

SELLER DISCLOSURE OF PROPERTY



PROPERTY ADDRESS: 3814 Hillside Drive, Cedar Falls, IA 50613

NAME OF OWNER(S). PLEASE PRINT: Chris Andersen and Stephanie Andersen

PURPOSE OF STATEMENT: The State of Iowa requires the Seller(s) of certain property to disclose information about the property to be sold. Completion of this form shall satisfy the requirements of Chapter 558A of Iowa Code which mandates the Seller(s) disclose the condition of and information about the property the Seller(s) is 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 HOME WARRANTY INSURANCE THE PURCHASER MAY WISH TO OBTAIN.

SELLER(S) DISCLOSURE: As 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) authorizes the 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. The following are representations made by Seller(s) and are not the representations of the Licensee, who has no knowledge of the condition of the property and Seller(s) agrees to identify and hold Licensee harmless. If attached to a Purchase Agreement, this Seller Disclosure of Property Condition shall be fully incorporated therein, and shall be made a part thereof, as if fully set forth at length therein. The following representations shall survive any closing and shall not merge into any deed for the property.

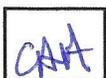
INSTRUCTIONS TO SELLER(S):

1. Respond to all questions or attach reports allowed by Iowa Code Section 558A.4(1).
2. Disclose all known conditions materially affecting this property.
3. If an item does not apply to this property, indicate it is not applicable (NA).
4. Additional pages or reports may be attached.
5. 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 (AP)**.

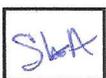
In no event shall the parties hold the Licensee(s) liable for any representations not directly made by the Seller(s) Agent or Broker.

SELLER(S) DISCLOSURE: THE SELLER(S) HAVE OWNED THE PROPERTY SINCE 4/11/2013 **(DATE).**
The Seller(s) will state the history and condition of all the items based solely on the information known to the Seller(s).

IN THE EVENT ANY CHANGES OCCUR IN THE REPRESENTATIONS HEREIN, FROM THE DATE OF THIS FORM TO THE TIME OF CLOSING, SELLER(S) SHALL IMMEDIATELY DISCLOSE SUCH CHANGES IN WRITING TO BUYER(S).



Seller



Seller



Buyer



Buyer

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

| Item | | Good Working Order | | | Comments |
|----------------------------|--|---|-----------------------------|------------------------------|--|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Alarm System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Attic Fan | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Carbon Monoxide Detector | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Central Vac System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Ceiling Fan | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Dishwasher (Built In) | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Furnace Humidifier | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Garage Door Opener | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | Number Remote Controls: 1 |
| Garbage Disposal | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Gas Grill (Built In) | NA <input checked="" type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | No gas grill. |
| Generator (Hardwired) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Hood/Fan | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Hot Tub (Built In) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Intercom (Built In) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Lawn Sprinkler System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Microwave (Built In) | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Pool System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Range/Oven (Built In) | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Refrigerator (Built In) | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Satellite Dish System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Sauna (Built In) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Smoke Alarm | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Sound System (Built In) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Sump Pump (Built In) | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Trash Compactor (Built In) | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Water Filtration System | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | Rented <input type="checkbox"/> Owned <input type="checkbox"/> |
| Water Heater | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Water Softener | NA <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | Rented <input type="checkbox"/> Owned <input type="checkbox"/> |
| Jetted Tub | NA <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unk <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Govee Lights around exterior roof line |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

CAA

Seller

SLX

Seller

Buyer

Buyer

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PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:

1. BASEMENT / CRAWL SPACE / SLAB: Any known water, seepage, or other problems? Yes No Unk

Describe: _____

Repairs/Replacement/Date: _____

2. FOUNDATION(S): Any known foundation damage or settlement? Yes No Unk

Describe: _____

Repairs/Replacement/Date: _____

3. ROOF: Any known problems? Yes No Unk

Describe: _____

Repairs/Replacement/Date: _____

4. WELL WATER SYSTEM: Any known problems? Yes No Unk

Describe: _____ NA

Type of Well _____ Location: _____ Age: _____

Has the water been tested? Yes No Unk

If yes, date of last report and results: _____ NA

Any known plans to bring city or rural water to your area and/or requirements to connect to city or rural water lines when available? Yes No Unk

NA

5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEMS: Any problems? Describe: _____

Has the Septic System ever been pumped? Date last pumped. _____ Yes No Unk

Yes No Unk

NA

Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? Describe: _____

Repairs/Replacement/Date: _____ Yes No Unk

NA

Is the property in compliance with local city ordinances requiring that perimeter tile lines do not drain into the city sanitary sewer? Yes No Unk

Describe: _____ NA

Repairs/Replacement/Date: _____

6. HEATING SYSTEM(S): Any known problems? Describe: _____

Repairs/Replacement/Date: _____ Yes No Unk

If you have an LP gas tank, is it Rented Owned

Comments: _____

7. CENTRAL COOLING SYSTEM(S): Any known problems? Yes No Unk

Describe: _____ NA

Repairs/Replacement/Date: _____

8. SOLAR SYSTEM(S): Any known problems? Yes No Unk

Describe: _____ NA

Repairs/Replacement/Date: _____

9. FIREPLACE(S)/WOOD BURNING STOVE(S): Any known problems? Yes No Unk

Describe: _____ Date last used: _____ NA

Repairs/Replacement/Date: _____

10. PLUMBING SYSTEM(S): Any known problems? Yes No Unk

Describe: _____

Repairs/Replacement/Date: _____

11. ELECTRICAL SYSTEMS(S): Any known problems? Yes No Unk

Describe: _____

Repairs/Replacement/Date: _____

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12. **WINDOWS:** Any known problems? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

13. **PEST INFESTATION:** Any known problems? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

14. **ASBESTOS/LEAD PAINT:** Any known Asbestos OR Lead Based Paint Present? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

15. **WATER SERVICE LINES CONTAINING LEAD:** Are there currently or have there ever been any lead water service lines present? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

16. **RADON:** Any known test(s) for the presence of radon gas? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

17. **FUNGI/MOLD:** Any known fungus or mold? Yes No Unk

Describe: _____
Repairs/Replacement/Date: _____

18. **GROUNDWATER HAZARD STATEMENT:** Are there any known: Yes No Unk

A. Wells and/or Geothermal System(s) B. Solid Waste Disposal C. Hazardous Waste
D. Underground Storage Tanks E. Private Burial Site.

If applicable, Seller(s) will file Groundwater Hazard Statement at closing.

Describe/Location: _____

19. **COVENANTS:** Is the property subject to restrictive covenants? Yes No Unk

If YES, attach a copy or state where a true, current copy can be obtained.

Location of Covenant: _____

20. **ENVIRONMENTAL CONCERNS:** Any known environmental concerns? Yes No Unk

Describe: _____

21. **FLOOD PLAIN/FLOODWAY:** Is the property located in a flood plain or floodway? Yes No Unk

Flood plain/floodway designation: _____

22. **ZONING:** Zoning of this property is Residential Unknown

Any proposed changes in zoning, including variances? Yes No Unk

Describe: _____

23. **REAL ESTATE DISTRICT:** Is the property located in a Historical Preservation District? Yes No Unk

24. **OTHER ITEMS:** Are you aware of any of the following: Yes No Unk

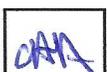
A. Any known features of the property shared in common with adjoining landowners (Example: walks, fences, roads, driveways, well water system, etc.) whose use or responsibility for maintenance may have an effect on the property? Yes No Unk

Describe: _____

B. Any known encroachments, easements, common areas (Example: facilities like pools, tennis courts, walkways or other areas co-owned with others), zoning violations, non-conforming uses, or homeowners association which has any authority over the property? Yes No Unk

Describe: _____

C. Any known fees and/or dues? (Example: homeowner association fees, land lease fees, maintenance fees or other financial obligations to owner?) Describe fee and state amount Yes No Unk


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D. Any known modifications, remodeling, alterations, or repairs, etc. made without necessary permits or licensed contractors?

Yes No Unk

Describe: _____

E. Any known physical problems? (Example: settling, flooding, drainage or grading problems, etc.)

Yes No Unk

Describe: _____

F. Has there been a property/casualty loss, an insurance claim, OR major damage to the property OR other conditions? (e.g. fire, wind, hail, flood, landslides.)

Yes No Unk

If Yes, has the damage been repaired/replaced?

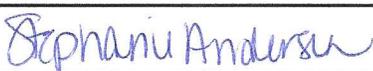
Describe: _____

Additional Remarks: _____

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

You must **explain** any "YES" response(s) to the above. Use the back of this form or additional sheets as necessary.

 Chris Andersen 2/4/26
Seller Date

 Stephanie Andersen 2/4/26
Seller Date

BUYER(S) ACKNOWLEDGEMENT:

Buyer(s) Acknowledge receipt of a copy of this Seller Disclosure of Property Condition. This statement is not intended to be a warranty or to substitute for any inspection Buyer(s) may wish to obtain. Buyer(s) acknowledge receipt of the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

Buyer Date

Buyer Date

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Address: 3814 Hillside Drive, Cedar Falls, IA 50613

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (initial(i) or (ii) below):



(i) Known lead-based paint and/or lead-based paint hazards are present in the housing. Describe what is known:



(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (initial (i) or (ii) below):



(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. List documents below:



(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment

(c) Purchaser has (initial (i) or (ii) below):



(i) received copies of all records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing listed above.



(ii) not received any records and reports regarding lead-based paint and/or lead-based paint hazards in the housing.

(d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home* (initial).

(e) Purchaser has (initial (i) or (ii) below):



(i) received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or



(ii) waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Agent's Acknowledgment (initial or enter N/A if not applicable)

(f)  Seller's Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

(g)  Purchaser's Agent has informed the seller of the seller's obligations under 42 U.S.C 4852d and is aware of his/her responsibility to ensure compliance.¹

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

| | | | |
|---|------|--------------------------------|------|
| <i>Chris Andersen</i> dotloop verified 02/08/26 12:22 PM CST RGDI-GT53-ZQE-QBCIO | | | |
| Seller | Date | Purchaser | Date |
| <i>Stephanie Andersen</i> dotloop verified 02/08/26 12:29 PM CST G9FY-WHKV-EQOM-TG5Z | | | |
| Seller | Date | Purchaser | Date |
| <i>Lynette Sorensen - Member Twin Power Group</i> dotloop verified 02/03/26 11:47 AM CST B7CB-UQDN-08QW-X1G9 | | | |
| Seller's Agent | Date | Purchaser's Agent ¹ | Date |

Paperwork Reduction Act

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0151). Responses to this collection of information are mandatory (40 CFR 745). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 0.12 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address."

¹ Only required if the purchaser's agent receives compensation from the seller.
Disclosure provided by the EPA at epa.gov