

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: 212 S Chestnut St, Monticello, IA 52310

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

Property Owner: Tom May and Marie May

(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
Seller	Date

Buyer	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:

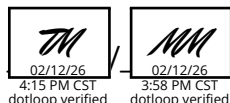
Circle Only One Response:

1. The Seller(s) has owned the property since: 9-17-19
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): Scheduled for 2/26
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): _____

To be completed

By Client ONLY

Seller(s) Initials



Buyer(s) Initials

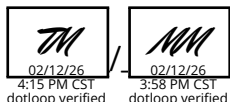
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ADDRESS

- 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?YesNo N/A UNK
Date of inspection: _____ N/A UNK
Date tank last cleaned: _____ N/A UNK
- 6. **Well and Pump:** Any known problems?YesNo N/A UNK
Any known repairs?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): _____
Any known water tests?YesNo N/A UNK
If yes, date of last report: _____ and results: _____
- 7. **Heating System(s):** Any known problems?YesNo N/A UNK
Any known repairs?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): ?24- igniters replaced
- 8. **Central Cooling System(s):** Any known problems?YesNo N/A UNK
Any known repairs?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): ?25-fan motor repl.- up
- 9. **Plumbing System(s):** Any known problems?YesNo N/A UNK
Any known repairs?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): _____
- 10. **Electrical System(s):** Any known problems?YesNo N/A UNK
Any known repairs?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): _____
- 11. **Pest Infestation** (wood destroying insects): Any known current or past problems?YesNo N/A UNK
If yes, date(s) of treatment: _____
Any known structural damage?YesNo N/A UNK
If Yes, date of repairs / replacement (circle one): _____
- 12. **Asbestos:** Any known to be present in the structure?YesNo N/A UNK
- 13. **Radon:** Any known tests for the presence of radon gas?.....YesNo N/A UNK
If yes, date of last report: 2019 _____ and results: _____
- 14. **Lead Based Paint:** Any known to be present in the structure?YesNo N/A UNK
- 15. **Lead Service Lines:** Are there currently, or have there ever been, any lead water service lines present?.....YesNo N/A UNK
If yes, please provide more information _____
- 16. **Flood Plain:** Is any of the property located in a flood plain?YesNo N/A UNK
If yes, what is the flood plain designation? _____
- 17. **Zoning:** What is the zoning classification of the property? ResidentialN/A UNK
- 18. **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?YesNo 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? YesNo N/A UNK
Any easements or encroachments onto or from the neighboring properties?YesNo N/A UNK
- 19. **Physical Problems:** Any known settling, flooding, drainage or grading problems?YesNo N/A UNK
- 20. **Structural Damage:** Any known structural damage?YesNo N/A UNK

To be completed
By Client ONLY

Seller(s) Initials



Buyer(s) Initials



ADDRESS

21. Has there been a property/casualty loss resulting in an insurance claim in excess of \$5,000?.....YesNo N/A UNK

If yes, indicate Type: _____ Date of repairs: _____

22. Covenants: Is the property subject to restrictive covenants?YesNo 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:

#2- loose shingles to be repaired by professional contractor end of February/beginning of March.
#7- Pilot light igniters replaced in ?24 on both the upper and lower furnaces.
#8- fan motor replaced in upper ac unit in 2025.
#9- roof is asbestos slate. Unknown age, never leaked. Only slate roofs survived the Monticello hail storm of 2018. Vermiculite in fire-removing. #13- see above.

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.

23. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite Dish	<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"/>	Window Treatments	<input checked="" type="checkbox"/>			
Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input checked="" 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 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. Opener Remotes	<input checked="" type="checkbox"/> #1	<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 checked="" 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"/>	Leased Y/N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" 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"/>	Leased Y/N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" 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"/>	Leased Y/N <input type="checkbox"/> Y <input type="checkbox"/> N	<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

24. Roof: Type of Exterior Roofing: _____ or UNK Age: _____ or UNK

25. Attic Insulation: Type: Blown in _____ UNK

Amount: _____ UNK

R-Value: _____ UNK

26. 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 and digital verification stamps for seller(s).

Buyer(s) Initials

Empty box for buyer(s) initials.

212 S Chestnut St, Monticello, IA 52310
ADDRESS

ECIAR 14 Pg 4/4 Iowa - Res. Prop. Seller Disclosure Statement for:

27. Sewer Type: Type: Public Community Private

28. Septic Tank: Location of Tank: _____ N/A UNK
Tank Age: _____ N/A UNK

29. 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: _____

30. Mold: Has property been tested for the presence of mold? Yes No N/A UNK
If yes, date of test: _____ (attach results)

31. Heating System(s): Type: _____ or UNK Age: 1988 & 89 or UNK

32. Cooling System(s): Type: _____ or UNK Age: 1988 & 89 or UNK

33. Radon System: Is a radon system installed?..... Yes No N/A UNK
If yes, is the Radon System: Passive Active

34. Any improvements made by seller since purchase? Yes No N/A UNK
If yes, please explain: _____

Picture window repair in 20. Carpet removed and replaced with wool rugs in 22/23 Front steps replaced in 23. Limestone retaining wall built in 23. New cordless blinds in bedrooms. Replaced portion of driveway cement in 25. Wraparound porch exterior sheeting and siding replaced and painted in 25. Stairwell plaster repair and fresh paint in 25-26.

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

36. 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: _____

37. Received notice of code or zoning violations from any municipality? Yes No N/A UNK
If yes, please explain: _____

38. Association Fees; monthly \$ _____ N/A UNK
List items covered by fees: _____

39. 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: _____

40. Electric Service Provider _____ Gas/Propane Service Provider _____
Current Internet Provider _____

41. Any Transferable Contracts? (e.g. Security System, Home Warranty, CRP, Pest Treatment, 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.

Tom May dotloop verified 02/12/26 4:15 PM CST ALHA-UKEI-KTR0-OGZY
Seller Date

Marie May dotloop verified 02/12/26 3:58 PM CST MOLN-FYLP-SNFY-OTKG
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