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106 S. Main St., Monona, IA 52159

(563)539-2015

freedomagencymonona.com

Jim Moritz, Broker Cell: 563-880-8189

Isaac Brehmer, Sales Associate Cell: 563-880-6428



**Noraline M. Lamborn Estate, 206 S. Main St., Monona, IA 52159**

**\$128,900.00**

Size of Lot: 66' X 132'

Type of Home: 2 story

House square footage: 1,538 sq ft

Year home built: 1904

Type of siding: Vinyl

Type of roof: Steel

Foundation: Stone

Size/Type of Garage: 3 car-attached

Type of Furnace: Comfortmaker –forced air

Estimated Annual Heating Cost: 12 month avg: \$40.00

Water Heater: AO Smith, 50 gallon

Water Softener: Hellenbrand-owned

Wiring/Electric Service: 100 Amp

Estimated Annual Electrical: 12 month avg: \$75.00

Water/Sewer: City

Air conditioning: Central Air

School District: MFL MarMac Community Schools

Street/Road Surface: Paved

Driveway Surface: Concrete

Property Taxes-Gross: \$2,269.63

Property Taxes-Net: \$2,090.00

Assessed Valuation: \$110,684.00

#### **Rooms/Approximate Size:**

Entry Way: 11'5" x 11'1"

Kitchen: 12'4" x 12'5"

Dining room: 12'5" x 12'3"

Living room: 12'5" x 12'7"

Bedroom: 9'4" x 10'1"

Full Bathroom: 8'6" x 6'6"

#### **Upstairs:**

Bedroom #1: 12'5" x 12'4"

Bedroom #2: 9'5" x 12'5"

Bedroom #3: 10'8" x 10'

Bedroom #4: 10'1" x 9'5"

Half Bathroom: 6'4" x 4'3"

Information herein is believed to be accurate, but is not warranted. We assume no liability for errors.

# FreedomAgency



View from Main Street



View from South Side



Garage View from South



Back Yard

Information herein is believed to be accurate, but is not warranted. We assume no liability for errors.



# FreedomAgency



Kitchen



Kitchen



Full Bath-Main Floor



Bedroom-Main Floor

Information herein is believed to be accurate, but is not warranted. We assume no liability for errors.

# FreedomAgency



Living room



Garage



View from North Main



Front Porch

Information herein is believed to be accurate, but is not warranted. We assume no liability for errors.



# FreedomAgency



Upstairs Bedroom-#1



Upstairs Bedroom-#2



Upstairs Bedroom-#3



Upstairs Bedroom-#4



## Summary

Parcel ID 36-14-230-006  
 Alternate ID  
 Property Address 206 S MAIN ST  
 MONONA  
 Sec/Twp/Rng N/A  
 Brief Tax Description PT NE CORN NE NE 4 X 10 RDS 14 95 5  
 (Note: Not to be used on legal documents)  
 Deed Book/Page  
 Contract Book/Page  
 Gross Acres 0.00  
 Net Acres 0.00  
 Class R - Residential  
 (Note: This is for tax purposes only. Not to be used for zoning.)  
 District MO MF - MO MF  
 School District MFL MarMac School



## Owners

Deed Holder  
 Lamborn Noraline M  
 1298 Game Club Rd  
 Central City IA 52214

### Contract Holder

Mailing Address  
 Lamborn Noraline M  
 1298 Game Club Rd  
 Central City IA 52214

## Land

Lot Dimensions Regular Lot: 66.00 x 132.00  
 Lot Area 0.20 Acres; 8,712 SF

## Residential Dwellings

Residential Dwelling  
 Occupancy Single-Family / Owner Occupied  
 Style 2 Story Frame  
 Architectural Style Conventional  
 Year Built 1904  
 Condition Excellent  
 Grade [what's this?](#) 4  
 Roof Mtl / Hip  
 Flooring Carp / Vinyl / Hdwd  
 Foundation Stn  
 Exterior Material Vinyl  
 Interior Material Plas / Drwl  
 Brick or Stone Veneer  
 Total Gross Living Area 1,538 SF  
 Attic Type None;  
 Number of Rooms 8 above; 0 below  
 Number of Bedrooms 4 above; 0 below  
 Basement Area Type Full  
 Basement Area 676  
 Basement Finished Area  
 Plumbing 1 Full Bath; 1 Toilet Room;  
 Appliances  
 Central Air Yes  
 Heat FHA - Gas  
 Fireplaces 1 Gas/Elec-Side;  
 Porches 1S Frame Open (120 SF); 1S Frame Open (45 SF);  
 Decks Concrete Patio-Med (252 SF);  
 Additions 1 Story Frame (186 SF);  
 Garages 856 SF - Att Frame (Built 1904);

## Sales

Date	Seller	Buyer	Recording	Sale Condition - NUTC	Type	Multi Parcel	Amount
1/3/2007	LAMBORN, LLOYD V. & NORALINE M.	LAMBORN, NORALINE M.	2007R00102	SALE BETWEEN FAMILY MEMBERS	Affidavit		\$0.00
9/18/2001	CRAIG, RAYMOND G. & BETH L. BARTON-CRAIG	LAMBORN, LLOYD V. & NORALINE M.	2001/3241	NORMAL ARMS-LENGTH TRANSACTION	Deed		\$80,000.00
11/23/1999	LA FRENTZ, RONALD A. & ELLEN	CRAIG, RAYMOND G. & BETH L. BARTON-CRAIG	1999/4007	NORMAL ARMS-LENGTH TRANSACTION	Deed		\$54,000.00



**Valuation**

Classification	2020	2019	2018	2017	2016
	Residential	Residential	Residential	Residential	Residential
+ Assessed Land Value	\$10,197	\$10,197	\$10,197	\$10,197	\$10,197
+ Assessed Building Value	\$0	\$0	\$0	\$0	\$0
+ Assessed Dwelling Value	\$100,487	\$100,487	\$97,876	\$97,876	\$97,876
= Gross Assessed Value	\$110,684	\$110,684	\$108,073	\$108,073	\$108,073
- Exempt Value	\$0	\$0	\$0	\$0	\$0
= Net Assessed Value	\$110,684	\$110,684	\$108,073	\$108,073	\$108,073

**Taxation**

	2018	2017	2016
	Pay 2019-2020	Pay 2018-2019	Pay 2017-2018
+ Taxable Land Value	\$5,804	\$5,672	\$5,806
+ Taxable Building Value	\$0	\$0	\$0
+ Taxable Dwelling Value	\$55,709	\$54,440	\$55,730
= Gross Taxable Value	\$61,513	\$60,111	\$61,536
- Military Credit	\$0	\$0	\$0
= Net Taxable Value	\$61,513	\$60,111	\$61,536
x Levy Rate (per \$1000 of value)	36.89672	37.36569	37.36767

= Gross Taxes Due	\$2,269.63	\$2,246.10	\$2,299.45
- Ag Land Credit	\$0.00	\$0.00	\$0.00
- Family Farm Credit	\$0.00	\$0.00	\$0.00
- Homestead Credit	(\$178.95)	(\$181.22)	(\$181.23)
- Disabled and Senior Citizens Credit	\$0.00	\$0.00	\$0.00
- Business Property Credit	\$0.00	\$0.00	\$0.00
= Net Taxes Due	\$2,090.00	\$2,064.00	\$2,118.00

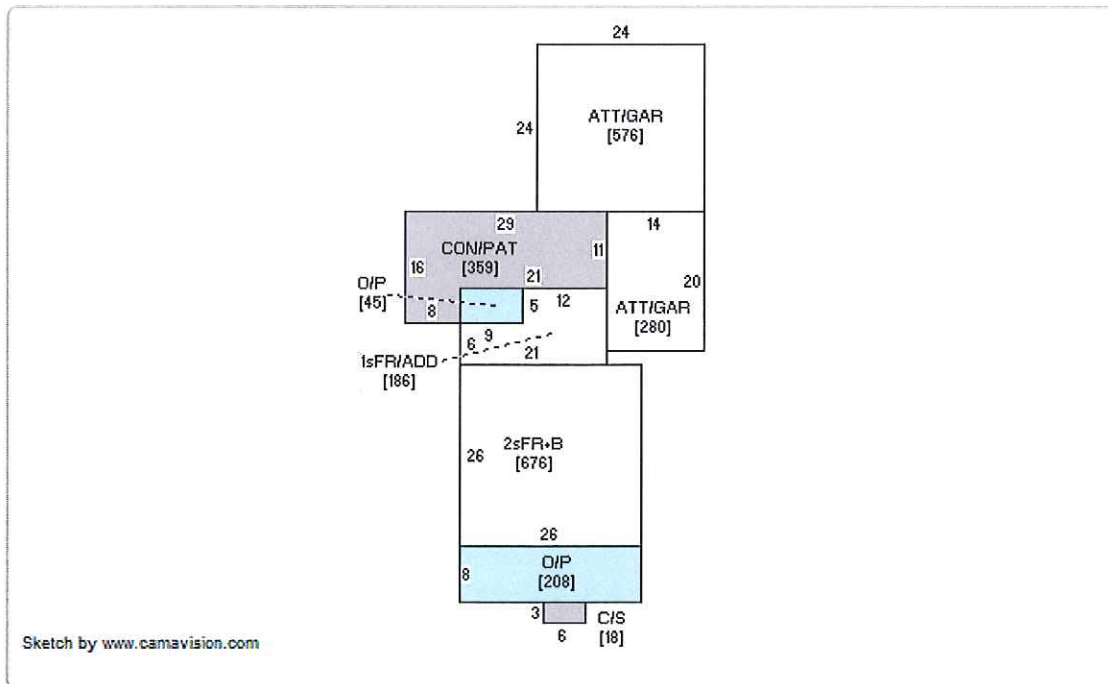
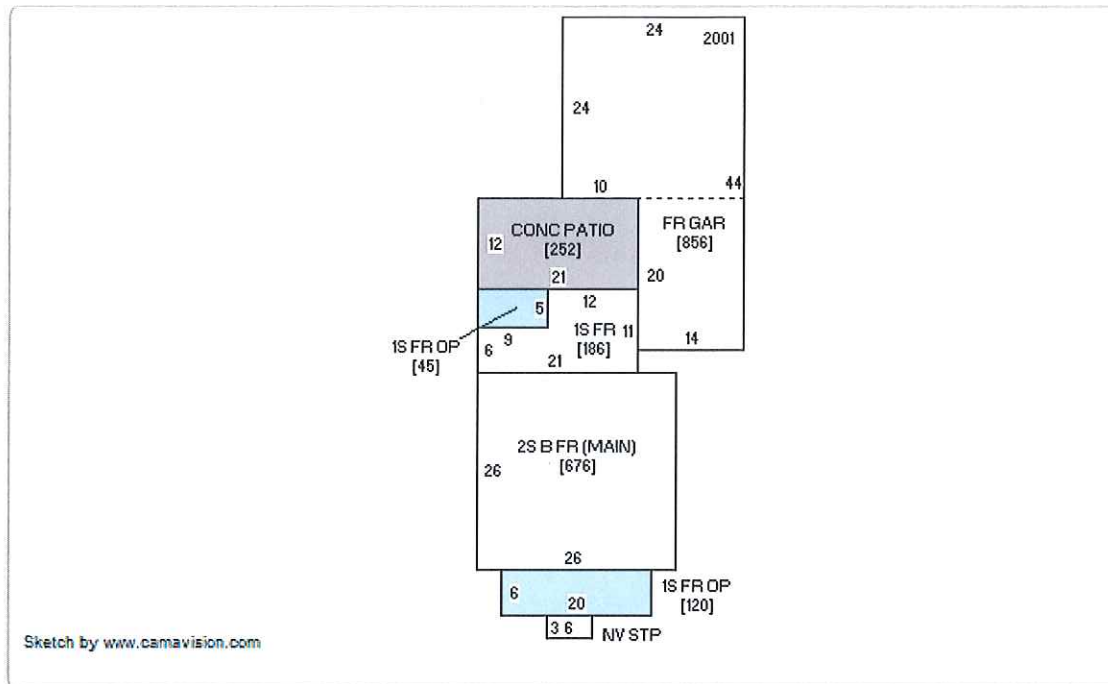
Year	Due Date	Amount	Paid	Date Paid	Receipt
2018	March 2020	\$1,045	Yes	4/7/2020	627378
	September 2019	\$1,045	Yes	10/3/2019	
2017	March 2019	\$1,032	Yes	4/3/2019	527278
	September 2018	\$1,032	Yes	9/27/2018	
2016	March 2018	\$1,059	Yes	9/12/2017	404788
	September 2017	\$1,059	Yes	9/12/2017	
2015	March 2017	\$1,031	Yes	9/1/2016	305104
	September 2016	\$1,031	Yes	9/1/2016	
2014	March 2016	\$1,051	Yes	9/30/2015	205084
	September 2015	\$1,051	Yes	9/30/2015	

**2019 Tax Statements**[3614230006](#)**Homestead Tax Credit Application**[Apply online for the Iowa Homestead Tax Credit](#)**Iowa Land Records**

Data for Clayton County between Beacon and Iowa Land Records is available on the Iowa Land Records site beginning in 2006.  
For records prior to 2006, contact the County Recorder or Customer Support at [www.IowaLandRecords.org](http://www.IowaLandRecords.org).

**Photos**

## Sketches



No data available for the following modules: Doing Business AS, Ag Soils, Commercial Buildings, Agricultural Buildings, Yard Extras, Special Assessments.

Disclaimer: The information in this web site represents current data from a working file which is updated continuously. This information is used for property tax purposes only and is available as a reference for information that is believed reliable, but its accuracy cannot be guaranteed. Clayton County Assessors office does not determine the ownership of any real property.

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Last Data Upload: 7/30/2020, 1:33:03 AM

Version 2.3.72

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 Schneider  
 GEOSPATIAL





# SELLER DISCLOSURE OF PROPERTY CONDITION

**PROPERTY ADDRESS** 206 S MAIN ST., MONONA, IA 52159

**OWNERS NAME(S). PLEASE PRINT** NORALINE M. LAMBORN ESTATE

**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(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(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 indemnify and hold Licensee harmless.

## INSTRUCTIONS TO SELLER(S):

- (1) Respond to all questions or attach reports allowed by Iowa Code Section 558A.4 (2).
- (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)**.

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

Item	NA <input type="checkbox"/>	Good Working Order?			Comments
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Alarm System (Built-in)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Attic Fan	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Central Vac System	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Ceiling Fan	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Dishwasher (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Furnace Humidifier	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Garage Door Opener	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Number of Remote Controls:
Garbage Disposal	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Gas Grill (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Hood/Fan	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Hot Tub (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Intercom (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Lawn Sprinkler System	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Microwave (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Pool System	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Range/Oven (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Refrigerator (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Satellite Dish System	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Sauna (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Smoke Alarm	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Solar Heating System	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Sound System (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Sump Pump (Built In)	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Trash Compactor (Built In)	NA <input 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 type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Water Heater	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Water Softener	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	Rented <input type="checkbox"/> Owned <input type="checkbox"/>
Jetted Tub	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	
Other	NA <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unk <input type="checkbox"/>	

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**PROPERTY ADDRESS** 206 S MAIN ST., MONONA, IA 52159

**PROPERTY CONDITIONS, IMPROVEMENTS AND ADDITIONAL INFORMATION:**
**1. BASEMENT / CRAWL SPACE / SLAB:** Any known water, seepage or other problems? Yes ☐ No ☐ Unk ☐

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

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? NA ☐ Yes ☐ No ☐ Unk ☐

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

Type of Well \_\_\_\_\_ Location \_\_\_\_\_ Age \_\_\_\_\_

Has the water been tested? NA ☐ Yes ☐ No ☐ Unk ☐

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? NA ☐ Yes ☐ No ☐ Unk ☐
**5. CITY SEWER/SEPTIC TANKS/DRAIN FIELDS/OTHER DISPOSAL SYSTEM:** Any known problems? Yes ☐ No ☐ Unk ☐

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

Septic System: Has the septic system been inspected by DNR certified Inspector? NA ☐ Yes ☐ No ☐ Unk ☐

Date of Inspection: \_\_\_\_\_ Certified Inspector name: \_\_\_\_\_

Has Septic System been pumped? Date last pumped \_\_\_\_\_ NA ☐ Yes ☐ No ☐ Unk ☐Any known plans to bring city sewer to your area and/or requirements to connect to city sewer? NA ☐ Yes ☐ No ☐ Unk ☐

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? NA ☐ Yes ☐ No ☐ Unk ☐

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

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

**6. HEATING SYSTEM(S):** Any known problems? Yes ☐ No ☐ Unk ☐

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

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

If you have an LP gas tank, is it rented ☐ or owned ☐ Comments: \_\_\_\_\_
**7. CENTRAL COOLING SYSTEM(S):** Any known problems? NA ☐ Yes ☐ No ☐ Unk ☐

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

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

**8. FIREPLACE(S) / WOOD BURNING STOVE(S):** Any known problems? NA ☐ Yes ☐ No ☐ Unk ☐

Describe: \_\_\_\_\_ Date last used: \_\_\_\_\_

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

**9. PLUMBING SYSTEM(S):** Any known problems? Yes ☐ No ☐ Unk ☐

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

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

**10. ELECTRICAL SYSTEM(S):** Any known problems? Yes ☐ No ☐ Unk ☐

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

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

**11. WINDOWS:** Any known problems? Yes ☐ No ☐ Unk ☐

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

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

**12. PEST INFESTATION:** Any known problems? Yes ☐ No ☐ Unk ☐

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

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

**13. ASBESTOS/LEAD BASED PAINT:** Any known Asbestos OR Lead Based Paint present? Yes ☐ No ☐ Unk ☐

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

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

**14. RADON:** Any known test(s) for the presence of radon gas? Yes ☐ No ☐ Unk ☐

If yes, test results/ Date: \_\_\_\_\_ Mitigation/ Date: \_\_\_\_\_

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





15. FUNGI/MOLD: Any known fungus or mold?

Yes ☐ No ☐ Unk ☐

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

Removal/ Remediation/ Date: \_\_\_\_\_

16. GROUNDWATER HAZARD STATEMENT will be filed by the Seller(s) at closing regarding the following items.

Are there any known: 1. Wells, 2. Solid waste disposal, 3. Hazardous waste, 4. Underground storage tanks,  
5. Private burial site.Yes ☐ No ☐ Unk ☐

Describe / Location: \_\_\_\_\_

17. COVENANTS: Is the property subject to restrictive covenants?

Yes ☐ No ☐ Unk ☐

18. ENVIRONMENTAL CONCERNS: Any known environmental concerns?

Yes ☐ No ☐ Unk ☐

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

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

Yes ☐ No ☐ Unk ☐

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

20. ZONING: Zoning of this property is: \_\_\_\_\_

Unk ☐

Any proposed changes in zoning, including variances?

Yes ☐ No ☐ Unk ☐

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

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

Yes ☐ No ☐ Unk ☐

22. OTHER ITEMS: Are you aware of any of the following:

1. 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: \_\_\_\_\_

2. 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: \_\_\_\_\_

3. Any known fees and/or dues? (Example: homeowner association fees, land lease fees, maintenance fees or other financial obligations to owner?)

Yes ☐ No ☐ Unk ☐

Describe fee and state amount: \_\_\_\_\_

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

Yes ☐ No ☐ Unk ☐

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

5. Any known physical problems? (Example: settling, flooding, drainage or grading problems, etc.)

Yes ☐ No ☐ Unk ☐

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

6. 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.) If Yes, has the damage been repaired/replaced?

Yes ☐ No ☐ Unk ☐

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

Additional Remarks: \_\_\_\_\_

In no event shall the parties hold the Licensee(s) liable for any representations not directly made by the Seller's(s) Agent or Broker.

## SELLER(S) DISCLOSURE:

THE SELLER(S) HAS OWNED THE PROPERTY SINCE \_\_\_\_\_ (DATE). The Seller(s) has stated above the history and condition of all of 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(s) acknowledges requirement that Buyer(s) be provided with the "Iowa Radon Home-Buyers and Sellers Fact Sheet" prepared by the Iowa Department of Public Health.

*Property is exempt from property condition disclosure.*

*[Signature]*

Seller

Date

7-28-20

Seller

Date

*[Signature]* 7-28-20

## 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:** 206 S MAIN ST., MONONA, IA 52159

**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)**

RB (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).

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

RB (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).

☒ 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. 4852d 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:

Garry L. Lankford  
Seller

7-28-20  
Date

Purchaser

Date

Leah M. Bembel  
Seller

7-28-20  
Date

Purchaser

Date

[Signature]  
Seller's Agent

7-28-20  
Date

Purchaser's Agent

Date