

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: 2304 Queen Street, Dubuque, IA 52001

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

Property Owner: Juan Arjona and Elizabeth Arjona

(Sellers(s): please print property ownership)

Purpose: Completion of Section 1 of this form is required under Chapter 558A of the Iowa code which mandates the Seller(s) disclose condition and information about the property, unless exempt:

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. Buyer acknowledges receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.**

If claiming an exemption, sign here and stop.

Seller	Date
Seller	Date

Buyer	Date
Buyer	Date

INSTRUCTIONS TO SELLER(S):

1. Complete this form yourself and fill in all mandatory 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 all reasonable effort to ascertain the required information.
4. Additional pages or reports may be attached.
5. If some items do not apply to the property, indicate that it is not applicable (N/A).
6. 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)**.
7. 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

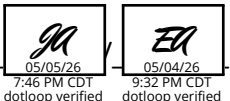
SECTION 1 IS MANDATORY UNDER IOWA CHAPTER 558A EACH AND EVERY LINE MUST BE ADDRESSED AND MARKED

DISCLOSURES: The Seller(s) has owned the property since: 05/25/2018

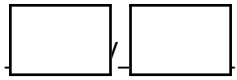
1. **Basement/Foundation:** Any known water or other problems? Yes No N/A UNK
2. **Roof:** Any known problems? Yes No N/A UNK
 Any known repairs/replacements ? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement _____

**To be completed
By Client ONLY**

Seller(s) Initials



Buyer(s) Initials



ECIAR 14 Pg 2/5 Iowa - Res. Prop. Seller Disclosure Statement for: 2304 Queen Street, Dubuque, IA 52001

3. **Well and Pump:** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If Yes, date of: (check all that apply) repairs _____ replacement _____
 Well Information (type/depth/diameter/age) _____ N/A UNK
 Has the water been tested? Yes No N/A UNK
 If yes, date of last report: _____ and results: _____

4. **Septic Tanks/Drain Fields:** Any known problems? Yes No N/A UNK
 Location of tank _____ Age _____ N/A UNK
 Has the system been pumped within the last 3 years? Yes-Date: _____ No N/A UNK
 Has the system been inspected by an IA DNR Certified Inspector? Yes-Date: _____ No N/A UNK

5. **Sewer System:** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement _____

6. **Heating System(s):** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement _____

7. **Central Cooling System(s):** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs 07/10/2025 replacement _____

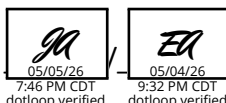
8. **Plumbing System(s):** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement 06/01/2018

9. **Electrical System(s):** Any known problems? Yes No N/A UNK
 Any known repairs/replacements? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement _____

10. **Pest Infestation** (wood destroying insects, bats, snakes, rodents, destructive animals, etc.):
 Any known problems? Yes No N/A UNK
 If yes, date(s) of treatment: _____
 Previous Infestation/structural damage? Yes No N/A UNK
 If yes, date of: (check all that apply) repairs _____ replacement _____

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11. **Asbestos:** Any known to be present in the structure? Yes No N/A UNK

12. **Radon:** Any known tests for the presence of radon gas?..... Yes No N/A UNK
If yes, date of last report: 03/21/2019 and results: 1.8 pCi/L

13. **Lead Based Paint:** Any known to be present in the structure? Yes No N/A UNK

14. **Lead Service Lines:** Are there currently, or have there ever been, any lead water service lines present?..... Yes No N/A UNK
If yes, please provide more information _____

15. Any known encroachments, easements, “common areas” (facilities like pools, tennis courts, walkways, or other areas co-owned with others), zoning matters, nonconforming uses, or a Homeowners Association which has any authority over the property? Yes No N/A UNK

16. 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

17. **Structural Damage:** Any known structural damage? Yes No N/A UNK

18. **Physical Problems:** Any known settling, flooding, drainage or grading problems? ... Yes No N/A UNK

19. **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? _____

20. **Zoning:** What is the zoning classification of the property? Residential N/A UNK



21. **Covenants:** Is the property subject to restrictive covenants? Yes No N/A UNK
If yes, attach a copy OR state where true, current copy of the covenants can be obtained: (check all that apply)
 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:



1. Basement/Foundation: 2021 Bee Branch Healthy Homes Initiative included installation of a sump pump, humidity sensing exhaust fan, tuck pointing walls of the basement, caulking/sealing around basement windows, raising water heater off the floor. Outdoors, to mitigate water flow, tuck pointing exposed limestone foundation below back porch, installation of a new Bilco cellar door, new concrete patio and sidewalk sloping away from the house.
7. Central Cooling: Installation of new blower motor, 7/10/2025.
8. Plumbing systems: Replaced basement pipes with pex 06/2018. Replaced portion of plumbing stack due to leaking 12/2018.
13. Lead-based paint: 2021 Bee Branch Health Homes initiative included completed removal of lead-based paint in basement (only place present) and lead cleaning.

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Buyer(s) Initials

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ECIAR 14 Pg 4/5 Iowa - Res. Prop. Seller Disclosure Statement for: 2304 Queen Street, Dubuque, IA 52001

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

22. 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: _____

23. **Roof:** Type of Exterior Roofing: Shingles/Composition or UNK Year Installed: 2010 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

26. **Sewer Type:** Type: Public Community Private

27. **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: _____



28. 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"/>	EV Charger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide Detector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood/Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gar. Door Opener	<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"/>	Gar. Opener Remotes	<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"/>	Solar Panels	<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"/>	Furn. Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna/Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Exchanger	<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"/>	Whole House Dehumidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscape Lights	<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"/>
Ceiling Fan(s)	<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"/>
Water Filter Sys.	<input type="checkbox"/>	Leased <input type="checkbox"/> Y <input type="checkbox"/> N			Window Treatments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softener	<input type="checkbox"/>	Leased <input type="checkbox"/> Y <input type="checkbox"/> N			Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LP Tank	<input type="checkbox"/>	Leased <input type="checkbox"/> Y <input type="checkbox"/> N			Water Heater	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sump Pump	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Door Bell	<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"/>
Storage Shed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Invisible Pet Collars	<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

**To be completed
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Seller(s) Initials

 05/05/26 7:46 PM CDT dotloop verified	 05/04/26 9:32 PM CDT dotloop verified
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Buyer(s) Initials

	
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ECIAR 14 Pg 5/5 Iowa – Res. Prop. Seller Disclosure Statement for: 2304 Queen Street, Dubuque, IA 52001

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: Forced Air or UNK Year Installed: _____ or UNK

31. **Cooling System(s):** Type: Central or UNK Year Installed: _____ or UNK

32. **Radon System:** Is a radon system installed?..... Yes No N/A UNK
If yes, is the Radon System: Passive with a pipe Active with a fan

33. **Any improvements made by seller since purchase?** Yes No N/A UNK
If yes, please explain. Use additional sheets as necessary: Replaced pipes in basement (2018)

Complete attic remodel: insulation; conforming bedroom and new windows; bathroom with sink, shower, toilet; and additional living space, with two mini-split heating/cooling systems (2019-2020). Bee Branch Healthy Homes: lead cleaning + sump pump in basement, tuck pointing, new concrete + walk (2021). Remodel of first floor: New drywall + ceilings, can lights, trim to match original trim (2023).

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 or HOA?** 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;** Yearly \$ _____ N/A UNK
List items covered by fees: _____

38. **Are you aware of current or previous bed bugs, bats, rodent infestations or defects caused by animal, reptile or insect infestations, including infestations impacting trees, such as, but not limited to Emerald Ash Borer?** Yes No N/A UNK
If yes, please explain: _____

39. **Electric Service Provider** Alliant Energy **Gas/Propane Service Provider** Black Hills Energy
Current Internet Provider MediaCom

40. **Any Transferable Contracts?** (e.g. Security System, Home Warranty, Pest Treatment, Conservation Reserve or Forest Reserve Programs, etc.) _____

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.

Juan Arjona
Seller Date
dotloop verified
05/05/26 7:46 PM CDT
T0KM-I0D8-ITM5-WAUH

Elizabeth Arjona
Seller Date
dotloop verified
05/04/26 9:32 PM CDT
ZFQC-EBB2-F0J7-C3D9

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(s) 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