

## SELLER DISCLOSURE OF PROPERTY



**PROPERTY ADDRESS:** 106 Orchard Drive, Cedar Falls, IA 50613

**NAME OF OWNER(S). PLEASE PRINT:** Chad E Goodwin and Kelsey R Goodwin

**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 05/25/2016 (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

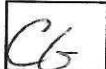
Buyer

## PROPERTY ADDRESS: 106 Orchard Drive, Cedar Falls, IA 50613

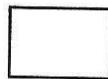
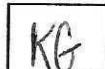
ALL APPLIANCES &amp; SYSTEMS INCLUDED IN THE TRANSACTION ARE IN WORKING ORDER EXCEPT AS NOTED.

Item		Good Working Order			Comments
Alarm System	NA <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	Yes <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Unk <input type="checkbox"/>	<i>Water backs up occasionally in dishwasher - don't use regularly</i>
Furnace Humidifier	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input checked="" type="checkbox"/>	<i>Have but not plugged in</i>
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 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 checked="" type="checkbox"/>	Yes <input 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"/>	
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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Seller



Seller



Buyer



**PROPERTY ADDRESS: 106 Orchard Drive, Cedar Falls, IA 50613****PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:**

<b>1. BASEMENT / CRAWL SPACE / SLAB:</b> Any known water, seepage, or other problems?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Describe: <i>During heavy snow fall melts off car in garage - small spot appears by east wall.</i>		
Repairs/Replacement/Date: <i>concrete sealant</i>		
<b>2. FOUNDATION(S):</b> Any known foundation damage or settlement?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		
<b>3. ROOF:</b> Any known problems?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		
<b>4. WELL WATER SYSTEM:</b> Any known problems?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Describe: _____		
Type of Well _____	Location: _____	Age: _____
Has the water been tested?		
If yes, date of last report and results: _____		
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?		
<b>5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEMS:</b> Any problems? Describe: _____		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Has the Septic System ever been pumped? Date last pumped. _____		
Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? Describe: _____		
Repairs/Replacement/Date: _____		
Is the property in compliance with local city ordinances requiring that perimeter tile lines do not drain into the city sanitary sewer?		
Describe: _____		
Repairs/Replacement/Date: _____		
<b>6. HEATING SYSTEM(S):</b> Any known problems? Describe: _____		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Repairs/Replacement/Date: _____		
If you have an LP gas tank, is it Rented <input type="checkbox"/> Owned <input type="checkbox"/>	Comments: _____	
<b>7. CENTRAL COOLING SYSTEM(S):</b> Any known problems?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/> NA <input type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		
<b>8. SOLAR SYSTEM(S):</b> Any known problems?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		
<b>9. FIREPLACE(S)/WOOD BURNING STOVE(S):</b> Any known problems?		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Describe: _____ Date last used: _____		
Repairs/Replacement/Date: _____		
<b>10. PLUMBING SYSTEM(S):</b> Any known problems?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		
<b>11. ELECTRICAL SYSTEM(S):</b> Any known problems?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: _____		
Repairs/Replacement/Date: _____		

Seller



Seller



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<b>12. WINDOWS:</b> Any known problems?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Describe: <i>Hairline small crack in 1st Bedroom (wall)</i>	
Repairs/Replacement/Date:	
<b>13. PEST INFESTATION:</b> Any known problems?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe:	
Repairs/Replacement/Date:	
<b>14. ASBESTOS/LEAD PAINT:</b> Any known Asbestos OR Lead Based Paint Present?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe:	
Repairs/Replacement/Date:	
<b>15. RADON:</b> Any known test(s) for the presence of radon gas?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: <i>Previous Radon System installed by Previous Owner</i>	
Repairs/Replacement/Date:	
<b>16. FUNGI/MOLD:</b> Any known fungus or mold?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe:	
Repairs/Replacement/Date:	
<b>17. GROUNDWATER HAZARD STATEMENT:</b> Are there any known:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
A. Wells a	
D. Underground Storage Tan	
If applicable, Seller(s) will file Groundwater Hazard Statement at closing.	
Describe/Location:	
<b>18. COVENANTS:</b> Is the property subject to restrictive covenants?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
If YES, attach a copy or state where a true, current copy can be obtained.	
Location of Covenant:	
<b>19. ENVIRONMENTAL CONCERNs:</b> Any known environmental concerns?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe:	
<b>20. FLOOD PLAIN/FLOODWAY:</b> Is the property located in a flood plain or floodway?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Flood plain/floodway designation:	
<b>21. ZONING:</b> Zoning of this property is R1	Unknown <input type="checkbox"/>
Any proposed changes in zoning, including variances?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe: <i>residential</i>	
<b>22. REAL ESTATE DISTRICT:</b> Is the property located in a Historical Preservation District?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
<b>23. OTHER ITEMS:</b> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
D. Any known modifications, remodeling, alterations, or repairs, etc. made without necessary permits or licensed contractors?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Describe:	

Seller Seller 

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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?

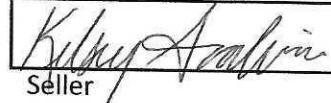
Describe: \_\_\_\_\_

**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.

	12/22/25
Seller	Date

	12/22/25
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 AND ACKNOWLEDGMENT: LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

**Address:** 106 Orchard 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 (initial)



(a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

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



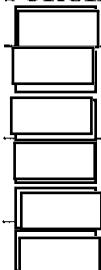
(b) Records and Reports available to the Seller (check one below):

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).

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

### PURCHASER'S ACKNOWLEDGEMENT (initial)



(c)  Purchaser has received copies of all information listed above.  
or,  No Records or Reports were available (see (b) above).

(d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home, Lead Poisoning: How to Protect Iowa Families*.

(e) Purchaser has (check one below):

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

### AGENT'S ACKNOWLEDGEMENT (initial)



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

### CERTIFICATE OF ACCURACY

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

	dotloop verified 12/22/25 3:06 PM CST JVXQ-NKS0-ATTV-OUEI	
Seller	Date	Purchaser
	dotloop verified 12/22/25 3:38 PM CST F3GP-Y99Z-TPLF-RSRQ	
Seller	Date	Purchaser
		dotloop verified 12/20/25 7:52 AM CST 7H0X-3HR6-38LR-09VO
Seller's Agent	Date	Purchaser's Agent