



## SELLER DISCLOSURE OF PROPERTY CONDITION



**PROPERTY ADDRESS:** 807 Bluff Street, Cedar Falls, IA 50613

**NAME OF OWNER(S). PLEASE PRINT:** Susan Marie Johnson

**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** 03/22/1983 **(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

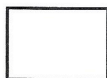
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ALL APPLIANCES &amp; SYSTEMS INCLUDED IN THE TRANSACTION ARE IN WORKING ORDER EXCEPT AS NOTED.

Item		Good Working Order			Comments
Alarm System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	Yes <input 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: 2
Garbage Disposal	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Gas Grill (Built In)	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
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"/>	New July 2025
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 type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input checked="" 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"/>	OWNED
Jetted Tub	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Other:	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



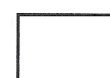
Seller



Seller



Buyer



Buyer



**PROPERTY ADDRESS:** 807 Bluff Street, Cedar Falls, IA 50613

**PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:**

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

Describe: sump pump installed July 2025 no problems since  
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: \_\_\_\_\_  
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: \_\_\_\_\_ Yes ☐ No ☒ Unk ☐

Has the Septic System ever been pumped? Date last pumped: \_\_\_\_\_ Yes ☐ No ☐ Unk ☐

NA ☒

Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? Describe: \_\_\_\_\_ Yes ☐ No ☐ Unk ☐

Repairs/Replacement/Date: \_\_\_\_\_ 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: \_\_\_\_\_ Yes ☐ No ☒ Unk ☐

Repairs/Replacement/Date: new 9-22

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

Comments: \_\_\_\_\_

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

Describe: new 9-22 NA ☐

Repairs/Replacement/Date: new 9-22

**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: new elec

Repairs/Replacement/Date: new electric box 2021

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Seller

Seller

Buyer

Buyer

**PROPERTY ADDRESS:** 807 Bluff Street, Cedar Falls, IA 50613

**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. RADON:** Any known test(s) for the presence of radon gas?

Yes ☐ No ☐ Unk ☒

Describe: \_\_\_\_\_

Repairs/Replacement/Date: \_\_\_\_\_

**16. FUNGI/MOLD:** Any known fungus or mold?

Yes ☐ No ☐ Unk ☒

Describe: \_\_\_\_\_

Repairs/Replacement/Date: \_\_\_\_\_

**17. 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: \_\_\_\_\_

**18. 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: \_\_\_\_\_

**19. ENVIRONMENTAL CONCERNS:** Any known environmental concerns?

Yes ☐ No ☐ Unk ☒

Describe: \_\_\_\_\_

**20. FLOOD PLAIN/FLOODWAY:** Is the property located in a flood plain or floodway?

Yes ☐ No ☒ Unk ☐

Flood plain/floodway designation: \_\_\_\_\_

**21. ZONING:** Zoning of this property is CD-DT Unknown ☐

Yes ☐ No ☒ Unk ☐

Any proposed changes in zoning, including variances?

Describe: \_\_\_\_\_

**22. REAL ESTATE DISTRICT:** Is the property located in a Historical Preservation District?

Yes ☐ No ☒ Unk ☐

**23. OTHER ITEMS:** Are you aware of any of the following:

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 ☐

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

Yes ☐ No ☒ Unk ☐

Describe: \_\_\_\_\_

☒

Seller

☐

Seller

☐

Buyer

☐

Buyer



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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.

Susan Marie Johnson 9-21-25  
Seller Date

\_\_\_\_\_  
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:** 807 Bluff Street, 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


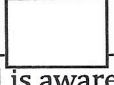
☐

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



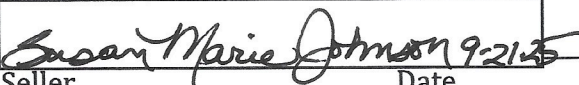
## Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

### 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.<sup>1</sup>

### 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.

	
Seller	Date
Seller	Date
Seller's Agent	Date

Purchaser	Date
Purchaser	Date
Purchaser's Agent <sup>1</sup>	Date

*Zel Nicholson - Team Member Twin Power Group as Agent*

dotloop verified  
09/22/25 10:19 AM CDT  
BEPG-JGBN-FKLH-STTC

### 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."

<sup>1</sup> Only required if the purchaser's agent receives compensation from the seller.  
Disclosure provided by the EPA at [epa.gov](http://epa.gov)