

Property Disclosure Statement

For Lorraine Boffeli 720 East Union Street – Manchester, Iowa

Pursuant to Iowa Code Section 558A.2(2), this form is to be completed by Sellers.

The following disclosures are made by Seller(s) and not by any agent acting on behalf of the Seller(s). Executed In Multiple Originals

			yes	no	n/a
1)	Basement/Foundation	Any known water or other problems? <i>SEE #14 BELOW</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Roof	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement <i>none</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Well and Pump	Any known problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Any known water tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		If yes, date of last report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Results of that report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4)	Septic Tanks/Drain Fields	Any known problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Location of tank	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Date last cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5)	Sewer System	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6)	Heating System(s)	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement <i>2008 AFTER FLOOD</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7)	Central Cooling System(s)	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8)	Plumbing System(s)	Any known problems? <i>BASEMENT SHOWER DRIPS</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9)	Electrical System(s)	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10)	Pest Infestation	Any known problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of treatment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Any known structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of repairs/replacement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11)	Asbestos	Any known to be present in the structure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12)	Radon	Any known tests for the presence of radon gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, date of last report and results	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13)	Lead-based paint	Any known to be present in the structure? Receipt of Lead Base Paint Disclosure & "Protect Your Family From Lead In Your Home Is Hereby Acknowledged"	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14)	Flood Plain	Do you know if the property is located in a flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, what is the flood plain designation <i>FLOOD AREA 2017</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Zoning	Do you know the zoning classification of the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, what is the zoning classification <i>RESIDENTIAL</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Shared Or Co-Owned Features	Are there any features of the property shared in common with adjacent owners?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17)	Physical Problems	Any known settling, flooding, drainage or grading problems? <i>SEE #14 ABOVE</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		If yes, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Structural Damage	Any known structural damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19)	Special Assessments	Any known special assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		If yes, description and amount	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Seller(s) discloses this information regarding this property based on information known or reasonably available to the Seller(s). The Seller has owned this property since 2001 and certifies this information is true and accurate to the best of their ability.

Seller Lorraine Boffeli

Buyer _____

date 8-30-19

date _____