

# 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:** 1921 Avalon, Dubuque, IA 52001

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

**Property Owner:** Roy Kosin and Tracey Kosin

(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:

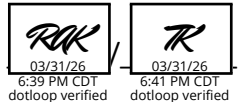
**Circle Only One Response:**

1. The Seller(s) has owned the property since: 08/02/2016
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): \_\_\_\_\_
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

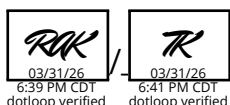
--	--

ADDRESS

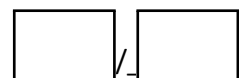
- 5. **Septic Tanks/Drain Fields:** Has the system been inspected by an Iowa DNR certified inspector within 2 years, or pumped/cleaned within the last 3 years? .....YesNo N/A UNK  
Date of inspection: \_\_\_\_\_ N/A UNK  
Date tank last cleaned: \_\_\_\_\_ N/A UNK
- 6. **Well and Pump:** Any known problems? .....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): 12/16/2024
- 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): 12/16/2024
- 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: 7/2016 and results: Passed
- 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? Residential .....N/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



1921 Avalon, Dubuque, IA 52001

ADDRESS

21. 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: \_\_\_\_\_
22. 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:

2. Basement/Foundation information:  
 There is slight water seepage with very heavy rainfall in a few places (primarily where the basement wall meets the floor); it dries quickly or goes into the floor drain. No standing water has been in the basement since current owner occupancy (10 years). West basement wall has slightly moved based on inspection by MidAmerica Basement Systems. Quote received in March, 2026 to permanently stabilize walls can be provided. MidAmerica Basement also provided estimate of repair of vertical crack (see Gold Shield Inspection report).

**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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Treatments	<input checked="" type="checkbox"/>			
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Alarms	<input checked="" type="checkbox"/>	<input checked="" 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"/> #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furn. Humidifier	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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 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"/>
Water Filter Sys.	<input type="checkbox"/>	Leased Y/N <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	Is sump pump properly discharged?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Softner	<input type="checkbox"/>	Leased Y/N <input type="checkbox"/> Y <input type="checkbox"/> N	<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"/>	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

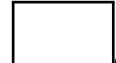
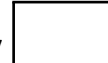
24. Roof: Type of Exterior Roofing: asphalt shingles or UNK  Age: \_\_\_\_\_ or UNK
25. Attic Insulation: Type: blown ..... UNK  
 Amount: ..... UNK  
 R-Value: ..... UNK
26. Water Supply: Type: Public Community Private Well Shared Well  
 Any known problems?..... Yes No N/A UNK

To be completed  
By Client ONLY

Seller(s) Initials

   
 03/31/26 6:39 PM CDT dotloop verified / 03/31/26 6:41 PM CDT dotloop verified

Buyer(s) Initials

1921 Avalon, Dubuque, IA 52001

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: Natural gas furnace or UNK  Age: 1 year or  UNK

32. Cooling System(s): Type: Central A/C or UNK  Age: 1 year 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: Basement bathroom renovations (enclosed room, new shower, toilet, flooring)

New kitchen flooring, countertops, sink. Enclosed basement bedroom. New first floor bathroom toilet, vanity top.  
See attached list for additional items.

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 Alliant Energy Gas/Propane Service Provider Black Hills Energy  
Current Internet Provider ImOn

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.

Roy Kosin dotloop verified 03/31/26 6:39 PM CDT NHKA-SCPM-QNSK-H7BF  
Seller Date

Tracey Kosin dotloop verified 03/31/26 6:41 PM CDT TXJD-E3P4-GVZ1-RLKO  
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