



SELLER'S PROPERTY DISCLOSURE

Subject Property Address: 4709 Keystone Ridge, SE in Cedar Rapids, IA 52403

Purpose of Statement: Completion of this form shall satisfy the requirements of the Iowa Code which mandates the Seller's disclosure of the condition of and information about the property the Seller(s) is/are 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 warranty the purchaser may wish to obtain.

Seller's Disclosure: As the 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) authorize(s) the agent to provide a copy of this statement to any person or entity in connection with the actual or anticipated sale of the property. The following are representations made by Seller(s) and are not the representations of the agent, who has no independent knowledge of the condition of the property except that which is set out on this form and the Seller(s) agree(s) to indemnify and hold the brokers and members of the Multiple Listing Service harmless in the event that it is incorrect.

Instructions to the Seller(s): (1) Complete this form yourself and fill in all blanks. (2) Report known adverse conditions affecting the property. These conditions or occurrences may be but are not limited to matters that may significantly and adversely affect the value of the property, significantly reduce the structural integrity of improvements to the real estate and/or present a significant health risk to the occupants of the property. (3) Additional pages or reports may be attached. (4) If some items do not apply to your property, mark NA (not applicable). (5) All approximations must be identified as approximations. (AP). If you do not know the facts, mark unknown (UNK).

Owner's name(s). Please print: Morris Wood

1. How long have you owned the property? 0 years
 2. This is my: Residence Investment property Other to be constructed new residence

3. ENCROACHMENTS/EASEMENTS/SHARED OR CO-OWNERSHIP: (fences, buildings, driveways, garden):

A. Does anything on your property extend onto (encroach on) your neighbor's property, or does anything on your neighbor's property extend onto (encroach on) your property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any easements or other's rights affecting the property?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. 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?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Is the property subject to restrictive covenants? If yes, attach a copy or state where a true, current copy of the covenants can be obtained:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
F. Are there any pet, vehicle or other restrictions per the restrictive covenants? If so, what are they?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. If this is a Condominium: Association Fees are: Payable: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually These fees pay for:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
H. Do you have a copy of the Association Bylaws and Declaration for the Buyer(s) to review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
I. Is this Association set up as a designated adult community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: city utility easement, common ponds, wishing well, walking trails with the home owners association

4. ACCESS: If the property is NOT on a public street:

A. Is there a road or easement for access to the property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. If your answer to 4A is "Yes", is it recorded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If the road or easement is shared with any other property, is there a written and recorded agreement for sharing the maintenance and repair costs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Has there been any standing or running water, flooding or mud that affects use of the access road or easement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Do you know of any plans or have you received notice to improve the roadway/easement or know of any future plans to dedicate the roadway to the city or county?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: Home owners association for private roads, snow plow, common landscape

5. SOIL STABILITY:

A. Are you aware of any settlement, earth movement, cracking, slides or similar problems on the property or in the immediate area?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. To the best of your knowledge, has any part of the property been built up with fill dirt, waste or other materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

M
 Listing
 Seller(s)/Initials

Sale

9/18/09
 Date
Morris Wood Buyer(s) Initials

 Date

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6. ZONING AND RESTRICTIONS:

A. To the best of your knowledge, do the house and all structures (e.g. carport or garage) meet present zoning setback & height requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any county, city or private restrictions on use of property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If you know the present zoning classification, indicate here:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Are you aware of any zoning or land use changes that could affect the use of your property or adjacent properties?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: residential zoning

7. HAZARDOUS MATERIALS:

A. Have the house and property been tested for the presence of hazardous materials? (If "Yes", attach a copy of the inspection report).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Is there any formaldehyde or asbestos insulation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. Is there any asbestos in the furnace liner, air ducts, water pipe insulation or elsewhere on the property? Are you aware of any other asbestos in or on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Are you aware of any other hazardous materials in or on the property? (e.g. PCB's, petroleum, chemicals, metals, radon gas, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Has the property been tested for any lead-based paint? When tested and results _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
F. Are you aware of any underground storage tanks of any kind?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. Are you aware of any known test for the presence of radon gas? When tested and results <u>pre-plumb for future system</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
H. Are you aware of any toxic mold in or on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

8. FLOODING OR SEEPAGE:

A. Has there been any flooding or seepage in the basement, crawl space, or cement floor slab?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Has there been any standing water on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If you have checked "Yes" at 8A or 8B, above, have you done anything to correct the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. Is the property located in a government designated flood zone or flood plain?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

9. ROOF:

The roof type of this property is: Asphalt Shake Tile Metal Gravel Age of roof surface is: New 2009 years.

A. Has the roof leaked at anytime?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. If your answer to 9A is "Yes", has the roof and all resulting damage been repaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
C. If the roof has shingles, how many layers? <u>1 layer</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
D. Is there attic insulation? Type <u>Fiberglass blown in</u> Amount <u>energy star r48</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
E. Has there been any interior damage due to exterior ice buildup?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

10. STRUCTURE AND REMODELING:

A. Any known structural or foundation damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
B. Are you aware of any structural changes or additions that have been made to the house since it was first constructed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
C. If your answer to 10B is "Yes", was a building permit issued for the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. If your answer to 10B & 10C is "Yes", did the Building Department make a final inspection & approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

Listing

OM
Seller(s) initials

9/18/09
Date

Sale

Buyer(s) initials

Date

matthew enterprises LLC

Subject Property Address: 4709 Keystone Ridge, SE in Cedar Rapids, IA 52403

11. REPAIRS:

Are any structural or other repairs needed to be made to the house, garage or any other building on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Has there been a property/casualty loss, insurance claim, or major damage to the property? (i.e. fire, wind, hail, flood(s), landslide(s), etc.?)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

12. TERMITES/ROT:

Are you aware of any active structural pest infestation such as termites or damage to the house or other structures as a result of such infestation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Are you aware of any past insect infestation treatments? Date of treatment: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Are you aware of any dry rot or water damage to the house or other structures?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Is there a "Termite Warranty" presently in place for this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
If so, which company is providing this warranty? _____	
If there is a warranty, will this warranty be extended to one year at closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
For how many months past the date of closing is the extension? _____	
Assuming there are no termites found, will there be a one year warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

13. SEWAGE:

The property served by: Public sewer main Septic tank system Other disposal system (describe) _____

Is the property connected to the public sewer main?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
If the property is connected to a septic system rather than a public sewer main: Was a permit issued for its construction, and was it approved by the city or county following its construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
When was it last pumped? _____	
What is the age of the septic system? _____ What is the age of the drain field? _____	
Do you know the septic tank location and the drain field?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
Are there any plans to bring city sewer to your area or requirements to connect to city sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Is the sewer line "Orangeburg"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
Have there been any sewer back ups?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A

Comments: _____

14. WATER: The following questions pertain to property served by a private or community water well:

A. Does the well provide a year round supply of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
B. Has the well water been tested and passed by the Health Department within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
C. Are you aware of whether the well water has ever failed to meet government contamination standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
D. Is the well system operating properly (e.g. pipes, tank, pump, pressure, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
E. If the well serves anyone other than your property, is there a written and recorded agreement for sharing the costs of repairs and/or replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
F. Are there any abandoned wells on the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
G. If your answer to 14F is "Yes", have they been capped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
H. Are there any abandoned cisterns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A
I. If your answer to 14H is "Yes", have they been filled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
J. Are you aware of any plans to bring city water to your area or aware of any requirements to connect to city water lines when available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A

Comments: _____

Listing

[Signature]
Seller(s) Initials

9/18/09
Date

Sale

Buyer(s) Initials

Date

more wood entrance

Subject Property Address: 4709 Keystone Ridge, SE in Cedar Rapids, IA 52403

ACCESSORIES & FURNISHINGS: Which of the following **WILL BE INCLUDED** as part of the property to be conveyed?

ITEM	INCLUDED	IF YES, IDENTIFY BY ROOMS, LOCATION, COLOR, ETC.
Draperies, Curtains, Rods	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Light Fixtures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mirrors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	bathrooms
Shades, Blinds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Shelving	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLIANCES & EQUIPMENT: Which of the following **WILL BE INCLUDED** as part of the property to be conveyed?

ITEM	INCLUDED	IF YES, STATE THE PRESENT WORKING CONDITION
Alarm System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	alarm and sound system
Attached Antenna	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Basketball board & hoop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Ceiling Fan(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Central Vac System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Disposal	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Dryer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fireplace Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gas log direct vent fireplaces
Fireplace Insert	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Furnace Humidifier	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Garage Door Opener	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many controls? <u>3</u> keypad included
Gas grill/Gas light	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intercom	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lawn Sprinkler	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Microwave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Oven and Range	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pet Transmitter Collars	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How many collars? <u> </u>
Pool & Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Satellite dish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sauna/Hot Tub	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Smoke alarms	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Solar Collector Equipment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Storage shed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sump Pump	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Swing set	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Underground "pet fence"	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vent Fans	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Heater	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Window Air Conditioner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Wood burning Stove	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Who owns the fencing around your property? n/a

It is agreed and understood that the Seller(s) is negotiating or has negotiated the purchase based on the Buyer(s) reviewing the Seller's Disclosure of Property Condition and viewing the property. If the Buyer(s) wishes to perform an additional inspection(s), as called for in the Purchase/Sales Contract, it is understood that this inspection(s) is intended to discover any major structural, mechanical, safety and health related issues or defects.

The home's present physical condition was taken into consideration prior to making this offer to purchase.

The Seller(s) of the above property has made a good faith effort to fairly represent its known condition. The Seller's Disclosure of Property Condition is being supplied to assist the Buyer(s) in evaluating the major components of the home. In doing so, the Buyer(s) should consider the construction standards and code requirements relative to the age of the house as well as consider the normal life expectancy of the various systems and applications included in the sale.

Both the Buyer(s) and Seller(s) agree that the house is not new and the Seller(s) has made no representation to make it so. Both parties acknowledge that there is a basic responsibility that comes with home ownership. As part of any inspection a Buyer chooses to have, periodic and preventative maintenance recommendations often are made by the inspector and should be anticipated.

The Seller(s) has indicated that the history and condition of all the items above are based solely on the information known to the Seller(s). If any changes occur in the structural/mechanical/appliance systems of this property from the date this form is signed by the Buyer(s) to the date of closing, Seller(s) will immediately disclose the changes to Buyer(s). In no event shall the parties hold the Broker liable for any representations not directly made by the Broker or Broker's agent. **Please be aware that the Purchase/Sales Contract supersedes this list and the MLS listing. Items included or excluded in the Purchase/Sales Contract will take precedence.**

SELLER [Signature] DATE 9/18/09
 BUYER(s) Acknowledgement: (to be signed at time of purchase agreement): I/We, the Buyer(s) of the subject property at: 4709 Keystone Ridge, SE in Cedar Rapids, IA 52403 do acknowledge receipt of this the Seller's Disclosure of Property Condition and agree that no representations regarding the condition of the subject property have been made, other than those made above. **THE LISTING BROKER AND AGENTS MAKE NO REPRESENTATIONS AND ARE NOT RESPONSIBLE FOR ANY CONDITIONS**

EXISTING ON THE PROPERTY. BUYER _____ DATE _____ BUYER _____ DATE _____