, Blinds	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Shelving	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
Security System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attached Antenna	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Basketball board & hoop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ceiling Fan(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Central Vac System/Attachments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dryer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fireplace Insert/Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Furnace Humidifier	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Garage Door Opener	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many controls? _____
Gas grill/ gas light	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Intercom System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Irrigation System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Microwave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Oven and Range	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pool & Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many? <u>2</u> Location? <u>Kitchen Ref: basement.</u>
Satellite Dish	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sauna/Hot Tub	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Smoke Alarms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Solar Collector Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Storage Shed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sump Pump	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Swing Set	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Underground "Pet Fence"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many collars? <u>1</u>
Washer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Window/Wall Air-Conditioner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Wood Burning Stove	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Softener	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Rented <input type="checkbox"/> Own <input type="checkbox"/> Type of system: _____
TV Wall Mounts	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How many? <u>1</u> Location? <u>Master bed room</u>

Who owns the fencing around your property? NA

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 Brokers 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.

[Signature] _____ Date _____ Babette Dofca _____ 5-16-17
 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 the Seller's Disclosure of Property Condition 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