



**SELLER DISCLOSURE OF PROPERTY CONDITION**  
(To be delivered prior to Buyer making offer to buy real estate)



Property Address: 1511 Arroyo Landing IA

Property Owner (Seller-please print per title): Mike + Kathy Lyons

Purpose of Disclosure: Completion of this form is required under Iowa law which mandates Seller disclose condition and information about the property.

Instructions to the Seller: (1) Provide information in good faith and make a reasonable effort to ascertain the required information. (2) Complete this form yourself and fill in all the blanks. (3) Report known conditions materially affecting the property. (4) Additional pages or reports may be attached. (5) If some items do not apply to your property, write "NA" (not applicable). (6) All approximations must be identified "AP". If you do not know the facts, write or check UNKNOWN.

Seller's Disclosure Statement: Seller discloses the following information regarding the property and certifies this information is true and accurate to the best of my/our 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 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.

Appliances/Systems/Services (check all that apply):

	Working?					Working?			
	Included?	Yes	No	Unknown		Included?	Yes	No	Unknown
Range/Oven	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Lawn Sprinkler System			<input checked="" type="checkbox"/>	
Dishwasher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Sauna/Hot Tub			<input checked="" type="checkbox"/>	
Refrigerator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Pool Heater, Wall			<input checked="" type="checkbox"/>	
Hood/Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Liner & Equipment			<input checked="" type="checkbox"/>	
Disposal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Well & Pump			<input checked="" type="checkbox"/>	
TV Receiving Equipment					Smoke Alarm			<input checked="" type="checkbox"/>	
Garage Door Opener & Remote Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Septic Tank & Drain Field			<input checked="" type="checkbox"/>	
Ceiling Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Sump Pump			<input checked="" type="checkbox"/>	
Central Window AC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			City Water System		<input checked="" type="checkbox"/>		
Central Vacuum			<input checked="" type="checkbox"/>		City Sewer System		<input checked="" type="checkbox"/>		
Gas Grill			<input checked="" type="checkbox"/>		Intercom			<input checked="" type="checkbox"/>	
Attic Fan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Central Heating System		<input checked="" type="checkbox"/>		
Trash Compactor			<input checked="" type="checkbox"/>		Furnace Humidifier			<input checked="" type="checkbox"/>	
Microwave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Solar Heating System			<input checked="" type="checkbox"/>	
Water Softener/Conditioner (Rent/Own)			<input checked="" type="checkbox"/>		Fireplace/Chimney	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Alarm System (Rent/Own)			<input checked="" type="checkbox"/>		Wood Burning System			<input checked="" type="checkbox"/>	
Propane Tank (Rent/Own)			<input checked="" type="checkbox"/>		Water Heater	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Plumbing System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Windows	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Exceptions/Explanations for "NO" responses above:  
Washer + Dryer Included in Sale Both Working

ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED AND ARE NOT UNDER WARRANTY BEYOND DATE OF CLOSING. Warranties are available for purchase from independent warranty companies. Property conditions, improvements, and additional information:

- Basement/Foundation: Has there been known water or other problems? Yes \_\_\_ No  Unknown \_\_\_ If yes, please explain: \_\_\_\_\_
- Attic Insulation: Type Yes Unknown  Amount Yes Unknown
- Roof: Type Asphalt Shingle 64R Unknown \_\_\_ Has there been evidence of leaks? Yes  No  Unknown \_\_\_  
Date of repair/replacement: 2003 Unknown \_\_\_ Describe New Roof 2003

Buyer(s) \_\_\_\_\_ and Seller(s) \_\_\_\_\_ acknowledge they have read this page.  
(initial) (initial)

- 4. Well and Pump: type of well (depth/diameter), age and date of repair \_\_\_\_\_  
Has the water been tested? Yes \_\_\_ No \_\_\_ Unknown \_\_\_ If yes, date of last report/results: \_\_\_\_\_
- 5. Septic tanks/drain fields: Any known problems? Yes \_\_\_ No \_\_\_ Unknown \_\_\_ /Location of tank \_\_\_\_\_ Unknown \_\_\_  
Age \_\_\_ Unknown \_\_\_ /Date tank last cleaned \_\_\_\_\_
- 6. Sewer: Any known problems? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 7. Heating system(s): Any known problems? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 8. Cooling system(s): Any known problems? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 9. Plumbing system(s): Any known problems? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 10. Electrical system(s): Any known problems? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 11. Pest Infestation, if any: Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ Date of repairs \_\_\_\_\_
- 12. Asbestos: Is asbestos present in any form in the property? Yes \_\_\_ No  Any known repairs? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_
- 13. Radon: Any known tests for the presence of radon gas? Yes \_\_\_ No \_\_\_ If yes, test results? \_\_\_\_\_ Date of test Unknown
- 14. Lead Based Paint: Has the property been tested for the presence of lead based paint? Yes \_\_\_ No \_\_\_ Unknown  If yes, what were the test results? \_\_\_\_\_
- 15. Are you aware of any environmental concerns? Yes \_\_\_ No  Unknown \_\_\_ If yes, please explain \_\_\_\_\_
- 16. Is the property located in a flood plain? Yes \_\_\_ No  Unknown \_\_\_ If yes, flood plain designation \_\_\_\_\_
- 17. What is the zoning of this property? Residential \_\_\_\_\_ Unknown \_\_\_\_\_
- 18. Is the property located in a real estate improvement district? Yes \_\_\_ No  Unknown \_\_\_ Assessment \_\_\_\_\_

**Other Items:** Are you as Seller aware of any of the following:

- 1. Features of the property shared in common with adjoining landowners, such as walls, fences, roads and driveways whose use or responsibility for maintenance may have an effect on the property? Yes \_\_\_ No  Unknown \_\_\_
- 2. Any encroachments, easements, "common areas" (facilities like pools, tennis courts, walkways or other areas co-owned with others), zoning violations, nonconforming uses, or Homeowners Association, which has any authority over the property? Yes \_\_\_ No  Unknown \_\_\_
- 3. Structural modification, alterations, or repairs made without necessary permits or licensed contractors? Yes \_\_\_ No  Unknown \_\_\_
- 4. Structural damage or physical problems such as: settling, flooding, drainage or grading problems? Yes \_\_\_ No  Unknown \_\_\_
- 5. Has there been a property/casualty loss, insurance claim over \$4,000 or major damage to the property from fire, wind, hail, flood(s) or landslides? Yes \_\_\_ No  Unknown \_\_\_
- 6. Does property contain toxic mold that adversely affects the property or occupants? Yes \_\_\_ No  Unknown \_\_\_
- 7. Neighborhood or stigmatizing conditions or problems affecting this property? Yes \_\_\_ No  Unknown \_\_\_
- 8. Are there any known burial sites on this property? Yes \_\_\_ No  Unknown \_\_\_
- 9. Is abstract available? Yes  No \_\_\_ Unknown \_\_\_
- 10. Attach copy of survey (if available)
- 11. Are you related to the listing agent? Yes \_\_\_ No  If yes, How? \_\_\_\_\_

If the answer to any item is yes, please explain. Attach additional sheets, if necessary: \_\_\_\_\_

Seller has owned the property since 1989 (date). Seller has indicated above the history and condition of all the items based solely on the information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes to Buyer. In no event shall the parties hold Broker liable for any representations not directly made by Broker or Broker's affiliated licensees (brokers and salespersons). Seller will be provided a copy of this signed disclosure.

Seller Boyd Michael Lyons Seller Kathy Lee Lyons Date 2-23-09

Buyer hereby acknowledges receipt of a copy of this disclosure.  
Buyer \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_